

# Individualized Family Service Plan

CHILD: Emma  
BIRTHDATE: 6/10/03



Service Coordinator: Amy Wilson  
Phone#: (715)123-4567

Referral Date: 12/5/05

Initial IFSP Date: 1/15/06

IFSP Review Date(s)\*: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_  
7) \_\_\_\_\_ 8) \_\_\_\_\_ 9) \_\_\_\_\_

\* HFS 90.10(7); HFS 90.10(5)(e)

## ALL ABOUT Emma\_\_\_\_\_

Child lives with: Amy and Chris Relationship: Mom and boyfriend	Other parent/guardian name: (if applicable)
Address: 1234 Main Street Anywhere	Address:
Home phone: no phone	Home phone:
Alternate phone:	Alternate phone:
Email: N/A	
Other parent/guardian: (if different from above)	
Address:	Phone:
Primary Language of Parents: English    Primary Language of Child: English	
Spends day with:	
<input type="checkbox"/> Mom	<input type="checkbox"/> Childcare Provider: _____
<input type="checkbox"/> Dad	<input type="checkbox"/> Other (Specify): Chris, Amy's boyfriend _____
Siblings: Daniel, 6	
Other important people or information: Emma's family lives in the Anywhere School District	
Primary Medical Care Provider/Medical Home: Dr. Care	

### Services and programs my child/family currently use:

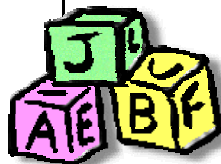
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Badger Care             | <input type="checkbox"/> Health Dept.       | <input type="checkbox"/> SSI            |
| <input type="checkbox"/> CYSHCN                  | <input type="checkbox"/> Healthy Start      | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Dept. of Human Services | <input type="checkbox"/> Katie Beckett      | <input type="checkbox"/> W2             |
| <input type="checkbox"/> Family Resource Center  | <input type="checkbox"/> Library            | <input type="checkbox"/> WIC            |
| <input type="checkbox"/> Family Support          | <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> YMCA           |
| <input type="checkbox"/> Head Start              | <input type="checkbox"/> MUMS               | <input type="checkbox"/> Other _____    |

We want more information about the following programs: playgroups, Head Start

\_\_\_\_\_

**TELL US ABOUT YOUR FAMILY\***

<p>What is going well for your child and family right now?  <i>We are giving Emma choices when she points to the cabinets and that seems to help with her frustration.</i></p>	<p>What is your family concerned or interested in learning more about?  <i>We want Emma to talk and to stop being so aggressive. We want to learn more about Head Start.</i></p>
<p>People or supports that are helpful to your family:  <i>We only have each other. We don't have supportive families.</i></p>	<p>What are some activities you enjoy doing with your child and family?  <i>We like to go camping together.</i></p>
<p>What would you like to see happen for your child and family in the next six months?  <i>For Emma to talk instead of hitting. To find out more about what happens when she turns 3.</i></p>	<p>Activities or times of day that are difficult or stressful for your child and family:  <i>Emma gets frustrated when we don't give her what she wants right away. She has been hitting or biting us when she's frustrated.</i></p>



\*HFS 90.09 (2)

# SUMMARY OF ALL DEVELOPMENTAL AREAS\*

(For use with the Early Intervention Team Report and IFSP)

Name: Emma

Date of Report: 1/15/06

Birthdate: 6/10/03

Age at evaluation: 31 months

Adjusted Age: N/A

List tools, strategies, and locations used to determine status in each area.

## PHYSICAL DEVELOPMENT

**HEALTH** (Includes Medical and Dental): Emma has had six or seven ear infections. She also had RSV as an infant. She has not been to the dentist yet.

**VISION/HEARING** (Screening, Glasses, Hearing Aids, History of Ear Infections):

Emma hasn't had a hearing test. Amy is not concerned about Emma's hearing, she just thinks it is selective sometimes. She hasn't had a vision test.

**FINE MOTOR** (Use of Hands and Upper Body, Sensory): Observations and parent report was used to assess this area of development. Emma is at age level in this area. She likes to color and make lines with her crayons, although Amy said she doesn't get to color often, as she colors on the walls. She doesn't show any signs of avoidance to any textures. She loves to pop bubbles with her fingers and toes.

**GROSS MOTOR** (Quality and Function of Movement, Equipment/Devices): Observations and parent report were used to assess this area of development. Emma likes to climb up and down the stairs to her room. She loves the park and especially likes to be pushed in the swing. She can throw balls and sometimes trips when she tries to kick a ball.

\* HFS 90.08(7)(h); HFS 90.08(7)(c); HFS 90.08(7)(h)(1); HFS 90.10(5)(a)

## SUMMARY OF ALL DEVELOPMENTAL AREAS\*

(For use with the Early Intervention Team Report and IFSP.)

### **COMMUNICATION** (Understanding, Expression, Intelligibility, Pragmatics)

This information was gathered at Emma's home through observation, parent report and completion of the Preschool Language Scale. Emma's expressive language development is at a 21 month level and her receptive language skills are at age level. She uses about 30 words, per Amy's report. She follows directions and answers yes/no questions appropriately. Amy is concerned that Emma doesn't yet put words together.

### **COGNITION** (Thinking, Play Skills, Sensory)

This information was gathered through observations at Emma's home. Emma plays with a variety of toys and loves to feed dolls and put it the dolls in a stroller for a walk. She completes puzzles with a little assistance. She matches objects by item and color.

### **SOCIAL EMOTIONAL** (Engagement, Response to Caregivers, Coping, Sensory)

This information was gathered through parent report. Amy is worried that Emma will be aggressive towards other children, as she hits and bites her mom. Emma plays with the other children who live next door but often cries or yells when she gets frustrated.

### **SELF-HELP** (Feeding, Dressing, Toileting, Adaptive Skills)

This information was gathered through parent report. Emma takes an hour nap in the afternoon and is a heavy sleeper at night. She eats with a spoon and fork and drinks from an open cup. She loves all kinds of food and especially likes chocolate milk. She can undress herself. Amy said Emma isn't interested in toilet training.



\* HFS 90.08(7)(h); HFS 90.08(7)(c); HFS 90.08(7)(h)(1); HFS 90.10(5)(a)

# EARLY INTERVENTION TEAM REPORT\*

## WISCONSIN EARLY INTERVENTION ELIGIBILITY DETERMINATION

**Child's Name:** Emma

**This child meets the eligibility criteria for early intervention services (Check 1 or 2)\*:**

- 1A) A developmental delay of 25% or greater or -1.3 standard deviation in the following area(s): 34% expressive language delay
- B) Atypical development based on \_\_\_\_\_
- 2 A diagnosed physical or mental condition exists which has a high probability of resulting in a developmental delay. Specify condition(s) and source of diagnosis: \_\_\_\_\_
- \_\_\_\_\_

**This child does not meet eligibility criteria for Birth to 3 services:**

- ❖ Offer to re-screen the child within 6 months.  
Notes: \_\_\_\_\_
- ❖ The following community resources might benefit the family:  
\_\_\_\_\_
- ❖ The following information was given to the family:  
\_\_\_\_\_

### PARTICIPANTS IN EARLY INTERVENTION TEAM MEETING

<i>Signature</i>	<i>Title</i>
	<i>Parent/Guardian</i>
	<i>Parent/Guardian</i>
	<i>Service Coordinator</i>
	<i>Occupational Therapist</i>
	<i>Speech Therapist</i>

\* HFS 90.08(5); HFS 90.08(6); HFS 90.08(7); HFS 90.08(4)



**CHILD AND FAMILY OUTCOME\*** Date: 1/15/06\_\_\_\_\_

<b>We want:</b> Emma to use words to communicate. (What will happen or change?)
<b>So that:</b> She doesn't get so frustrated and become aggressive. (Why is this important?)
<b>What is already happening?</b> We are giving Emma choices when she whines and points to the kitchen cabinets or fridge. (What is the child doing now? What has been tried? What is working?)
<b>We will know we are successful when:</b> Emma uses words instead of hitting and biting. I would love her to put 2 words together when she talks to me.

What will happen within the child and family's everyday routines and activities and places?	Notes
<i>Expose Emma to new words all day, telling her what things are, labeling toys and objects outside and telling her about what you are doing(cooking, playing, folding wash).</i>	
<i>Continuing to provide Emma with two choices and reinforcing her for any vocalization she uses.</i>	
<i>Talking to Emma in one or two word phrases, so she has one or two words to imitate instead of an entire sentence.</i>	
<i>Set out Emma's clothes but purposefully forget her shoes or socks. Give her time to vocalize and label the clothes as she gets dressed. Or "forget" her spoon at dinner and use that opportunity to talk about what we eat with and what mom forgot on the table.</i>	

Date(s) Reviewed: \_\_\_\_\_

Describe progress toward outcome:

Check one:  Accomplished  Continue  No longer important



\* HFS 90.10(5)(c)

## EARLY INTERVENTION SERVICES TO HELP BEN 'S DEVELOPMENT



<b>BIRTH TO 3 SERVICES</b>					
Service	Start/End Dates	Location	Frequency*	Intensity	Funding Sources
Service Coordination	1/15/06-6/10/06	Varied	One contact per month/ one face to face every 3 months	As Needed	MA
Communication Services	1/22/06-6/10/06	Home	Once per week	30 minutes	MA

If services will not be provided in a natural environment, please include a statement of why and the steps to be taken to get back to a natural environment:

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<b>NEEDED MEDICAL AND OTHER SERVICES</b>			
(These are resources, supports or services that assist the family but are not funded by Birth to 3.)			
SUPPORTS NEEDED	WHO WILL HELP	STEPS TAKEN	FUNDING SOURCE
Playgroups/Library Story times	Family/Service Coordinator	S.C. will share community playgroup/library info.	Playgroups are free

IFSP Team discussion found that no medical or other services were identified at this time.

\* HFS 90.10(5)(d)

Comments: \_\_\_\_\_



## TEAM SIGNATURE PAGE\*

- ❖ I/We have received a copy of and understand the parent and child rights.
- ❖ This plan reflects the outcomes that are important to my child and family.
- ❖ I/We give consent for the services described in this IFSP for my child and family.
- ❖ I understand that this plan will be shared with all team members listed below so we can work in partnership on behalf of my family.

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Parent/Guardian Signature Date

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Parent/Guardian Signature Date

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Parent/Guardian Signature Date Reviewed

We have worked together with the family to create this Individualized Family Service Plan and agree that this plan will guide our work.

OTHER IFSP TEAM MEMBERS NAMES & SIGNATURES Date

Service Coordinator:	
Team Member:	
Team Member:	
Team Member:	
Team Member:	
Team Member:	
Team Member:	




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\* HFS90.12(2)(b)

## TRANSITION PLAN FOR Emma

A transition is any major event that impacts a child and family, such as moving out of county or state, moving into or between programs, coming home from the NICU, changing a child care situation, or turning 3.\*

What kind of transition is this? Emma turns three in June and Amy would like Emma to go to Story time or the Family Resource Center playgroups.

What does your family want and hope for your child for this transition? I want Emma to go to Head Start because my friend said her daughter goes to the groups there.

Who participated in these discussions and what options were discussed? Amy and the Service Coordinator, along with the speech therapist started discussions about the transition process at the IFSP meeting on January 15, 2006. We also discussed supports that Emma might need at a playgroup or story time.

### NEXT STEPS...

Who will do what?	When?
S.C. will set up a transition planning meeting with the family/School district/Head Start.	In February
The team will discuss supports for Emma if she does go to a story time or playgroup. The Service Coordinator said she could go with Amy and Emma for their first visit.	
<b>Transition Planning Conference</b> (Meeting(s) with a receiving agency before the transition)	

**If referring to public school system:**

- Pre-school options discussed
- Transition Planning Conference held & referral made at least 90 days before 3<sup>rd</sup> birthday Date: \_\_\_\_\_
- Family given "Step Ahead at Age 3"




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\* HFS 90.10(5)(f)