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# Guidelines for Completing Wisconsin's Individualized Family Service Plan

“The IFSP is a promise to children and families—a promise that their strengths will be built on, that their needs will be met in a way that is respectful of their beliefs and values, and that their hopes and aspirations will be encouraged and enabled.”

(McGonigel & Johnson, 1991, p.1)

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## Background and Acknowledgements

**The Wisconsin Birth to 3 Program IFSP Document and Guidelines** have been developed as part of a comprehensive statewide effort to provide consistent guidance and materials to County Birth to 3 Programs. This is a key aspect of our State's accountability to families served by the Birth to 3 Program. A statewide document provides consistency to families no matter where they live in Wisconsin and helps to facilitate transitions out of the Birth to 3 Program. In addition, the document responds to requests from County Birth to 3 Programs for a document and process that clearly outlines the elements of the IFSP process required by HFS90 (Wisconsin Administrative Code for the Birth to 3 Program), reflects Wisconsin's mission and Guiding Principles for implementing early intervention, and includes strategies for effectively engaging teams, including families, in the IFSP process. While County Birth to 3 Programs are not required to use this document, programs are encouraged to adopt the IFSP form and use it as it is to maintain the integrity and consistency of the document.

### THANK YOU

Wisconsin's Birth to 3 Program would like to express sincere appreciation to the members of the IFSP Workgroup for their dedication to developing these IFSP materials. This group dedicated hours to sharing ideas about their program practices to create this document and guidance for Wisconsin's Birth to 3 Program. Throughout their work, they strove to keep children and families in the center of their discussions while also including all of the required HFS90 elements. They continually asked each other these types of questions: "Why do we need this? Are we asking the right questions? Are we asking for more information than we need? Are we gathering this information for families or for our convenience?"

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**The following counties piloted the IFSP Form and provided feedback to the Workgroup:** Calumet, Chippewa, Columbia, Dane (Bridges), Dodge, Green Lake, Headwaters (Forest, Oneida, Vilas), Milwaukee (Milwaukee Center for Independence), Pierce, Price, Racine, Rock, and Waukesha

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## The Cover Page

**PURPOSE:** To identify whom this Individualized Family Service Plan belongs to, and record the name of the service coordinator. This page identifies when the original IFSP was developed and how often updates have occurred [HFS 90.10(5)(e)]

### **PROCESS:**

**Referral Date:** This date documents the date a call was received by the Birth to 3 Program for a referral. If the referral is for an evaluation or for a referral of a child with a diagnosed condition likely to lead to a developmental delay, this date marks the beginning of the 45-day timeline for determining eligibility and developing the initial IFSP. If the referring person does not specify that the referral is for an evaluation, then the program needs an intake process to determine whether a screening will be conducted or if an evaluation will be planned and conducted. For example, during an initial intake visit, the family and service coordinator could determine that an evaluation is necessary. If the caller specifies the referral is for a screening, the date of referral is documented when an evaluation is deemed necessary. For further guidance, refer to the *Birth to 3 Flow Chart* listed in the Appendix of these guidelines or at this website <http://www.waisman.wisc.edu/birthto3/referral-intake-process>

**Initial IFSP Date:** This is the date the first IFSP is written with the family. If an interim IFSP is written with a family, enter the date of the interim IFSP also. For additional guidance about an interim IFSP, visit this website: <http://www.waisman.wisc.edu/birthto3/interim-ifsp> [90.10(2)(b)2]

**Number of Days between Referral and Initial IFSP Dates:** Calculate and record the number of calendar days between these two dates to demonstrate timeliness in meeting the required 45 day interval.

**IFSP Review Due Date:** This date lists the projected date of the next IFSP review date, as determined by the IFSP team. The projected date for the first review helps the family anticipate the timeline for future reviews.

**IFSP Review Dates:** These dates are the actual dates for reviews. The IFSP must be reviewed at least every 6 months and evaluated annually, or more frequently as requested by the family or other team members. [HFS 90.10(5)(h)]

**Optional Additions:** County Birth to 3 Programs may decide to add a county logo or the logo of a contracted provider to the cover page. Counties may also choose to add the child's photo on this page or a graphic that reflects the program. The teddy bear graphic is a placeholder for a photograph of a child and family, if programs choose to ask families for a picture. Programs may add the child's name to each page as well as page numbers, if they choose.

## All About the Child Page

**PURPOSE:** To share demographic and other information about the child and family that will introduce the family and begin to identify the supports and programs a family currently uses or may be interested in learning more about. [HFS 90.09(2)]

**PROCESS:** This information is gathered starting with the initial contacts, continues throughout the IFSP development process, and is added to and changed as needed. It is also the time to discuss with a family their preferences for ongoing communication (e.g., phone, e-mail, face-to-face).

**Child Lives With and Parent/Guardian Section:** You will notice three sections for parent/guardian information. In some cases, only the first part (child lives with) will be filled out and might contain both parents' names if they live at the same address. In other cases, a child might live with a parent but also have involvement with a second parent. There might also be circumstances that warrant filling out multiple parent/guardian sections, such as:

- The child lives with grandparents or extended family but the biological mother and/or father are still the guardians
- The child lives with foster parents but the biological parent(s) is/are still involved.

**Address:** Includes street address, city, state and zip code (include PO Box information if necessary for mailing)

**Home Phone:** Note the family's home phone number or document if the family does not have a phone. **Alternate Phone:** Consider work phone or cell phone.

**Email:** If a family chooses to share their email address, document that information on this line. Ask if the family uses their e-mail or would prefer another means of communication. If using email to communicate with a family, be sure to follow confidentiality guidelines from your agency and Health Insurance Portability and Accountability Act (HIPAA).

**Primary Language of Parent(s)/Child:** List language preferences of the family and their preferences for their child and family. If the preferred language of the parent is not English, make sure you use an interpreter. [HFS 90.08(7)(d)1; HFS 90.12(1)(c)]

**Spends Days With:** Check the appropriate box and add the name of the childcare provider, or, if "other" was checked, add information about that person.

**Siblings:** This space is to record the name(s) of other children who are in the home, as the siblings play important roles in the child's life.

**Other Important People or Information:** Families may want to list friends or other people who are supports in their lives (e.g., significant others) or pets who are special to them. Programs could also record other helpful information (e.g., school district, emergency contacts; best times of day to visit).

**Primary Medical Care Provider/Medical Home:** Add the name of the doctor, clinic, or other health care provider from whom the child receives his/her primary medical care. You may also list the child's specialists here and link to the Other Services/Needed Community and Medical Supports page.

**Services and Programs Families Currently Use:** This section highlights the supports families currently use by checking the appropriate boxes. This section is currently alphabetized but your program may choose to categorize these into groupings such as Financial, Health and Community Resources. County Birth to 3 Programs have the latitude to add supports that are specific to their communities. In reviewing these supports with families, the service coordinator or other team member may identify a program or resource a family is interested in finding more information about. These supports are to be listed under the "We Want More Information About" section. Be sure to list this information on the Needed Medical and Other Services section also.

## Tell Us About Your Family Page

**PURPOSE:** To record information gathered from the family (i.e., family directed assessment) , which provides valuable insights into the family's strengths, concerns, routines, supports and interests. This information is vital in helping team members understand family dynamics, routines and activities in order to assist the family throughout the Birth to 3 process. Whether and how much information a family chooses to share is voluntary. However, it will have more meaning to families and the team if the service coordinator explains to the family how this information will guide the team's early intervention work. The more insight the team has about the family along the way, the better the team will be able to link strategies to support outcomes if the child is found eligible for Birth to 3. Gathering this information supports an ongoing relationship between the family and the Birth to 3 team during the early stages of learning about the family. This information will also lead to a more meaningful IFSP, if gathered with care. [HFS 90.09(2)]

**PROCESS:** The family and service coordinator discuss various strategies for gathering this information and have conversations about why the information on this page will be useful both to the evaluation and IFSP development. Information captured during this part of the IFSP process will be invaluable for learning about family routines and activities around which intervention may be planned. This information will also be helpful in addressing or identifying any unmet medical needs or community services and supports. The information can be recorded at multiple times and in a variety of ways.

Remind the parent(s) that the IFSP will be shared only with people for whom they have given consent (e.g., physicians, health insurance companies, schools at transition time).

This page might be filled out:

- During conversations between the family and service coordinator in which there is discussion about how the information shared by the family will be valuable in assisting the team to develop meaningful outcomes for the family. The service coordinator can offer to share the written information with other team members to help them prepare for their evaluations and reduce the number of times the family is asked to share the same information.
- By the family alone and reviewed with the service coordinator (you may choose to leave it with the family at an initial visit or send it by mail or e-mail along with the confirmation of the evaluation);
- During conversations between the family and other members of the evaluation and IFSP teams;
- By the family and service coordinator, with information gathered through the use of other family directed assessment tools found on the Birth to 3 Training and Technical Assistance website [http://www.waisman.wisc.edu/birthto3/WPDP/Unit\\_Three.html](http://www.waisman.wisc.edu/birthto3/WPDP/Unit_Three.html) (under Interactive Learning: Fundamentals of Service Coordination for Wisconsin Birth to 3; Unit 3(IFSP Document); Application Station: Tools for Completing the IFSP; or through use of materials and resources available through TaCTICS or Robin McWilliam's materials, family mapping, or materials your program already uses and finds helpful.  
<http://www.fpg.unc.edu/~inclusion/RBI.pdf>

## Prompts for families when filling out this page:

- What is going well for your child and family right now?

Tell us about your child and family. Tell us what is really great about your child. Describe what currently feels positive for your family. Describe activities or routines your child is doing well with and what he/she is learning. Tell us what times of the day are best for your child and family. Tell us about whom your child or family connects with (e.g., friends, family members).

- What is your family concerned or interested in learning more about?  
Describe what worries you about your child or family. Are there things you want your child to do that he/she is unable to do? Are there things that you want for your family that aren't currently happening? What keeps you awake at night? Are there things you would like to better understand or learn about?
- People or supports that are helpful to your family.  
Describe or name other people in your life that support you, that you appreciate or that you find helpful. Consider using a mapping tool found in the Appendix to assist with this area.
- What are some activities you enjoy or would like to do as a family?  
Think about your typical day from beginning to end. How does your family spend its time? What do you do at home or when you go out? Describe some of your favorite activities/places to go as a family. Are you involved with any community groups, church or library events? Are there activities you would like to do but feel you can't participate in? What are the barriers/challenges?
- What would you like to see happen for your child and family in the next 6 months?  
Are there activities you would like to participate in as a family? Are there things you would like to do or learn more about? What would you like to see your child/family do next?
- What activities or times of the day are difficult or stressful for your child and family?  
Is there anything about your routine that is challenging for your child? Are you having difficulties accessing resources to help in difficult situations or are there any barriers you are experiencing? Are there any activities you would like to do but have had to change (due to the child's behavior)?

Be considerate of families' feelings. You can gather this information over time during conversations with families and by using a variety of family directed assessment tools. **Remember this may be the most valuable information you gather!** It can begin to shape the outcomes written later in the IFSP. A family identifying that they would like more information about their child's diagnosis could be a potential outcome on the Child/Family Outcomes page. Or, if they identified the need for child care assistance, the service coordinator may identify this on the *Other Services/Needed Community and Medical Supports* page later in the IFSP, along with steps taken to link the family to the identified program or support. This information also highlights strengths and supports that the family already has in place that will be helpful later in developing outcomes. Keep in mind that you can have families fill out a new page for each IFSP review or you can date any new information added to the original page.

## Summary of All Developmental Areas/EI Team Report Pages

**PURPOSE:** To fulfill the HFS90 requirement for an Early Intervention Team Report that summarizes the completed evaluations and findings and documents a child's eligibility or non-eligibility for the Wisconsin Birth to 3 Program. By integrating the EI Team Report into the IFSP, the IFSP requirement to include a summary of all developmental areas is addressed. Note: the inclusion of eligibility information fulfills this requirement for the Early Intervention Team Report, not an IFSP requirement. [HFS 90.08(7)(h); HFS 90.10(5)(a)]

**PROCESS:** This page can be added to the IFSP document or can be used as a stand-alone document. If a child is found not eligible or a family does not wish to pursue Birth to 3 Services even after being found eligible, the service coordinator can pull this portion out of the IFSP and send the summary to the family and other team members.

The members of the Early Intervention Team discuss their findings and conclusions and determine if there is documentation, data or other evidence that the child meets the eligibility requirements of HFS 90. Please refer to the recently distributed eligibility guidelines for more information about this area- <http://www.waisman.wisc.edu/birthto3/eligibilityGuidelines.pdf> (PDF and accessible html version). The *Early Intervention Team Report* includes the results of the evaluation summary of all areas of development, a determination of eligibility or non-eligibility and signatures of all team members present. If the child is not eligible for Birth to 3, the team needs to discuss recommendations for follow-up as well as referrals to other community resources.

If a team member cannot be present, that member shall be involved through other means, such as participating in a conference call, or be represented by someone who is knowledgeable about the child and about the team members' findings and conclusions [HFS 90.08(7)g].

**TO BEGIN:** Fill out the top information about the child including the date of the report, as the *Early Intervention Team Report* can be a stand alone document.

The first two pages of the *Summary of All Developmental Areas* have two functions. First, these pages assist early intervention team members in summarizing their findings as well as the child's present levels of development. Based on HFS 90, the areas of development include: Physical Development, which encompasses Health, Vision/Hearing, Fine Motor and Gross Motor; Communication; Cognition; Social/Emotional; and Self Help/language in HFS 90 is Adaptive. For use during the Early Intervention Team Meeting, be sure to include strategies and tools used to determine the status in each area, as well as the location(s) of the assessments and observations. Individual discipline reports may be shared with the family as an additional information piece for families; however, these reports do not take the place of the requirement of the Early Intervention Team Report. We have included key words to assist in focusing your discussions about summarizing the child's development in each of the five areas, highlighting strengths and needs.

The second use of the first two pages of the *Summary of All Developmental Areas* is to fulfill the HFS 90 requirement that the IFSP will include information about the child's developmental status. This information can be updated during periodic and annual IFSP reviews.

Remember, the summary statements about a child's development are to be based on a variety of strategies and tools including review of previous records, parent reports and interviews, evaluation and assessment tools, and observations of the child in natural environments. Programs can write the name of the assessment tool once and reference it again if the tool is used to assess other areas of development. In addition, if programs choose to write a combined Early Intervention Team Report, be sure to include a space to document the discussions that take place with the family, as well as documenting any additional information mentioned by the family. Be sure to add the Eligibility Determination page if your program has the procedure of a combined EI Team Report.

## Summary of All Developmental Areas/EI Team Report Pages

**Eligibility Determination:** This page documents whether the child meets the eligibility criteria for Birth to 3. The service coordinator checks the appropriate box indicating if the child is or is not found eligible for the Birth to 3 Program. The service coordinator will write the area(s) of development as well as the percentage of delay or degree of standard deviation below the mean in each area to document eligibility for Wisconsin's Birth to 3 Program. If a child is found eligible based on Atypical Development, the service coordinator should describe the concerns. Examples of Atypical Development can be found in HFS 90, page 428, as well as in the eligibility guidelines. When a child has a diagnosed condition with a high probability of resulting in a developmental delay, then the service coordinator will document the diagnosis and the source of the diagnosis. You will notice a comments section, which is included after the first eligibility section. The purpose of this section is to give programs the opportunity to document any further comments, including an explanation when a child is found eligible but a family declines the development of an IFSP.

If a child is found not eligible for the Birth to 3 Program, then the team must offer to re-screen the child within a maximum of 6 months, while recognizing there may be circumstances in which the team decides to contact the family sooner. There is a section for notes next to this option for the team to document whether the service coordinator will call the family within 6 months, whether the family will call the service coordinator if concerns arise, or if the family declined the re-screen opportunity. Another team discussion is that of options for community resources or information that might benefit the child and family. All participants who are active members in the early intervention team discussions must sign the EI Team Report. If a team member participated through a conference call, the signature may be by proxy. [HFS 90.08(7)h]

## Child and Family Outcomes Page

**PURPOSE:** To document the ideas that are important to the family about what they want to see happen for their child and family. These ideas are transferred from the "Tell Us About Your Family" page or are gathered throughout the process as a result of conversations with the family. [HFS 90.10(5)(c)]

**PROCESS:** The ideas gathered throughout the evaluation and assessment processes should be brought forward to the outcomes page. These outcomes link back to conversations with the family and reflect both child and family outcomes. For more information and examples on writing outcomes, go to the Birth to 3 Training and Technical Assistance Website and access Birth to 3 Basics IFSP section. ([www.waisman.wisc.edu/birthto3/](http://www.waisman.wisc.edu/birthto3/)) Remember that outcomes cross developmental domains and can often be incorporated into multiple routines. This is the opportunity for the team to address how an outcome might address engagement, independence, and social relationships.

**To Begin:** Reflect back on discussions with the family. Ask the family if the ideas they brought forward earlier in the process (on the "Tell Us About Your Family" page or from another assessment tool) are still important to them, and, if so, these ideas may become the outcomes. Remember that the information written on this page can reflect both child and family outcomes. You may fill out one or more outcomes pages, depending on team discussions.

**We want:** A Statement of what the family wants to see happen for their child and family. Note: Many of the child outcomes will cross developmental domains.

- Child Outcome: We want Johnny to move around the house on his own.
- Family Outcome: We want information about Down syndrome.
- Child/Family Outcome: We want Ben to handle transitions without having tantrums.

**So that:** Why is this important to the family? What will be different for the family? The answer is more than "so that the child will have age appropriate skills." It is the "why this will help the family" answer.

- Child: So that we don't have to carry him all the time, as Johnny's mom is expecting another baby soon."
- Family: So that the family can read and understand information about Down syndrome and be able to talk to her team about her questions and concerns.
- Child/Family: So that we can go to the store or to a restaurant as a family.

**What is already happening?:** List activities that the child and family are already doing to support this outcome. This can include things that are happening at child care or at Grandma's house also. This is a good place to emphasize strengths and to highlight what the family is already doing.

- Child: Johnny is able to walk along the furniture. He has a push toy but it seems to get away from him as his feet can't keep up with the toy.
- Family: Mom is conducting Internet searches and received some written information from her physician.
- Child/Family: Family is going to the store in shifts. Family gives Ben a toy or food to distract him in stores. They don't go to restaurants together.

**We will know we are successful when:** Identify what can be observed and is meaningful to the family to show that change has occurred. Family criteria of success may or may not be from a developmental perspective and can include parent report or perception of observed change. It is important to set the criteria based on what's important and meaningful to the family.

Child: Johnny can get himself from the dining room to the kitchen for meals without being carried by his mom.

Family: Family reports they have received information they wanted and know how to access additional information and resources.

Child/Family: When we can eat out as a family once per month.

**What will happen within the child and family's everyday routines and activities considering the various places where the child and family spend their time.** This section is not intended to be limited to just strategies that the professionals will be doing, but should consider other strategies that will support the family in achieving this outcome throughout their family's routines and activities. This section should open the door to any opportunity that the child and family can do within their day, within their routines.

- Child: This section may include ideas from the team about how the push toy can be weighted so that Johnny's push toy will work better for him as well as ideas about how the family can carry this into their routines and activities. At lunchtime Johnny's family will hold his hand to help him walk to his high chair  
Family: Mom will call the doctor to ask questions about her daughter. The team will look into local support groups. The Service Coordinator will assist mom with parent matches.
- Child/Family: Use pictures to show Ben what is happening next. Introduce the brushing protocol as well as other "heavy work" activities. Initially, go to stores at a time that won't be so busy and noisy. Develop a plan of what will happen if Ben gets upset when you are at a store. Try having Ben push the cart in the store or have him sit on a sit fit in a restaurant.

The notes section on the right can be used to update what is happening with the activities listed, such as updating whether the activities have changed but the outcome remains the same but an activity will be changed at an IFSP review meeting.

**Progress toward outcome or date accomplished:** This is filled out at IFSP review meetings or anytime the plan is reviewed. The Service Coordinator should discuss with the family and team the progress made toward the outcome listed above. The service coordinator can check the appropriate box, which will show if the outcome is accomplished, continued or no longer an outcome.

**Revisions of outcomes for IFSP reviews and evaluations:** At each review meeting, additional Outcomes pages can be added for new outcomes. If work is continuing on previous outcomes, indicate this on the initial outcome page and continue to use this page. You may want to re-order the pages so that only current, active outcomes are viewed first. (See the Appendix for team requirements related to major and minor changes to IFSPs.)

## Early Intervention Services Page

**PURPOSE:** To document the early intervention services, defined in HFS 90.11(2) that the team decides to pursue following discussion and completion of the child and family outcomes. This page documents and details other supports or services the child or family identifies as needed, but that aren't required to be funded by the Birth to 3 Program. This section also includes the steps that will be taken to secure those services from public or private sources (HFS 90.10(5)(d)5).

**PROCESS:** The top portion of this page will be completed upon conclusion of the outcomes discussion, as services are identified to support the outcomes written with the family. Teams can continue discussions from the development of the outcomes by asking the question, "Who can help with these outcomes" as well as "what team member(s) is most appropriate to assist the family in supporting the IFSP outcomes." Consider the supports already in place as you are determining Early Intervention Services. The Birth to 3 Program offers 15 Early Intervention Services, as described in HFS 90.10(4)(a-o), as well as service coordination, which is a Core Early Intervention Service for all families.

**Birth to 3 Services:** List the Early Intervention Service(s) as determined by the IFSP team. Service coordination is a Core Service; therefore it is to be listed on the IFSP for all families. You are not required to include the intensity of service coordination. That section has been blocked off on the form.

**Start/End Date:** The start date is the projected month, date, year for initiating the services. The end date is the expected duration of the services. The start date for service coordination is the same date as the IFSP meeting. For other services, the projected date should be as accurate as possible. The actual dates will need to be reported to the State Birth to 3 Program. It is important to record the start date for each service as accurately as possible for potential verification of the reported dates.

**Location:** The location(s) where the early intervention services will occur. To the maximum extent appropriate to the needs of the child, early intervention services shall be provided in the child's natural environments, including home and community settings where children without disabilities participate. A setting other than a natural environment may be used only when early intervention outcomes cannot be satisfactorily achieved for the child in a natural environment. If reasons exist for providing services in settings other than the child's natural environments, those reasons shall be documented in the child's IFSP [HFS 90.11(5)a]. If a service will not be provided in a natural environment, the team will need to complete an additional page which documents the reason why the service is not being provided in a natural environment and the steps to be taken to transition the service back into natural environments. The last page of the IFSP document is titled Justification for Services Provided in Locations other than Natural Environments. Use this form when a service is not provided in a natural environment. This form has been included solely for the purpose of documenting services not provided in natural environments, as well as plans for transitioning the provision of such services into a child's home and community environment.

**Frequency:** The number of days or sessions the service will be provided (e.g., once per month, once per week, eight times during duration defined with start and end date). Be specific and refrain from using ranges (e.g., 1 time per week, not 1 to 3 times per month).

**Intensity:** The length of time the service will be provided during a session. Be specific and refrain from using ranges of time. (30 minutes, not 30-60 minutes).

**Funding Source(s):** List payment arrangements (e.g., Private Insurance, Medical Assistance, County Birth to 3 Program, Parental Cost Share). Programs may choose to cost out the plan.

### **Needed Medical and Other Services:**

This section describes supports needed that are not required to be funded by the Birth to 3 Program. Identifying other services not required by HFS90 and assisting families in making links to desired services contributes to the support of families in their efforts to achieve child and family outcomes. While Birth to 3 staff can make these links, families should know that access to these services cannot be guaranteed.

Draw information gathered throughout the assessment process and link those ideas identified by the family or the rest of the team to this section. Look at the “All About” page and relate the supports identified by the family (as ones they need more information about) to this section of the IFSP. You may also discuss ideas reflected on the “Tell Us About Your Family” page and, as a team, consider supports available to the family. This does not apply to routine medical services such as immunizations and well baby care unless a child needs those services and they are not otherwise available or being provided (HFS 90.10(5)(d)5).

This section documents Needed Medical and Other Services as appropriate and describes who will help, as well as the steps planned/taken to link families to those services. The funding source may also be filled in if known, such as Medical Assistance. Common examples of other services include, but aren't limited to: housing assistance, WIC referrals and child care resources. Examples of medical services are immunization and well baby services for families who have no confirmed medical provider or referral to medical resources for concerns not met by existing providers.

If no other services have been identified through team discussions, please document this by checking the small box on the bottom of the page and add any comments for a description.

## Team Signature Page

**PURPOSE:** To obtain parental consent for the services described in the IFSP and to ensure that the family has read and understands their rights and procedural safeguards. [HFS 90.12(2)(b)]

**PROCESS:** In addition to getting signatures, take this opportunity to review and discuss parent and child rights and ensure that the parents understand the information. Make sure the family knows that services are voluntary and can be changed or modified at parent request. The family should be informed that they can revoke their consent at any time. It's also a good time to remind families that team members will have access to the IFSP to guide their involvement with the family. The IFSP will also become a part of the child's early intervention record that the Birth to 3 Program would share with others not listed on the IFSP, only when the family signs consent to share the record.

**Signature Line:** Review the four items listed above the signature line, making sure parents understand what each item means. Encourage parents to read the items and ask questions for clarification. At least one parent should sign and date this page. Both parents can sign if they are at the meeting. The purpose of the third signature line is for a parent's signature when a major or minor change has occurred or the IFSP has been reviewed.

**Names of Other Team Members:** The name of anyone who has been involved with the development of the plan (through presence at meeting, phone presence, or report) may be listed here to show the family who has worked together to develop the plan. Some programs find it useful to add phone numbers or email addresses behind the listed name or signature. Signatures are not required, but we encourage any team member present to sign the page, indicating that this IFSP will guide their work. The service coordinator can print the names of others who were involved in the evaluation and assessment processes but weren't present at the IFSP meeting, such as a child care provider, public health nurse, physician, Early Head Start staff or anyone else the family would like added.

## Transition Planning Page

**PURPOSE:** To prepare a written plan with the steps to be taken to support the child and family through transitions from the Birth to 3 Program. [HFS 90.10(5)(f)]

**PROCESS:** A transition is any major event that impacts a child and family, such as moving out of the county or state, moving into or between programs, coming home from the NICU, changing a childcare situation, or turning 3. This page is not limited to transitions upon age 3, but could include any transitional time in the child and family's life. Discussion of transitions is encouraged throughout a child's involvement with the Birth to 3 Program. It is possible that a child and family may have multiple transitions throughout their involvement in the Birth to 3 Program and therefore would have more than one transition planning page--one for each individual transitional event. The planning page itself is also a fluid document that represents a process and may be added to over time. The Transition Planning page should be filled out in the IFSP no later than when the child is 2 years, 3 months of age. This will ensure prompt coordination and ongoing discussions about the transition process.[IDEA 2004]

**What kind of transition is this?** State the type of transition (examples are on the Transition page of the IFSP)

What does your family want and hope for your child during this transition?

- Consider key questions to ask the family about the transition, such as:
  - What are your concerns, fears, excitements, and goals for this transition?
  - What would you like to see happen through this transition? Who would you like to see support you through this transition?
  - What additional information do you want to help you through this process?
- Use this information (what the family wants and hopes for their child) to develop your next steps.

**Transition Discussions held on:** You may list multiple dates in this section. Transition discussions may happen over several months and during multiple meetings.

**Who participated in these discussions & what options were discussed?** List participants in meetings and list options discussed even if they are not pursued.

**Next Steps:**

**Who will do what?** This should not be limited to what providers will do, but can also include the things the family will do (e.g., attend meetings, go on tours, give pertinent information as needed.) This should directly correlate with what the family indicated were their wants and hopes for their child and family during this transition.

Be mindful of additional resources that may be available to families during this transition. These could include: Children and Youth with Special Health Care Needs Regional Centers, Public Health Departments, preschools, private/clinical therapy services, community programs, Family Resource Centers, Family Support Program or Long Term Supports, or other services available in your community during this transition.

**When:** Give a general indication in this section of the timeline for transition steps.

**If referring to the public school system:** You will notice a number of statements with check boxes which are designed to encourage discussions throughout a transition to a local school district. Please check and date when these steps are completed. Comment sections have been included in the last two check box sections to allow programs to document situations where a family might decline a transition planning meeting. The comment sections can also be used to document other discussions held with the family about these particular transition steps.

**Notes:** If this is a transition out of this program and into another one, seek parent consent to send a copy of the current IFSP to the receiving agency. This could happen by getting a signed release of information from the parents to send the IFSP to the receiving agency or by giving a copy to the parent(s).

See the *Wisconsin Early Childhood Collaborating Partners* website transition section: for current and ongoing information and resources about early childhood transitions: <http://www.collaboratingpartners.com/transition/index.htm>.

## Justification for Services Provided in Locations Other than Natural Environments Page

**PURPOSE:** To document services not provided in natural environments, and as well as plans for transitioning the provision of such services into a child's home and community environment. [HFS 90.11(5)(a)]

**PROCESS:** The last page of the IFSP document is titled Justification for Services Provided in Locations other than Natural Environments. Use this form when a service is not provided in a natural environment. This form has been included solely for the purpose of documenting services not provided in natural environments, as well as plans for transitioning the provision of such services into a child's home and community environment.

To fill out this form, list the services provided in settings other than natural environments, and explain why the team recommended this setting. Outline how outcomes will be met in this setting, as well as activities provided to include this outcome in the child's home and community environment. Please also identify the time frame for moving such services into the child's natural environment.

## How to Use the IFSP for Reviews

**Annual IFSP review meeting:** This is the time to evaluate and revise the entire IFSP. Written notice should be sent to all participants before the meeting date to ensure attendance. Participants at an annual IFSP review meeting should include, to the extent possible, those persons who were involved with the development of the IFSP or reviews, a person directly involved with the evaluation and assessment, and as appropriate, those providing services to the child or family. If a professional who was directly involved with the evaluation and assessment cannot be present, the service coordinator shall ensure their involvement through a conference call, having another knowledgeable representative attend the meeting, or making pertinent records available for the meeting. [HFS 90.10(7)]

**Periodic IFSP Review:** HFS 90 states that an IFSP review shall take place every 6 months or more frequently if warranted or if a parent requests it. The purpose of the review is to determine the progress being made towards achieving the planned outcomes and whether changes to outcomes or services are necessary. The review should be held with parents and the service coordinator and other family members or an advocate if requested by the parent. Service providers may be invited as well.

## Appendices

The following documents, available on the *Wisconsin Birth to 3 Training and Technical Assistance* website of the Waisman Center, includes additional information and resources referenced throughout this document ([www.waisman.wisc.edu/birthto3/](http://www.waisman.wisc.edu/birthto3/)). You are encouraged you to watch this site for new information and updates about the Wisconsin Birth to 3 Program, including the IFSP process.

**Wisconsin Birth to 3 Guiding Principles:** <http://b3icc.state.wi.us/GuidPrinc.pdf>

**Wisconsin Birth to 3 Program Flow Chart:**  
[http://www.waisman.wisc.edu/birthto3/pdfs/policy\\_guidance/flowChart.pdf](http://www.waisman.wisc.edu/birthto3/pdfs/policy_guidance/flowChart.pdf)

**Wisconsin Birth to 3 Program Eligibility Guidelines:**  
<http://www.waisman.wisc.edu/birthto3/eligibilityGuidelines.pdf> (PDF and accessible html version)

**Identifying Family Strengths, Concerns, Priorities, and Resources:**  
[http://www.waisman.wisc.edu/birthto3/FAMILY\\_CONCERNS.PDF](http://www.waisman.wisc.edu/birthto3/FAMILY_CONCERNS.PDF)

**Functional Intervention Planning - The Routines-Based Interview:** <http://www.siskin.org/www/docs/112.190/>

**Wisconsin Birth to 3 Program Interim IFSP Guidelines:**  
<http://www.waisman.wisc.edu/birthto3/pdfs/interimifspguide.pdf>

**Memo on Needed Medical and Other Services in the IFSP:** <http://www.waisman.wisc.edu/birthto3/pdfs/0105memo.pdf>

**Guidelines for Major and Minor Changes at IFSP Team Meetings and Periodic Reviews**  
<http://www.waisman.wisc.edu/birthto3/pdfs/guidelinesforchange.pdf>