

## **Interim IFSP Guidelines**

When a child is referred to the Birth to 3 Program, the county early intervention team has 45 days to determine eligibility, complete assessments and convene a meeting to develop the initial IFSP. There may be certain circumstances where an early intervention team determines that services should commence prior to the completion of the evaluation, assessment and the development of the initial IFSP. In these situations, an interim IFSP must be developed.

### **A. Interim IFSP Requirements**

1. **Interim IFSP Development.** An interim IFSP is developed if the early intervention team determines a child can be presumed eligible and that the child has an immediate need for services prior to the completion of the evaluation and assessment. Birth to 3 Programs should follow these procedures when developing and implementing an interim IFSP:

a) Perform a screening to determine if the child can be presumed eligible and to identify any immediate needs for services prior to evaluation and assessment.

b) Obtain parental consent for services.

c) Develop and implement an interim IFSP.

d) Ensure that the evaluation and assessment are completed within the required 45-day timeline, unless extenuating circumstances can be documented as outlined below.

2. **Required Components.** Each interim IFSP must contain, at a minimum:

a) The name of the child's service coordinator.

b) The early intervention services that are needed immediately.

c) The circumstances and reasons for development of the interim IFSP.

3. **Required Participants.** The following individuals must participate in the development of the interim IFSP:

a) The parent(s).

b) The child's service coordinator.

c) At least one of the qualified personnel directly involved in the child's evaluation and assessment.

d) As appropriate, persons who will be providing services for the child and family.

## B. Circumstances When an Interim IFSP may be Developed

1. Delay in completing evaluation and assessment. Evaluation and assessment can be delayed only when exceptional circumstances directly affecting the child or the child's family (e.g., illness of the child or a parent or the parent's refusal to consent to a procedure) make it impossible to complete the evaluation and assessment within 45 days.

If evaluation and assessment will be delayed, the county administrative agency should:

a) Document the exceptional circumstances in the child's early intervention record.

b) Develop and implement an interim IFSP.

c) Obtain the parent's written consent for services and to a revised deadline for completion of the evaluation and assessment.

d) Complete the evaluation within the extended time period agreed upon by the family and EI team.

2. Provision of services before completing evaluation and assessment. There may be circumstances when the early intervention team determines that a child has an immediate need for services, even at the time of referral (e.g., a physician recommends that a child with cerebral palsy begins receiving physical therapy as soon as possible). Provision of early intervention services to an eligible child and the child's family may be started before the evaluation and assessment are completed if there is a clear and obvious need that can be addressed without waiting for completion of the formal evaluation and assessment and if the following conditions are met:

a) An interim IFSP is developed and implemented.

a) The parent gives written consent for the services.

b) The evaluation and assessment are completed within the required 45-day time period.

3. Children who are referred after age two years and nine months. Children who are referred to the Birth to 3 Program at two years and nine months or older present unique challenges for early intervention teams in meeting the requirement to complete evaluation, assessment and IFSP development within 45 days. When a Birth to 3 Program receives a referral of a child who is two years and nine months or older, the Birth to 3 Program can meet their responsibility by following the procedures outlined below:

a. Conduct a screening to determine if the child can be presumed eligible and identify any immediate needs.

b. Develop and implement an interim IFSP that includes transition planning and other services that need to be started prior to an evaluation.

c. Obtain written parental consent for services.

d. If it appears likely that the child has a need for special education, convene a transition planning conference with the approval of the parent and refer the child to the LEA with the consent of the parent.

e. If a referral is made for special education, obtain written parental consent for the referral.

f. Ensure that the evaluation is completed. If the child is referred for special education services, the LEA is responsible for conducting the evaluation.