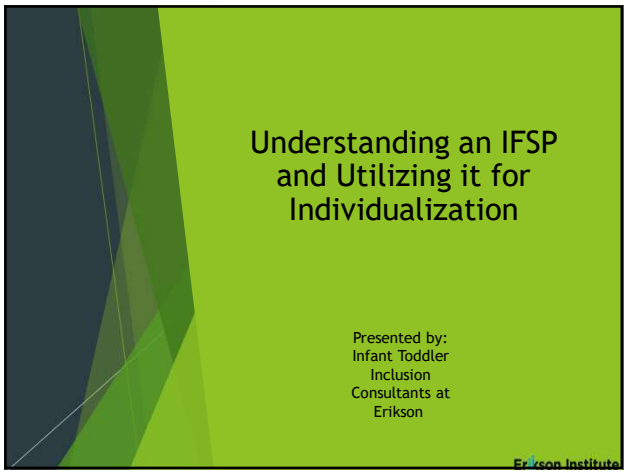
Understanding an IFSP and Utilizing it for Individualization
Presented by:
Infant Toddler Inclusion Consultants at Erikson
Erikson Institute

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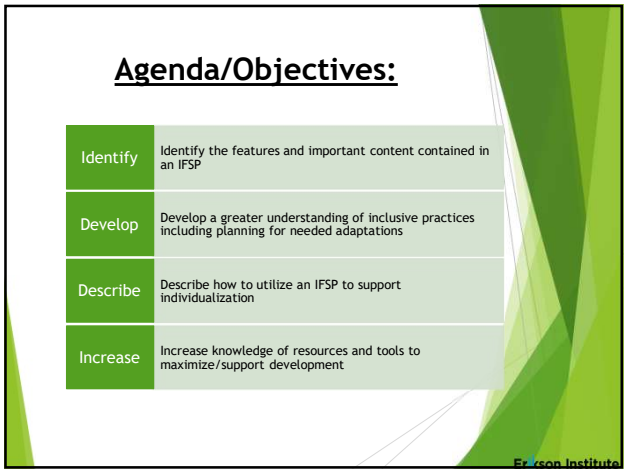
Agenda/Objectives:
Identify
Identify the features and important content contained in an IFSP
Develop
Develop a greater understanding of inclusive practices including planning for needed adaptations
Describe
Describe how to utilize an IFSP to support individualization
Increase
Increase knowledge of resources and tools to maximize/support development
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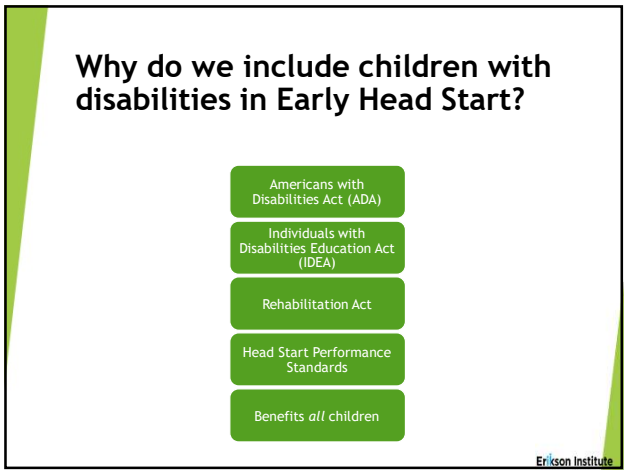
Why do we include children with disabilities in Early Head Start?
Americans with Disabilities Act (ADA)
Individuals with Disabilities Education Act (IDEA)
Rehabilitation Act
Head Start Performance Standards
Benefits *all* children
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3

What Is An IFSP and Why Is it Important?

The Individualized Family Service Plan (IFSP) is a plan created to meet the individual needs, concerns, and priorities of each child, from birth through age 3, and their family.

The plan outlines the family's desired outcomes for their child and themselves and lists the early intervention services and supports that will help achieve those outcomes. It also describes when, where, and how services will be provided.

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What you should know about an IFSP

An IFSP is valid for one year from the evaluation date, if the child is under two years old.

Annual re-determination is required, unless the child is turning three years old and aging out of the program.

A six month review phone call or meeting should take place with the Parent/Guardian, Service coordinator and Ongoing providers

- This review is to update the outcomes and IFSP as needed.

When the child is 2 years 6 months, the transition process from EI to public schools (CPS) should be discussed with the family.

- The transition process must be completed prior to a child's 3rd birthday

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IFSP Content: Basic summary

- An IFSP includes:
  - Summary of child's needs
  - Statement of the family's resources, priorities, and concerns
  - The goals/outcomes, and strategies to be used
  - The specific early intervention services the child will be receiving

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Objective 1:

Identifying features and important content contained in an IFSP

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IFSP Content: Specific Sections:

- Provider Information
- Eligibility
- Current Status of Functioning
- Child Outcomes Summary
- Source of Information
- Authorizations
- Functional Outcomes
- Implementation and Distribution Authorization
- **Transition Planning** (if child is over 2 ½)
- **Evaluations Reports** (not always included with IFSP, but are included in consent; should be requested if not provided. They can be reviewed by team and kept in disability folder.)

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Provider Information

STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

Page 1
07/17/2025

Child's Name: JAYLEN Date of Birth: 10/25/2023 EI #: 93 Part I.D.#:
Street: 193 City, State, Zip: CHICAGO, IL 60647 Phone #: (773)
Primary Contact: Ms Rodriguez Relationship: MOTHER Primary Language Spoken: ENGLISH
Service Coordinator: DANIELLE ZUNIGA Telephone #: (312) 942 - 7909 FAX #: (312) 942 - 7811
CFC: #11 CFC - IL MASONIC MED CTR CFC Phone #: (312) 942 - 7800 IFSP Begin: 06/04/2025 IFSP End: 06/03/2026
EI Cover Page Date Prepared: 06/04/2025 07/17/2025

PROVIDER INFORMATION AND OTHER HELPFUL RESOURCES (EI providers, doctors, family/friends, daycare providers, LIC contacts, etc.)

------ ROLE ------ NAME ------ ADDRESS ------ PHONE/FAX ------

School District/CPS
LEA Rep.

Primary Care
Physician: Inger Anthony DNP

Parent Liaison: Roberta Hansen

Local Interagency
Council Coor.

DCFS Caseworker
(If applicable)

IFSP TABLE OF CONTENTS

Required Sections: Attach if Completed:

[ ] Present Levels of Development [ ] Family Considerations for the IFSP
[ ] Child and Family Outcomes [ ] Transition Planning Worksheet(s)
[ ] Part C EI Service Authorizations [ ] Other
[ ] Transition Plan [ ] Other
[ ] IFSP Implementation & Discipline Authorization

CONFIDENTIAL MATERIAL

Notice to Receiving Agency/Person: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the

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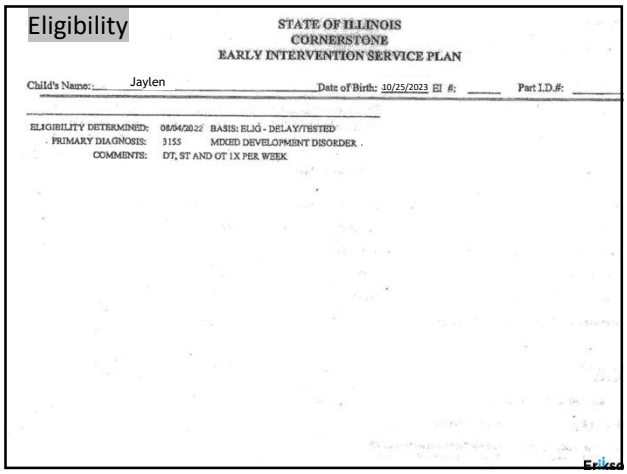
Eligibility



STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

Child's Name: Jaylen Date of Birth: 10/25/2023 EI #: Part I.D.#:

ELIGIBILITY DETERMINED: 06/04/2025 BASIS: ELIG - DELAY/TESTED
PRIMARY DIAGNOSIS: 3155 MIXED DEVELOPMENT DISORDER
COMMENTS: DT, ST AND OT 1X PER WEEK

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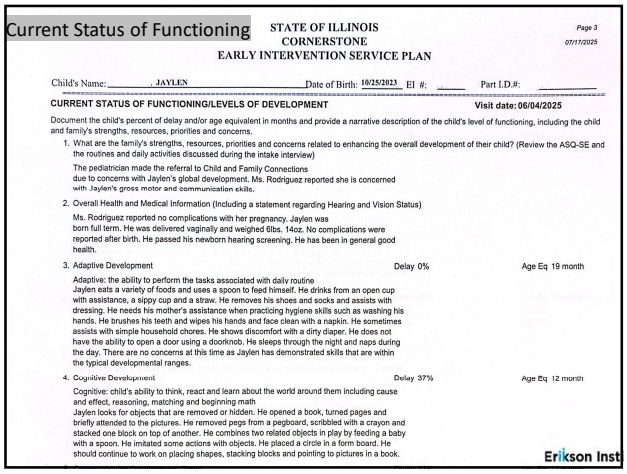
Current Status of Functioning



STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

Page 3
07/17/2025

Child's Name: , JAYLEN Date of Birth: 10/25/2023 EI #: Part I.D.#:

CURRENT STATUS OF FUNCTIONING/LEVELS OF DEVELOPMENT Visit date: 06/04/2025

Document the child's percent of delay and/or age equivalent in months and provide a narrative description of the child's level of functioning, including the child and family's strengths, resources, priorities and concerns.

1. What are the family's strengths, resources, priorities and concerns related to enhancing the overall development of their child? (Review the ASQ-SE and the routines and daily activities discussed during the intake interview)

   The pediatrician made the referral to Child and Family Connections due to concerns with Jaylen's global development. Ms. Rodriguez reported she is concerned with Jaylen's gross motor and communication skills.

2. Overall Health and Medical Information (Including a statement regarding Hearing and Vision Status)

   Ms. Rodriguez reported no complications with her pregnancy. Jaylen was born full term. He was delivered vaginally and weighed 6lbs. 14oz. No complications were reported after birth. He passed his newborn hearing screening. He has been in general good health.

3. Adaptive Development Delay 0% Age Eq 19 month

   Adaptive: the ability to perform the tasks associated with daily routine
   Jaylen eats a variety of foods and uses a spoon to feed himself. He drinks from an open cup with assistance, a sippy cup and a straw. He removes his shoes and socks and assists with dressing. He needs his mother's assistance when practicing hygiene skills such as washing his hands. He brushes his teeth and wipes his hands and face clean with a napkin. He sometimes assists with simple household chores. He shows discomfort with a dirty diaper. He does not have the ability to open a door using a doorknob. He sleeps through the night and naps during the day. There are no concerns at this time as Jaylen has demonstrated skills that are within the typical developmental ranges.

4. Cognitive Development Delay 37% Age Eq 12 month

   Cognitive: child's ability to think, react and learn about the world around them including cause and effect, reasoning, matching and beginning math
   Jaylen looks for objects that are removed or hidden. He opened a book, turned pages and briefly attended to the pictures. He removed pegs from a pegboard, scribbled with a crayon and stacked one block on top of another. He combines two related objects in play by feeding a baby with a spoon. He imitated some actions with objects. He placed a circle in a form board. He should continue to work on placing shapes, stacking blocks and pointing to pictures in a book.

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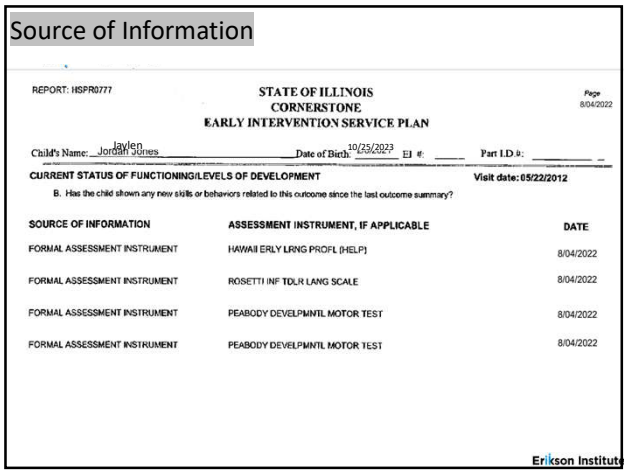
Source of Information



REPORT: HSPR0777

STATE OF ILLINOIS
CORNERSTONE
EARLY INTERVENTION SERVICE PLAN

Page
8/04/2022

Child's Name: Jaylen Jordan Jones Date of Birth: 10/25/2023 EI #: Part I.D.#:

CURRENT STATUS OF FUNCTIONING/LEVELS OF DEVELOPMENT Visit date: 05/22/2012

B. Has the child shown any new skills or behaviors related to this outcome since the last outcome summary?

SOURCE OF INFORMATION	ASSESSMENT INSTRUMENT, IF APPLICABLE	DATE
FORMAL ASSESSMENT INSTRUMENT	HAWAII ERLY LRNG PROFL (HELP)	8/04/2022
FORMAL ASSESSMENT INSTRUMENT	ROSETTI INF TDLR LANG SCALE	8/04/2022
FORMAL ASSESSMENT INSTRUMENT	PEABODY DEVELPMNTL MOTOR TEST	8/04/2022
FORMAL ASSESSMENT INSTRUMENT	PEABODY DEVELPMNTL MOTOR TEST	8/04/2022

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Functional Outcomes—Occupational Therapy (OT)

Child's Name: Jaylen	EI#:	Participant ID #	Date: 06/04/2025
Section 3: Child and family outcome # (May be used as an Annual goal statement for Part B Preschool Services)		Develop one outcome per page. Assign outcome # to identify each page individually. Each outcome may have several services, strategies and/or activities designed to facilitate the achievement of the outcome.	
***Family Priorities (Concerns) Speech, Motor Skills			
What do we want for Jaylen and our family? We would like Jaylen to be calm and organized so that can improve his attention, activity level, explore his environment , express his wants and needs, and complete higher level fine motor skills.			
How will we achieve this outcome? (List strategies and/or activities designed to facilitate the achievement of this outcome; and/or steps to be taken to link us to services and/or secure funding for services if not required to be provided by the Part C Early Intervention System)		What Part C EI and/or other services and supports would help us with this?	Fund Source	Upon review, how are we doing? Has our outcome been achieved? Should our outcome, strategies, activities and/or services change? If so, how? Written parental consent required to change any services.
Sensory Integration exercises as follows: Develop Sensory Diet daily exercises Multi-sensory tasks with various sensory media; auditory/music, deep input/heavy work; activities using the senses such as deep input of weight bearing, weight shifting, transitions of positions to facilitate attention/focus/modulation/and coping skills Motor planning/motor organization/ Novel Tasks Therapeutic Exercises Behavioral Modification with positive reinforcement, shaping, modeling, cueing, prompting Developmental Play/Floortime exercises Fine Motor Coordination with emphasis on grasping/visual motor/eye hand coordination Cognitive/Problem Solving Activities Home Exercise Program Team Collaboration	OT 1x per week.	CBO	
The primary setting for young children is within the context of the family, their home, their community, lifestyle and daily activities, routines and obligations. To the extent appropriate, services must be provided in the types of settings in which young children without disabilities, and their families, would participate. Are all Part C EI services needed to achieve this outcome being provided in natural environments? Yes__No__			

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Functional Outcomes—Physical Therapist (PT)

Child's Name:	EI #:	Participant ID #:	Date:
SECTION 3: FUNCTIONAL OUTCOME # (May be used as an Annual Goal statement for Part B Preschool Services)		Develop one outcome per page. Assign outcome # to identify each page individually. Each outcome may have several services, strategies and /or activities designed to facilitate the achievement of the outcome.	
*** Family Priorities *(Concerns)*			
What do we want for Jaylen and our family? (What does the family want and why?) We want Jaylen to improve his overall strength and balance in order to walk. independently.			
How will we achieve this outcome? (List strategies and/or activities designed to facilitate the achievement of this outcome and/or steps to be taken to link us to services and/or secure funding for services if not required to be provided by the Part C Early Intervention System)	What Early Intervention and/or other services and supports would help us with this?	Fund Source	Upon review, how are we doing? Has our outcome been achieved? Should our outcome, strategies, activities and/or services change? If so, how? Written parental consent required to change any services.
Home Exercise Plan	PT		
Family Education	Family		
Orthotics as needed			
Gotreat as appropriate			
Swiss ball exercises			
Core strengthening			
Balance training			
Core strengthening			
Sitting balance training			
Gait training			
Stair navigation			

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FOR EARLY INTERVENTION PARTICIPANTS ONLY The primary setting for young children is within the context of the family, their home, their community, lifestyle and daily activities, routines and obligations. To the extent appropriate, services must be provided in the types of settings in which young children without disabilities and their families would participate. Are all Part C EI services needed to achieve this outcome being provided in natural environments?: T Yes T No
If no, justify the exient to which any services will not be provided in natural environments:

Note regarding Fund Source: All Part C Early Intervention Services must be pre-authorized. For all other services identified as needed but not as required to be provided by Part C Early Intervention System, indicate the fund

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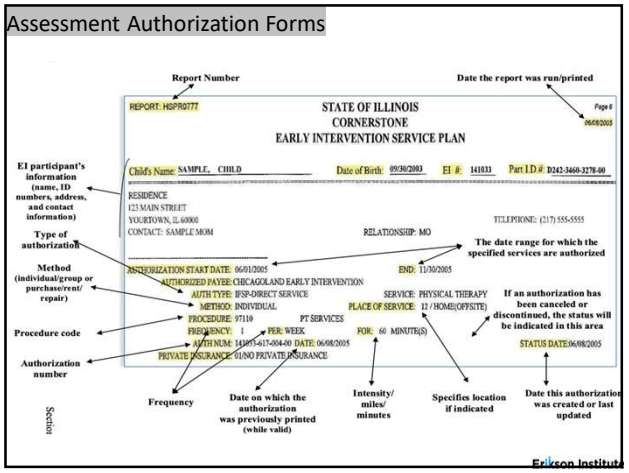
Assessment Authorization Forms



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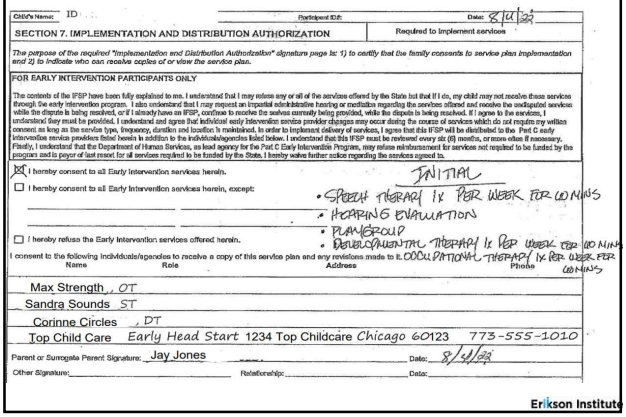
Implementation and Distribution Authorization



Child's Name: ID: Participant ID#: Date: 8/14/22

SECTION 7. IMPLEMENTATION AND DISTRIBUTION AUTHORIZATION — Required to implement services

The purpose of the required "Implementation and Distribution Authorization" signature page is: 1) to certify that the family consents to service plan implementation and 2) to indicate who can receive copies of or view the service plan.

FOR EARLY INTERVENTION PARTICIPANTS ONLY

The contents of the IFSP have been fully explained to me. I understand that I may refuse any or all of the services offered by the State but that if I do, my child may not receive those services through the early intervention program. I also understand that I may request an impartial administrative hearing or mediation regarding the services offered and receive the undisputed services while the dispute is being resolved, or if I already have an IFSP, continue to receive the services currently being provided, while the dispute is being resolved. If I agree to the services, I understand they must be provided. I understand and agree that individual early intervention service provider changes may occur during the course of services which do not require my written consent as long as the service type, frequency, duration and location is maintained, in order to implement delivery of services, I agree that this IFSP will be distributed to the Part C early intervention service providers listed herein in addition to the individuals/agencies listed below. I understand that this IFSP must be reviewed every six (6) months, or more often if necessary. Finally, I understand that the Department of Human Services, as lead agency for the Part C Early Intervention Program, may refuse reimbursement for services not required to be funded by the program and is payor of last resort for all services required to be funded by the State. I hereby waive further notice regarding the services agreed to.

☒ I hereby consent to all Early Intervention services herein. INITIAL

☐ I hereby consent to all Early Intervention services herein, except:

- SPEECH THERAPY 1x PER WEEK FOR 60 MINS
- HEARING EVALUATION
- PLAY GROUP
- DEVELOPMENTAL THERAPY 1x PER WEEK FOR 60 MINS
- OCCUPATIONAL THERAPY 1x PER WEEK FOR 60 MINS

☐ I hereby refuse the Early Intervention services offered herein.

I consent to the following individuals/agencies to receive a copy of this service plan and any revisions made to it.

Name	Role	Address	Phone
Max Strength	OT		
Sandra Sounds	ST		
Corinne Circles	DT		
Top Child Care	Early Head Start	1234 Top Childcare Chicago 60123	773-555-1010

Parent or Surrogate Parent Signature: Jay Jones Date: 8/14/22

Other Signature: Relationship: Date:

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Objective 2:

Describe How to Utilize An IFSP to Support Individualization

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How Do We Ensure the Inclusion of All Children In Our Classrooms?

We Individualize!

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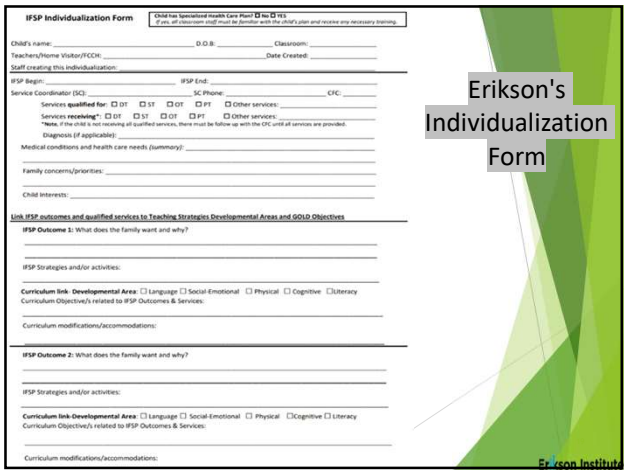

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Individualizing Using the IFSP:

- Use the IFSP Individualization Form to organize and document individualization efforts
- Also serves to document services and efforts made to incorporate IFSP information into planning
- Record recommended strategies
- Link to curriculum objectives

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Using Data for Individualization:

Review	Review child's IFSP
Complete	Complete Individualization form
Review	Review data collected in TSG and/or CLASS
Combine	Combine child's interests and preferences
Focus on	Focus on 1-2 skills to target for the length of the lesson plan (once or twice per month)

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Individualizing Using the IFSP Example:

Let's Practice!

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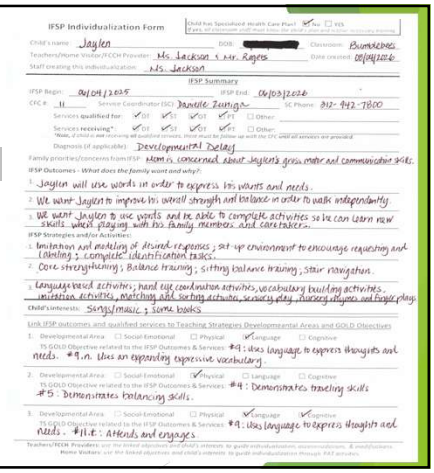
Individualizing Using the IFSP Example:



IFSP Individualization Form

Child's name: Jaylen DOB: [redacted] Classroom: Bumblebees

Teachers/Home Visitor/FCCH Provider: Ms. Jackson & Mr. Rogers Date created: 08/04/2025

Staff creating this individualization: Ms. Jackson

IFSP Summary

IFSP Begin: 08/04/2025 IFSP End: 08/03/2026

CFC #: 11 Service Coordinator (SC): Danielle Zuniga SC Phone: 312-942-7800

Services qualified for: ✓OT ✓SL ✓VI ✓PT ☐ Other:

Services receiving*: ✓OT ✓SL ✓VI ✓PT ☐ Other:

*Note, if child is not receiving all qualified services, intent must be to follow up with the CFC until all services are provided.

Diagnosis (if applicable): Developmental Delay

Family priorities/concerns from IFSP: Mom is concerned about Jaylen's gross motor and communication skills.

IFSP Outcomes - What does the family want and why?

1. Jaylen will use words in order to express his wants and needs.
2. We want Jaylen to improve his overall strength and balance in order to walk independently.
3. We want Jaylen to use words and be able to complete activities so he can learn new skills when playing with his family members and caretakers.

IFSP Strategies and/or Activities:

1. Imitation and modeling of desired responses; set-up environment to encourage requesting and labeling; complete identification tasks.
2. Core strengthening; Balance training; sitting balance training; stair navigation.
3. Language based activities; hand eye coordination activities, vocabulary building activities, imitation activities, matching ABA, sorting activities, sensory play, pretend play, and tongue play.

Child's interests: Songs/music; some books

Link IFSP outcomes and qualified services to Teaching Strategies Developmental Areas and GOLD Objectives

1. Developmental Area: ☐ Social-Emotional ☐ Physical ✓Language ☐ Cognitive
   TS GOLD Objective related to the IFSP Outcomes & Services: #9: Uses language to express thoughts and needs. #9.a. Uses an expanding expressive vocabulary.
2. Developmental Area: ☐ Social-Emotional ✓Physical ☐ Language ☐ Cognitive
   TS GOLD Objective related to the IFSP Outcomes & Services: #4: Demonstrates traveling skills #5: Demonstrates balancing skills.
3. Developmental Area: ☐ Social-Emotional ☐ Physical ✓Language ✓Cognitive
   TS GOLD Objective related to the IFSP Outcomes & Services: #9: Uses language to express thoughts and needs. #11.c: Attends and engages.

Teachers/FCCH Providers: use the linked objectives and child's interests to guide individualizations, accommodations, & modifications.
Home Visitors: use the linked objectives and child's interests to guide individualization through PAT activities.

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Objective 3:

Increase Knowledge of Resources and Tools to Maximize/Support Development

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Review of Resources:

Illinois Department of Human Services: Early Childhood

Early Intervention Training Program

Resource Center for Autism and Developmental Delays (RCADD)

Parents as Teachers

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In Review:

1. What does IFSP stand for?
2. Who needs to be aware of what is on the child's IFSP?
3. On the IFSP, where can we find the child's percentage of delay in each developmental domain?
4. As an agency, when participating in an initial evaluation, where can the agency write their name to receive a copy of the IFSP?
5. What is something new you learned today?

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