

Individualized Family Service Plan (IFSP)

Child's Name _____ Gender _____ Birthdate _____ Student Identification #: _____
 Parent(s)/Guardian _____ Home Phone _____ Work Phone _____
 Address _____
 Service Coordinator _____ Resident School District _____

IFSP Date _____	Plan to meet often. Students with TBI typically need frequent communication to keep everyone informed of the child's changing needs.
Eligibility Date _____	
Review Date(s) _____	
Annual Review Date _____	

EI/ECSE Services	Method	How Often?	Location	Who will do this?	Who will pay?	Start Date	Stop Date
Include staff knowledgeable about TBI when determining services.		May need to adapt the child's schedule, due to fatigue, chronic pain, medication side effects or sensory sensitivities, e.g. shorten or lengthen day by x minutes.	To prevent over-stimulation: <ul style="list-style-type: none"> ▪ May need to place in a 1-1 or small group. ▪ May require a quiet environment. 				
Other (non EI/ECSE) Services Share TBI Team member contact information for staff & parent support.							

Are EI services in the child's natural environment? _____ If not, please explain why EI services could not be achieved in the natural environment: _____

How many hours **per week** does the child attend an early childhood program (group child care, Head Start, community preschool, reverse mainstream classroom; **see early childhood program definitions in the IFSP instructions**): _____ How many hours **per week** will ECSE services **not be** provided with typical peers in an early childhood program: _____ If ECSE services **will not be** provided with typical peers in an early childhood program, explain the reason(s) for not providing services with typical peers: _____

Parents will be informed of the child's progress toward annual goals. Review Schedule:

Six month and annual review
 Other review schedule: _____ How will progress be reported to parents? _____

EI/ECSE Services, Continued

Child's Name: _____

Date of Birth: _____

Date: _____

EI/ECSE Services	Method	How Often?	Location?	Who will do this?	Who will pay?	Start Date	Stop Date
<div style="border: 1px solid blue; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <ul style="list-style-type: none"> In advance, ask parent to bring a list of providers that their child is seeing Get information releases ready to include for all relevant people and agencies, e.g., medical and daycare providers, community health, CaCoon services, etc. Be sure to have ongoing communication with providers, after obtaining release of information. </div>							
Other (non EI/ECSE) Services							

Early Childhood Special Education Page

Child's Name: _____ Date of Birth _____ Date: _____

Supplementary Services; Adaptations; Accommodations	How Often?	Location	Who will do this?	Start Date	Stop Date
<p>Consider;</p> <ul style="list-style-type: none"> ▪ Temperature ▪ Lighting ▪ Time of day ▪ Avoiding loud noises ▪ Avoiding highly reflective surfaces or lights 	<p>Adapt schedule to meet the changing needs of the child.</p>	<p>Assure location is quiet and can regulate temperature and lighting to help calm the child.</p>			
<p>Remember, periods of calm - no matter how brief - are the best opportunities for learning.</p>	<p>Sleep schedule may be dysregulated, causing need for rest breaks.</p>	<p>Beware of over-stimulation. Work to modulate the environment.</p>			
<p>Modifications or Support for Program Personnel</p>					
<p>Provide training for support personnel on TBI in general and the specific needs of the child. Document training, and keep on file.</p>					

Consideration of Special Factors

1. Does the child's **behavior** impede his/her learning or that of others?
 No Yes, strategies to address behavior are included in the IFSP.
5. Does the child have **communication** needs?
 No Yes, communication needs are addressed in the IFSP.

Preschoolers with significant behavior problems may need an FBA to help identify causes and potential strategies.

2. Is the child **blind or visually impaired**?
 No Yes, pre-reading and writing needs addressed in the IFSP and evaluation are attached.
3. Does the child require **assistive technology** devices and services?
 No Yes, services addressed in the IFSP.
4. Is the child or the child's family, **limited English proficient**?
 No Yes, limited English proficiency needs are addressed in the IFSP.

Vision difficulties, e.g.:

- Visual field cuts
- Visual tracking
- Light sensitivity

6. Is the child **deaf or hard of hearing**?
 No Yes, communication needs are addressed in the IFSP.
7. Does the child require **extended year services**?
 No Yes Maybe, collect data and determine later.

Consider other concerns, e.g.:

- Fatigue
- Crying
- Auditory sensitivity
- Tactile
- Oral
- Vestibular
- Proprioceptive
- Perceptual challenges

Individualized Family Service Plan Participants

Child's Name: _____

Date of Birth: _____

Date: _____

This plan was developed on _____. List all participants in the meeting:			
Subcontractor Representative _____ Parent _____ EI/ECSE Specialist _____	Service Coordinator _____ School District Representative _____ Evaluator _____	Preschool Teacher, if applicable _____ Other _____ Other _____	Other _____ Other _____ Other _____
<div style="border: 2px solid blue; border-radius: 15px; padding: 5px; display: inline-block; margin: 10px auto;"> Include a TBI Team member or person knowledgeable about TBI. </div>			
I participated in the development of this plan and understand the content. I consent to the Early Intervention services in this plan. _____ Parent Signature		_____ Parent Signature	
_____ Date		_____ Date	
I have participated in the development of this plan for Early Childhood Special Education services for my child.			
_____ Parent Signature		_____ Parent Signature	
_____ Date		_____ Date	

This plan was reviewed and/or revised on _____. List all participants in the meeting:			
Subcontractor Representative _____ Parent _____ EI/ECSE Specialist _____	Service Coordinator _____ School District Representative _____ Evaluator _____	Preschool Teacher, if applicable _____ Other _____ Other _____	Other _____ Other _____ Other _____
I participated in the development of this IFSP and understand the content. I consent to the Early Intervention services in this plan. _____ Parent Signature		_____ Parent Signature	
_____ Date		_____ Date	
I have participated in the development of this plan for Early Childhood Special Education services for my child.			
_____ Parent Signature		_____ Parent Signature	
_____ Date		_____ Date	

This plan was reviewed and/or revised on _____. List all participants in the meeting:			
Subcontractor Representative _____ Parent _____ EI/ECSE Specialist _____	Service Coordinator _____ School District Representative _____ Evaluator _____	Preschool Teacher, if applicable _____ Other _____ Other _____	Other _____ Other _____ Other _____
I participated in the development of this IFSP and understand the content. I consent to the Early Intervention services in this plan. _____ Parent Signature		_____ Parent Signature	
_____ Date		_____ Date	
I have participated in the development of this plan for Early Childhood Special Education services for my child.			
_____ Parent Signature		_____ Parent Signature	
_____ Date		_____ Date	

Present Level of Development

Child's Name: _____

Date of Birth: _____

Date: _____

Child's strengths and interests:

List preferences and developmental strengths of the child.

How the child's disability affects participation in appropriate activities:

Document how the child has changed due to TBI.

Look for changes in:

How the child:

- Communicates
- Remembers
- Uses reasoning
- Processes information
- Behaves
- Thinks & solves problems
- Pays attention
- Uses judgment
- Uses physical abilities
- Uses perceptual motor skills
- Uses abstract thinking
- Uses senses - touch, vision, hearing, smell and taste.

Information considered in developing the IFSP:

- Parent input and observations
 Staff input and observations

- Most recent evaluation dated _____
 Other (specify **Medical documentation**)

Health Status: **Alertness or fatigue?**

Vision Screening: **Vision loss may result from TBI.**

Hearing Screening: **Hearing loss may result from TBI.**

Present Levels of Development

Can Do	*Needs to Learn	Can Do	*Needs to Learn
<p>Cognitive:</p> <p>Look for abilities in processing speed, attention, memory, judgment, cause-and-effect reasoning.</p> <p>Adaptive:</p> <p>Self-feeding, e.g. holds bottle.</p> <p>Seeks attention to request assistance.</p> <p>Social or Emotional:</p> <p>Look for abilities to tolerate frustration.</p> <p>Be aware that medication side effects can impact behavior.</p>	<p>Work to build sustained attention and memory.</p> <p>E.g. Learn to dress self with assistance.</p> <p>Begin to work on escape communication to prevent behavioral outbursts when child feels overwhelmed.</p> <p>Predictable activities and routines may help build skills and positive behavior momentum.</p>	<p>Physical (gross motor):</p> <p>Note things like:</p> <ul style="list-style-type: none"> ▪ Changes in range of motion. ▪ Appearance or disappearance of infant postural reflexes and stereotypies. ▪ Has sensation in some areas. <p>Physical (fine motor):</p> <p>Displays fine motor use on left side of body.</p> <p>Communication(receptive):</p> <p>e.g. Responds to familiar face or own name.</p> <p>Communication(expressive):</p> <p>e.g. Uses index finger to point.</p>	<ul style="list-style-type: none"> ▪ Increase range of motion. ▪ Increase equilibrium. ▪ Increase balance. <p>▪ Crosses mid line of body (when developmentally appropriate).</p> <p>▪ Increase muscle tone.</p> <p>Age appropriate pragmatic skills. E.g., peek-a-boo, waving bye-bye, saying please or thank you.</p>

*Note: For each developmental area under "Needs to Learn", there must be corresponding goals and objectives.
 Form 581-1282 - P 9/06 (Reviewed 10/07)

Goals and Objectives

Area: _____

Child's Name: _____

Date of Birth: _____

Date: _____

What we want to happen (Long-Term Goal)	Criteria	Evaluation Procedure	Review Date:	Annual Review Date:
<div style="border: 1px solid blue; border-radius: 15px; padding: 5px; margin-bottom: 10px;"> Make sure to include goals for areas of difficulty typical in infants and toddlers with TBI e.g., planning, engagement or initiation, memory, processing speed and speech. </div>			Progress made toward goal (based on the criteria and evaluation): <div style="border: 1px solid blue; border-radius: 15px; padding: 5px; margin-bottom: 10px;"> May need to schedule more frequent reviews and adapt the plan. </div> Is the progress sufficient for the child to meet this goal? If not, what changes are planned?	Progress made toward goal (based on the criteria and evaluation):
What the child will learn (Short-Term Objectives): <div style="border: 1px solid blue; border-radius: 15px; padding: 5px; margin-bottom: 10px;"> Child may need to work on identifying and communicating current emotional state. </div> _____ _____ _____ _____				

What we want to happen (Long-Term Goal)	Criteria	Evaluation Procedure	Review Date:	Annual Review Date:
			Progress made toward goal (based on the criteria and evaluation):	Progress made toward goal (based on the criteria and evaluation):
What the child will learn (Short-Term Objectives): <div style="border: 1px solid blue; border-radius: 15px; padding: 5px; margin-bottom: 10px;"> <ul style="list-style-type: none"> • Teach basics about routines and escape communication (verbal and non-verbal). • Use simple scripts to help build positive behavior momentum. • Positive behavior supports often are effective. • Use a variety of approaches. </div> _____ _____ _____ _____			Is the progress sufficient for the child to meet this goal? If not, what changes are planned?	

Child's Name: _____
 Date of Placement Determination: _____
 Based on IFSP Dated: _____

Date of Birth: _____

Placement Decision

Describe placement option(s) considered:

Placement Options Considered	Benefits	Possible Harmful Effects on the Child and/or the Services to be Provided	Modifications, Aids or Services	Give Reason Why Option Selected or Rejected	
<div style="border: 2px solid blue; border-radius: 15px; padding: 10px; width: fit-content;"> <ul style="list-style-type: none"> ▪ Does child require 1:1 assistance or small group of 1 to 3 students? ▪ Does child need special equipment or assistive technology related to TBI? ▪ Placement needs to be with nondisabled peers as much as possible to provide modeling and appropriate social development. </div>				Selected	Rejected
<ul style="list-style-type: none"> ▪ It is important to offer services in an environment that is neither over nor under stimulating for the child. ▪ Plan for a continuum of possible placements, if needed. 				Selected	Rejected
				Selected	Rejected

The placement is based on the IFSP and the following evaluation reports:

Attached Listed previously on page ____ Listed below:

Team members determining placement (name and title):

_____ _____ _____ _____
 Person Knowledgeable About the Child Person Knowledgeable About the Evaluation Data Person Knowledgeable About Placement Options Parent

Family Outcomes / Transition

Child's Name: _____

Date of Birth: _____

Date: _____

Family Outcomes: Plan to Enhance _____'s Development

(Family indicates that a plan is not needed at this time: _____)

1. Family priorities and concerns related to supporting their child's goals and objectives:

- Family education regarding TBI.
- Help parents with knowledge of kindergarten readiness skills.

2. Family resources available and/or needed:

Provide family with binder to help organize

- Medical records.
- Educational records.
- Community resources.
 - DD services.
 - SSI resources.
- Release of information forms.
- Notes.

Give parents links to resources and community supports:

- Website: www.tbied.org
- Liaison's contact information
- TBI brochures/information
- Research Librarian
 - Laura Beck
 - 1877-872-7246
 - tbi@wou.edu
 - www.cbirt.org/ask-librarian/

3. Steps to address the family's priorities and concerns. Include timeline and person responsible:

Transition from Early Intervention

Check and list additional steps necessary to support the transition of the child and family from Early Intervention to Early Childhood Special Education or other services:

Determine eligibility for ECSE;

Provide parents with information regarding their child's transition, including possible future educational settings, timelines and service delivery options; and

Prepare the child and parent for changes in service delivery, including steps to help the child adjust to and function in the new setting or steps to exit from the EI program.

Transition from Early Childhood Special Education

List the steps necessary to support the transition of the child and family from Early Childhood Special Education to school:

- Prepare incoming school with information regarding TBI.
- Schedule training on working with students who have TBI for new staff.
- Give specific information on the child, especially what has worked to make this child successful and, given the change in environment, what can be done to facilitate the transition.