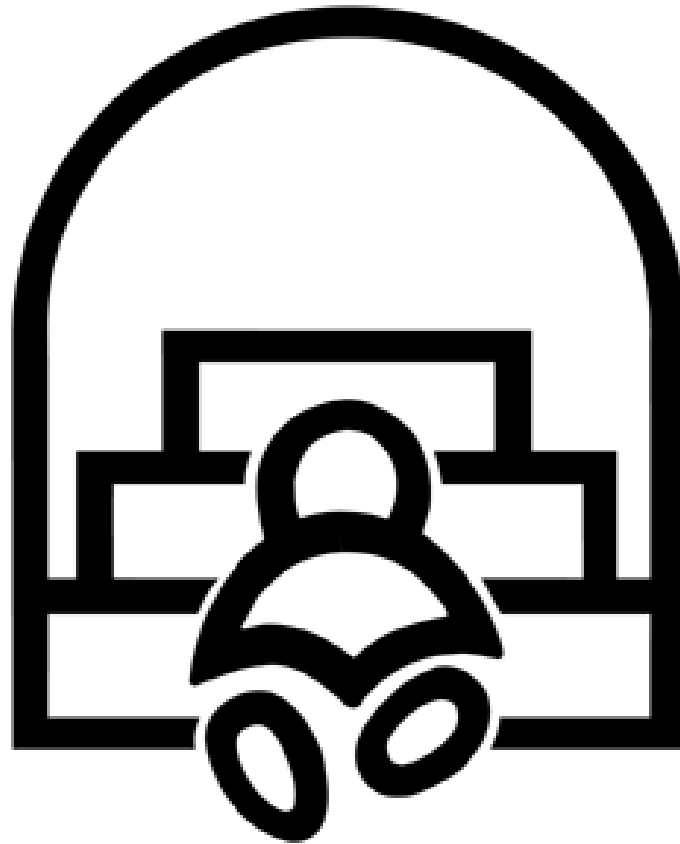


# **Indiana's Early Intervention System**



## **First Steps**

**Service Coordination Orientation Training  
Module 5 –**

***IFSP Development Process***  
**Participant Materials**

Training course for Indiana First Steps Early Intervention System 1/2008

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## Introduction

Module Four focused on the evaluation and assessment process to determine a child's eligibility for the First Steps System and subsequent enrollment in the System. The same visual diagram outlining the pathway to early intervention that appeared in Modules Three and Four is also included in Module Five.

Module Five continues along this pathway to early intervention and focuses on the process of developing the IFSP (Individualized Family Service Plan). The procedures that follow are written in general terms since this is a statewide training. Service coordinators are encouraged to contact their supervisors about specific SPOE procedures.

## Training Materials Needed

To complete Service Coordination Module 5, you need a computer with Internet access and the following:

- Participant Materials for Module 5
- PowerPoint slides for Module 5
- 3-ring binder – the same binder assembled in Module 1
- Folder(s) to keep downloaded material
- First Steps Forms – indicated throughout the participant material

## Training Objectives

- Understand the importance of interaction, collaboration, and partnerships between families and professionals when developing and implementing the IFSP.
- Understand the importance of incorporating the principles of family-centered care and effective communication techniques when developing the IFSP.
- Know the responsibilities unique to intake coordinators and ongoing service coordinators in the development and implementation of the IFSP.
- Learn how to write outcomes for the IFSP that incorporate the family's natural environment.
- Know the procedural safeguards associated with the development of the IFSP.
- Know the federal requirements for the IFSP.



# Pathway to Early Intervention Services

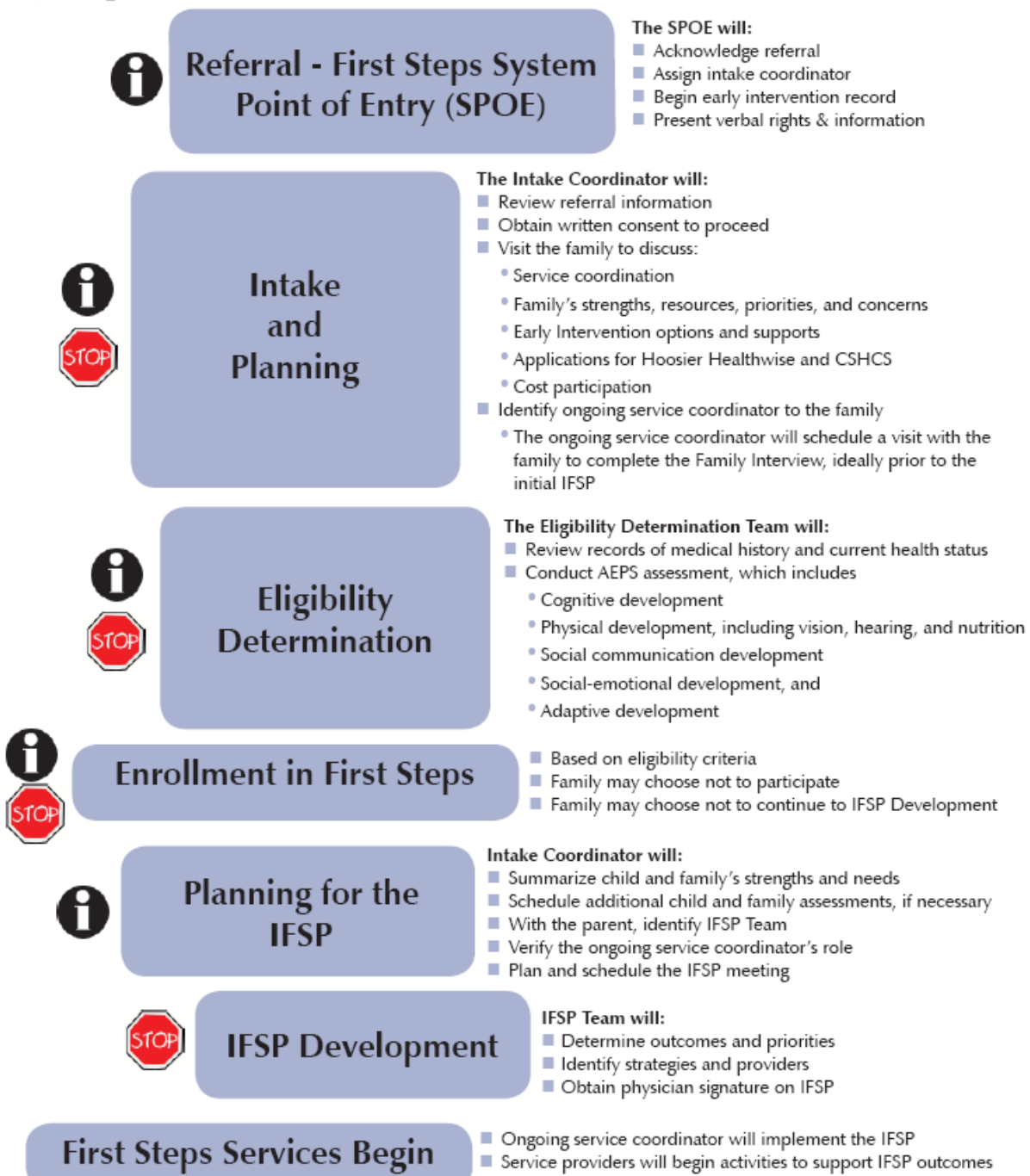
## Symbols Key



Informed Rights and Procedural Safeguards given to family.



Parent declines or child not eligible.



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## The IFSP (Individualized Family Service Plan) Process

Once the multidisciplinary team (MDT) has reviewed the evaluation and assessment information, determined the family's resources, concerns, and priorities, and determined eligibility, and the family has agreed to develop an IFSP, it is now time to write the initial IFSP. Indiana calls its IFSP form Indiana's Individualized Family Service Plan to Enhance the Capacity of Families to Meet the Special Needs of Their Child (State Form 46514). Hereafter, the form will be referred to as the IFSP.

All children who are enrolled in the First Steps System must have an IFSP, which reflects the outcomes and services to be addressed within the System. An initial IFSP is written with the family, intake coordinator, and multidisciplinary team of providers. Annually, thereafter, the ongoing service coordinator works with the family and team to review the IFSP. In addition, the IFSP is reviewed every six months, or sooner, if conditions warrant. The IFSP services are written for a seven-month period to allow time for the six-month review to take place and for the IFSP to be signed by the physician. Families are always collaborative and active partners in the planning, development, implementation, and review of their IFSP.

The IFSP is both a process and a document that considers the families' priorities, concerns, and resources with regard to their infant or toddler with special needs. The IFSP development process actually started at the time of referral to the First Steps System, for the development of an IFSP includes **all** activities carried out to develop and implement a written plan for providing early intervention services to an eligible child and the child's family. It is during the process that the family's story unfolds and collaboration and partnerships among family members and First Steps service coordinators and providers develop. These partnerships and relationships guide the success of the early intervention services.

The IFSP process is not simply a sequence of one activity or event following another. A quote in Indiana's First Steps IFSP Manual (1997) best describes the IFSP development process:

The IFSP is just one component of a statewide system of comprehensive early intervention. The purpose of the IFSP is to identify and organize formal and informal resources to facilitate families' goals for their children and themselves. The IFSP is a promise to children and families – a promise that their strengths will be recognized and built on, that their needs will be met in a way that

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is respectful of their beliefs and values, and that their hopes and aspirations will be encouraged and enabled...important are the interaction, collaboration, and partnerships between families and professionals that are necessary to develop and implement the IFSP (3).

A brief study of the philosophies behind the development of the IFSP is important at this time before focusing on the actual writing of the IFSP.

## Family-Centered Care

To achieve successful partnerships with families involving interaction and collaboration, the IFSP development process includes many people and must support the natural caregiving role of families. Despite the variety of perspectives that are reflected in the process, it is important that all those involved in this task share a family-centered philosophy (Guidelines, 1987,5).

In *Guidelines and Recommended Practices for the Individualized Family Service Plan*, the National Early Childhood Technical Assistance Center suggests the following principles to guide a family-centered approach:

- **Infants and toddlers are uniquely dependent on their families for their survival and nurturance. This dependence necessitates a family-centered approach to early intervention.**
  - Since family members are the constant in the child's life, the family must be at the center of services and determine what activities and services the child will receive.
- **Each family has its own structure, roles, values, beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-centered early intervention.**
  - Respecting and accepting family diversity means acknowledging that there are strengths and resources present in all families. Therefore, early intervention specialists are encouraged to focus on these positives as part of their work with families.
- **Early intervention systems and strategies must reflect a respect for the racial, ethnic, and cultural diversity of families.**

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- In a culturally sensitive program, for example, staff know that people frequently turn to loved ones for aid and comfort rather than deal with a service system that is seen as bureaucratic and impersonal. Similarly, in Asian and Hispanic cultures, the family is of primary importance. Therefore, early intervention programs must reach out to encompass loved ones, extended family members, and others to plan services and activities that are meaningful for children and families.
  - **Respect for family autonomy, independence, and decision making means that families must be able to choose the level and nature of early interventionist's involvement in their lives.**
    - Family autonomy and independence means that professionals refrain from making decisions for families and from providing services that can be provided or arranged for by families. Families must be able to choose when and to what extent they want First Steps involved in their lives.
  - **Family/professional collaboration and partnerships are the keys to family-centered early intervention and to successful implementation of the IFSP process.**
    - Learning to collaborate with families may require new attitudes and new skills on the part of professionals – attitudes that allow professionals to recognize and build on family competence and resourcefulness. A collaborative approach means the right of families to make decisions for their children and themselves exists in harmony with the responsibility of professionals to share their knowledge, expertise, and concerns with families who seek early intervention services.
  - **An enabling approach to working with families requires that professionals re-examine their traditional roles and practices and develop new practices when necessary – practices that promote mutual respect and partnerships.**
    - Professionals must be empathetic listeners, teachers/therapists, consultants, resources, enablers, mobilizers, mediators, and advocates.
  - **Early intervention services should be flexible, accessible, and responsive to family needs.**
    - Services should be “tailor made” to meet each family's individual needs and priorities.

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- **Early intervention services should be provided according to the normalization principle – families should have access to services that are provided in as normal a fashion and environment as is possible and that promote the integration of the child and family with the community.**
    - IFSP outcomes and strategies should include regular community activities and emphasize natural family supports such as neighbors, churches, and community clubs.
  - **No one agency or discipline can meet the diverse and complex needs of infants and toddlers with special needs and their families. Therefore, a team approach to planning and implementing the IFSP is necessary.**
    - A multidisciplinary team approach provides a broad perspective and strengthens family role choices and options.

## Effective Communication Skills

Service coordinators can use effective communication techniques to achieve successful partnerships and relationships with families.

## Professional Attitudes

First, providing family-centered care involves more than a simple acceptance that doing so is a good idea. Changes in attitude are not enough – professionals must develop new skills and practices, as well, in order to establish quality interactions and partnerships with families.



It's time to "**Check-Up from the Neck-Up.**" Read the questions on the Professional Checklist on the next page and take a few moments to think about your response to each question. Are your attitudes aligned with the principles of family-centered care?

### Professional Checklist

- Do I really believe that parents are my equal and, in fact, are experts on their child?
- Do I believe in the importance of family participation in decision making at the program and policy level?
- Do I believe that parents' perspectives and opinions are as important as professionals?
- Do I believe that families bring a critical element to the team that no one else can provide?
- Do I consistently let others on the team know that I value the insights of families?
- Do I work to create an environment in which families feel supported and comfortable enough to speak freely?
- Do I listen respectfully to the opinions of family members?
- Do I speak plainly and avoid medical, psychological, or social work jargon?
- Do I make appointments and provide services at times and places that are convenient to the family?

### Effective Questioning and Interviewing

Service coordinators can use effective questioning and interviewing techniques not only to gather information but also to encourage collaboration. They can gather and share information at the same time by asking open-ended questions while they are developing the IFSP. Open-ended questions are questions that elicit more information than a simple one-word answer. For example, the question, "Can your baby sit up alone?" can be rephrased to, "Tell me about how your baby sits up to have his breakfast," or "Tell me how your baby sits up when he plays," or "Tell me how your baby sits up when he is in the bathtub." Instead of a "yes" or "no" answer, the parents can provide rich detail about their child's ability to sit up.

Open-ended questions encourage the responder to share more information, but they need to be balanced by active listening on the part of the service coordinator. The combination of these two strategies facilitates

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many aspects of the IFSP process when information needs to be gathered or shared. Following are sample questions to ask families depending on the purpose or time of questioning.

### **Initiation/Entry**

1. What would you like to talk about today?
2. What's new?
3. How have things been going?
4. What have you been thinking about since our last visit?

### **Exploration**

1. Tell me more about it.
2. How would you like to go about it?
3. What information do you have about that?
4. What experiences have you had with this sort of thing?
5. What have you figured out so far?
6. Where do you go from here?
7. What do you think you could do to improve the situation?

### **Planning Strategies**

1. What do you think you would like to do about it?
2. What are the other possibilities?
3. What do you plan to do about it?
4. How do you plan to do that?
5. What if that doesn't work?
6. What is your ultimate objective?
7. If you had your choice, what would it be?
8. What are your next steps?
9. What are the likely solutions?
10. What will you have to do to accomplish this?
11. What seems to be your greatest obstacle?

### **Projection on Time**

1. How does this fit with your future plans?
2. If the same thing came up again, what would you do?
3. What do you want to do after you leave here?
4. Can you remember how it happened?
5. Where will this lead?
6. Will you fill me in on the background?
7. How do you suppose it will work out?

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## Clarification

1. What part did you play in the matter?
2. Can you give me an example?
3. How does this affect you?
4. How do you stand right now?
5. What do you think is best?

## Summarize Feelings

1. How do you feel about it?
2. What are your feelings in this matter?
3. Why do you suppose you feel that way?
4. What was it like?
5. Can you explain your feelings in this matter?

## Closure

1. What do you feel we have accomplished during this visit?
2. How would you summarize our discussion?
3. What does it all add up to, as you see it?

## Active Listening

The use of active listening strategies balances the conversation by verbally or nonverbally acknowledging the speaker and what he/she is communicating. Some examples of active listening strategies are as follows:

- Respond to the speaker with nods, facial expressions, attention, and other body language cues to indicate interest and understanding.
- Verbally affirm your agreement or express disagreement at the appropriate conversational juncture.
- Avoid interrupting the speaker.
- Refrain from being distracted by people or activities in the environment (as appropriate).
- Maintain proximity and appropriate eye contact.
- Wait for your conversational turn to respond.
- Rephrase what the speaker said to assure you understand and/or validate his/her message. Mirroring the speaker's posture can send the message that you are enmeshed in her message – be careful not to overuse or abuse this strategy; it can be very powerful if used wisely but detrimental if abused.

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## Leaning Into Discomfort

In order to interact and collaborate with families effectively to provide family-centered care while addressing the outcomes listed on the IFSP, service coordinators must realize and understand with whom, when, and why they might feel uncomfortable interacting. Feelings of discomfort may be due to a lack of familiarity, preconceived ideas, personal beliefs, or misunderstandings and stereotypes that coordinators hold about a specific cultural, ethnic, religious, social, or economic group.



The following assessment, **Leaning Into Our Discomfort, Part I**, contains a list of individuals. Read through the list and make a check mark to indicate your level of comfort interacting with the described individual. After you have completed Part I, transfer your responses to **Leaning Into Our Discomfort Part II**. For example, If you checked uncertain on Line 1 (Haitian American), in Part II, you would find Haitian American under the Ethnic/Racial category. You would then check uncertain for Part II. Continuing, if you checked Very Comfortable in Part I for working with a Child Abuser (Line 2 of Part I), you would locate Child Abuser on the Part II page under the Social/Economic/Lifestyle Difference category and check Very Comfortable for the Child Abuser line in Part II. Continue in this fashion until you have transferred all of your Part I responses to the Part II page.

When you have completed both Part I and Part II, you will have a picture of your comfort zones and discomfort zones. Should you find yourself working with a family culture that falls within your discomfort zone, you may want to do some research to help you understand their culture before you begin working with them.

## Leaning Into Our Discomfort, Part I

Individual	Very Comfortable	Comfortable	Uncertain	Uncomfortable	Very Uncomfortable
1. Haitian American					
2. Child Abuser					
3. Jew					
4. Person with Hemophilia					
5. Gay Man					
6. Mexican American					
7. Person with Alzheimer					
8. IV Drug User					
9. Prostitute					
10. Catholic					
11. Person w/Tourette Syndrome					
12. Italian American					
13. Lesbian Woman					
14. Muslim					
15. Person with HIV or AIDS					
16. African American					
17. Unmarried expectant teen					
18. Arab American					
19. Person w/Mental Retardation					
20. Homeless Person					
21. Hindu					
22. Person w/Schizophrenia					
23. Vietnamese American					
24. Greek Orthodox					
25. Alcoholic					
26. Korean American					
27. Person w/Fetal Alcohol Syndrome					
28. Victim of Spousal Abuse					
29. Mormon					
30. Native American					
31. Single Mother					
32. Person w/Cerebral Palsy					
33. White Anglo Saxon American					
34. Mother Receiving Public Assistance					
35. Single Father					
36. Jehovah's Witness					
37. Polish American					
38. Person with an Amputation					

## Leaning Into Our Discomfort Part II

Individual	Very Comfortable	Comfortable	Uncertain	Uncomfortable	Very Uncomfortable
<b>Ethnic/Racial</b>					
1. Haitian American					
6. Mexican American					
12. Italian American					
16. African American					
18. Arab American					
23. Vietnamese American					
26. Korean American					
30. Native American					
33. White Anglo Saxon American					
American					
37. Polish American					
<b>Religious</b>					
3. Jew					
10. Catholic					
14. Muslim					
21. Hindu					
24. Greek Orthodox					
29. Mormon					
36. Jehovah's Witness					
<b>Social/Economic/Lifestyle</b>					
2. Child Abuser					
5. Gay Man					
8. IV Drug User					
9. Prostitute					
13. Lesbian Woman					
17. Unmarried expectant teenager					
20. Homeless Person					
25. Alcoholic					
28. Victim of Spousal Abuse					
31. Single Mother					
34. Mother Receiving Public Assistance					
35. Single Father					
<b>Disability</b>					
4. Person with Hemophilia					
7. Person with Alzheimer					
11. Person w/Tourette Syndrome					
15. Person with HIV or AIDS					
19. Person w/Mental Retardation					

22. Person w/Schizophrenia					
27. Person w/Fetal Alcohol Syndrome					
32. Person w/Cerebral Palsy					
38. Person with an Amputation					

Successful development of an IFSP is dependent upon achieving successful partnerships with the families, which can be accomplished when the IFSP team incorporates the principles of family-centered care, uses effective communication techniques, and incorporates culturally sensitive principles when writing the IFSP. The IFSP team is encouraged to apply these principles as they work with the family to write the IFSP.

## The Initial IFSP (Individualized Family Service Plan) Document

### Individualized Family Service Plan (IFSP) Development



The intake coordinator is responsible for facilitating the IFSP meeting and for compiling the written portion of the initial IFSP during the IFSP meeting. As mentioned earlier, the service coordinator responsible for intake provided the family with a 10-day, prior written notice to inform them of the date and time of the initial IFSP Development Meeting. Additionally, the intake coordinator once again reviews the family's rights information with the family before beginning to write the IFSP if these were not discussed at the eligibility meeting.



The Individualized Family Service Plan (IFSP) is a legal agreement reached by the IFSP team that identifies the family's desired outcomes and identifies the types of services and the providers to reach those outcomes. The family signature is required on the IFSP after the family clearly understands the content in the IFSP.

The IFSP document is the reference for any questions about the appropriateness of services, frequency, location, or intensity of these services. All service coordinators are responsible for answering questions the family may have about the IFSP development.



Go to [www.firststeps.in.gov](http://www.firststeps.in.gov). Click on the Forms link below the First Steps icon. Then, click on IFSP. Print a copy of the IFSP and

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take a few moments to review it.

### **Federal Requirements for the IFSP:**

Federal law has the following requirements for the IFSP. It must:



- Be based on interdisciplinary evaluation and assessment.
- Be developed jointly by the family and the other IFSP team members.
- Contain a statement of the child's present levels of development in the five developmental domains.
  - *Cognitive development*
  - *Physical development including vision and hearing*
  - *Communication*
  - *Social or emotional development*
  - *Adaptive or self-help development*
- Contain a statement of the family's concerns, priorities and resources related to enhancing their child's development.
- Contain major outcomes to be achieved for the child and family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary.
- Contain a statement of the specific early intervention services necessary to meet the unique strengths and needs of the infant or toddler and the family, and a statement of the medical and other services that the child needs that are not required under Part C. These statements must include the frequency, intensity, method, and location for delivering services and payment arrangements, if any.
- Contain a statement of the natural environments in which early intervention services will be appropriately provided.
- Document the projected dates for initiation of services and the anticipated duration of services.
- Contain the name of the service coordinator who is qualified and assigned to carry out all the applicable responsibilities of implementation of the plan and coordination with other agencies and persons.
- Outline steps to be taken supporting transition of the toddler with a disability or developmental delay to services under Part B, to the extent such services are considered appropriate, or to other community-based services.

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- Initially be developed within 45 calendar-days of referral of the child to the local system point of entry.
  - Be reviewed at least every six months and a new one developed annually, and may be revised at any time as necessary.

## Outcome Development

### Definition of Outcomes

The concept of outcome writing may be new to some professionals. Often, professionals have written goals and objectives for children as part of the Individualized Education Program (IEP) process or as part of a therapy plan in a clinical medical setting. These objectives are usually behavioral and focus on professionally prescribed strategies and activities designed to bring about a desired change. **However, outcomes in the First Steps System are family centered with a focus on family concerns, priorities, and resources.**

Defining goals and objectives and outcomes may help to clarify their differences. As defined in *Guidelines and Recommended Practices for the Individualized Family Service Plan* prepared by the National Early Childhood Technical Assistance Center, goals and objectives are the short- and long-term behaviors designed to bring about change through education or therapy. An IFSP outcome is a statement of the changes the families want to see for their children and themselves.

Outcomes must be functional and measurable. They should be stated in terms of what should occur and what is expected to occur as a result of these actions.

Outcomes include both a process (what should occur) and a product (the result of the actions). Outcomes are often written as "in order to" statements (*Guidelines and Recommended Practices*, 41).

Outcomes are to be written using the family's language. An example provided in *Guidelines and Recommended Practices for the IFSP* is as follows:

A family may say "We want some help with teaching our other children about why their little sister is slow, and about how they can explain it to their friends at school." If... a professional member writes "the siblings will attend a sibling support group in order to gain a developmentally appropriate understanding of Down syndrome," the family may lose all sense of that outcome as "theirs."

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Outcomes should relate to what is going on in the family and how the activities designed for the outcome will affect the parents/caretakers. Sarah O'Brien, the training facilitator for Family to Family Initiative, provides two examples to demonstrate this concept:

- A family of quadruplets (all boys) had a large coffee table in the living room that the boys began pulling up to when they neared the 9-month age. They often played with their toys on this table. One of the boys was unable to successfully pull himself up to the table, so the family wanted an outcome written for him to be placed at the table so that he could socialize with his brothers. Through the use of assistive technology, this was accomplished.
- Another family wanted to take their daughter to the grocery store. Since she was unable to sit by herself in the child seat area of the grocery cart, the family requested an outcome be written to achieve a way for the daughter to accompany them to the grocery store. Through the use of an assistive technology strap and packages of paper towels and toilet paper, this was accomplished. The mother used the strap to secure her daughter in the seat and then went directly to the paper towel and toilet paper aisle and placed these items on either side of her daughter to bolster her in the seat.

#### **Principles for Outcome Development:**

- Outcomes reflect the changes family members want to see for their child or themselves, **not** the behaviors or actions that professionals think should occur as a result of services delivered to the child or family. The IFSP outcomes are the family's self identified concerns and priorities.
- Outcomes are written in the family's language, and the strategies, activities and services should reflect family preferences and be understandable to all team members. Below is an example of family-friendly outcome vs. a professionally-friendly outcome:
  - Family language: We want some help with teaching our other children why their little sister is slow and how they can explain it to their friends at school.
  - Professionally-friendly language: The siblings will attend a sibling support group in order to gain a developmentally appropriate understanding of Cerebral Palsy.

A family will be more likely to take ownership of the IFSP if the written document contains the same kind of language family members used

when discussing their priorities. Also, outcomes written in professional language increase the likelihood that professionals will forget that the IFSP belongs, first and foremost, to the family. The goal is to educate the families to be able to work with their child to obtain the desired outcomes.

- Families must be provided opportunities to direct the team process for collaborative development of the outcomes.
- Family and professional actions needed to bring about IFSP outcomes should be clearly stated as part of strategies, activities and services included in the IFSP document. Together, the family and the other IFSP members help develop the strategies and activities necessary to achieve the outcome. Outcomes also guide the selection of services that will be best for achieving the outcomes.
- Family and community strengths and resources need to be utilized as part of the IFSP process, before professional resources are used. It is important to recognize that First Steps is not the only resource available to help a family. Communities may also have programs or resources outside the scope of First Steps that can help children reach their outcomes.
- Strategies, activities and services should fit naturally into the family's daily routine.
- The outcome discussion must also include a discussion on Service Coordination Outcome and Transition Outcome.

### Outcomes Incorporating Natural Environments



Before outcomes are written and services identified, it is important to review the family's natural environment. Natural environment is defined in the law, Part C IDEA, as "settings that are natural or normal for the child's age peers who have no disability and that to the maximum extent appropriate, early intervention services are provided in natural environments."

IFSP teams are encouraged to be creative and understand that natural environment is **more** than a place. It is also the methods and approaches used to provide early intervention services that support the daily routines of the family and child, incorporating activities into the natural flow of activity and the routines of family life. Consider these questions when having the discussion with the family about natural environments:

- Where does the child currently spend his or her day?
- Where does the child live, learn, and play?

- 
- What was the family's plan or dream prior to the identification of their child's disability or developmental delay?
  - Who provides care and is involved with the child?
  - What are the family's natural supports, resources?

### **Providing Services Outside the Natural Environment**

Part C Idea goes on to state that "the provision of early intervention for any toddler or infant occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment." The IFSP team, including the Eligibility Determination Team, needs to agree that services outside the child's natural environment are appropriate. This action requires documentation in Section 7 of the IFSP natural environments explaining:

- why services cannot provided in the child's natural environment.
- when services will resume in the child's natural environment.

At a minimum of every six months, the service coordinator must speak with the IFSP team to determine if services outside the natural environment are still appropriate and, if not, how the team will get the services back in the child's natural environment. This discussion must be documented in the child's Individualized Family Service Plan.

### **Writing Outcomes**

Intake and ongoing service coordinators must become proficient in writing outcomes as they lead the IFSP teams responsible for developing the IFSPs. The intake service coordinator facilitates the writing of the initial outcomes, and the ongoing service coordinator facilitates the subsequent IFSP outcome writing at the six-month and annual reviews.

Proficiency in writing outcomes can best be achieved through guided practice. Therefore, outcome writing training will be provided in a follow-up face-to-face training. During this training, service coordinators will write outcomes based on scenarios provided by the facilitator. Afterwards, the facilitator will review the written outcomes and provide the necessary feedback.

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## Selecting the Direct Service Provider(s)

As a result of the outcomes written in the IFSP, the need for community supports and IFSP services are identified. The intake coordinator assists the family with identifying supports and services to meet the outcomes and with choosing a service provider(s) to provide the early intervention services defined in the IFSP.

The intake coordinator shows the family how to visit the Matrix on the web and shares copies of every direct service provider in the needed area of discipline. The Matrix is a web-based program that is used to assemble information about every direct service provider who is enrolled in the First Steps System and to make this information available to families, service coordinators, and direct service providers. Therefore, direct service providers must keep their matrix page up to date. The Matrix contains contact, availability, and resume information for each provider.

Since the Matrix system is new to the families, the intake coordinator should assist the family and the IFSP team members in understanding the system and ask guided questions that can help the family in their selection process. Examples of these questions are as follows:

- What are the family's priorities? For example, does the family want a provider with a certain certification?
- When is the best time for the family to have the services provided? For example, does the family want mornings, afternoons, evenings, or weekends?
- Does the family want to interview the provider before making a selection? If so, families often call the provider and conduct a phone interview before selecting.

The family then chooses the provider who meets their needs based on the information in the Matrix. When a family chooses a provider, the coordinator will notify the provider by phone, email, or fax. The selected direct service provider(s) becomes a member of the MDT, which will now be referred to as the child's IFSP team.

Once the provider(s) is selected, the intake coordinator documents on the IFSP each of the early intervention services that are necessary to meet the needs and concerns of the child and family, the frequency and duration of each service in the plan, the name of the provider(s) who will provide that service, and where the service will be provided.

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There is no set formula in determining the most appropriate frequency and duration of services but the family routines and resources should be a priority, because the majority of the child's learning occurs between sessions as the parents work with their children.

## Informing the Chosen Direct Service Provider

The intake coordinator obtains the physician's signature on the IFSP within 10 days of the parent's signature and then contacts the chosen direct service provider(s) to let the provider know that he/she has a new client and the start date of the services for the child. The intake coordinator must send copies of the following forms to the chosen direct service provider:

- IFSP signed by the physician
- Social history from the most current AEPS and progress reports
- First Steps Part C Eligibility Determination Statement
- Provider Reciprocal Consent to Release and Share Information

The direct service provider then contacts the family to schedule the first appointment with the family.



The procedure to notify the chosen direct service providers is SPOE specific. Please ask your supervisor for the correct procedure to follow when notifying providers.

## Planning for Transition

The final piece of the IFSP is the plan for transition, which means change in the First Steps System. Transitions may occur as the child's level of function or needs change. Transition includes movement into, within and from the First Steps System. Module 7 of this orientation training provides detailed information on transition.

## Completing the IFSP

Once the IFSP has been completed, all those in attendance sign the last page of the IFSP, which verifies their attendance. IFSP meeting minutes are written by the intake coordinator to document the discussions of the IFSP team not already written elsewhere in the IFSP. The meeting minutes should reflect discussions that resulted in any questions. They should also include any items the IFSP team should follow up on or additional information requested by the family.

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The intake coordinator processes the IFSP paperwork and sends the IFSP to the child's physician for a signature. All IFSP's must have a physician's signature. The initial IFSP must be signed by the physician within 10 days of the parent's signature, and services must begin within 30 calendar days of the IFSP start date. The annual IFSP must be completed with the physician's signature by the annual effective IFSP date.

### **30-Day Start for Services**

The State requires that all services for children in First Steps begin within 30 days of the parental signature date (initial IFSP) or anticipated start date (IFSP changes and annual IFSPs). The ongoing service coordinator must obtain documentation verifying that each service, including service coordination, started within 30 calendar days of the date written on the IFSP. The ongoing service coordinator will obtain the documentation from the direct service provider verifying their first visit. If a service does not start within the 30 calendar days, the service coordinator must obtain documentation explaining why it did not. Each Cluster SPOE has developed its own forms and process for this documentation. Service coordinators must review their SPOE's 30-day start date policies with their supervisor.

The following guidelines are helpful for service coordinators to ensure they are compliant with their SPOEs' policies and with State policies.

**Initial IFSP** – documentation is needed to show services started within 30 days of the initial written IFSP.

**Six-month IFSP review** – if services are increased or new services are added, documentation is needed to show services started within 30 days of the anticipated start date.

**Adding/Increasing Services outside of the six-month review** – if services are increased or added at a time other than the six-month review, documentation is needed to show services started within 30 days of the anticipated start date.

**Annual IFSP review** – if services are increased or added at the annual IFSP review, documentation is needed to show services started within 30 days of the anticipated start date.

All documentation must be maintained in the early intervention record.

## **Communicating after the IFSP Has Been Developed**

Each IFSP team should discuss how communication will occur once the initial IFSP is written and implemented. The ongoing service coordinator is the lead facilitator for all IFSP teams and is responsible to facilitate this activity. Teams are encouraged to discuss how they will handle communication issues during subsequent IFSP meetings and to reflect those decisions on the Service Coordination Worksheet page in the IFSP.

### **Summary**

In summary, the IFSP is a written guide for the child and family's early intervention services. The interaction, collaboration, and partnerships between families and professionals that are necessary to develop and implement the IFSP are keys to a successful early intervention experience. These successful partnerships and relationships can be accomplished when the IFSP team incorporates the principles of family-centered care, uses effective communication techniques, and incorporates culturally sensitive principles when writing the IFSP.

A chart summarizing the IFSP process is provided on the next page.

## Summary of IFSP Planning and Development

<p><b>Planning the IFSP Meeting -</b> Facilitated by the Intake Coordinator</p>	<ul style="list-style-type: none"> <li>• Informs family of next steps</li> <li>• Prepares family for IFSP Meeting</li> <li>• With parents' input, arranges date, time, and location of IFSP meeting</li> <li>• Notifies team members</li> <li>• Completes 10-day Prior Written Notice to all individuals invited to IFSP meeting</li> <li>• Arranges interpreter services if needed</li> </ul>
<p><b>The IFSP Meeting-</b> Facilitated by the Intake Coordinator</p>	<ul style="list-style-type: none"> <li>• Facilitates IFSP meeting</li> <li>• Reviews Family Rights/Procedural Safeguards</li> <li>• Reviews Eligibility</li> <li>• Completes final Cost Participation forms</li> <li>• Assists team in identifying child's strengths and needs</li> <li>• Encourages family to communicate their understanding of their child's development, medical status, concerns, resources and priorities</li> <li>• Completes IFSP forms</li> <li>• Supports family in writing outcomes for their child</li> <li>• Supports family in selecting service options providing information and facilitating family decision-making process</li> <li>• Obtains signatures on IFSP including primary Physician</li> <li>• Copies and sends IFSP to all team members</li> <li>• Ensures services start within 30 days and maintains documentation to support this</li> </ul>
<p><b>Implementation of IFSP Services</b> – Facilitated by the Ongoing Service Coordinator</p>	<ul style="list-style-type: none"> <li>• Obtains physician signature on IFSP before services can begin</li> <li>• Notifies IFSP team members once physician signature is obtained to begin services</li> <li>• Assists IFSP team with any changes to the IFSP</li> <li>• Plans and prepares for the next IFSP development review (six-month review)</li> <li>• Assists family with any transition issues</li> </ul>

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## Implementation of the IFSP

Now that the IFSP has been written, the duties of service coordination will shift to the ongoing service coordinator. Module 6 focuses on the implementation of the IFSP and the responsibilities of the ongoing service coordinator for the duration of the IFSP.

## Reference List

Indiana Administrative Code. Title 470 Division of Family Resources. Article

3.1, First Steps Early Intervention System. Indiana Register.

Individualized Family Service Plans (IFSPs) Manual. ED.1, 1997. First Steps.

Indiana Children's Special Health Care Services.

*Guidelines and Recommended Practices for the Individualized Family Service*

*Plan.* (1989). Editors: Beverly Johnson, Mary J. McGonigal, Roxane K.

Kaufmann. National Early Childhood Technical Assistance System

(NEC\*TAS). Chapel Hill, NC.

O'Brien, Sarah. Personal Interview. July 2007.

Public Law 108-446. December 3, 2004. Page 118. Statute 27514. 20 USC

1436, Sec. 636. Individualized Family Service Plan.



## The Application Station... Connecting all the puzzle pieces Service Coordination Module 5 Assignments

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Number pages faxed including cover page: \_\_\_\_ (Submit all documents at once.)

Complete the following assignments. Once you have completed **all** of the assignments for this module, please sign and date the forms and have your supervisor sign the forms. Then, **save** all of the completed documents because you will be submitting them to UTS at the end of Module 7, which is the last module of the training.

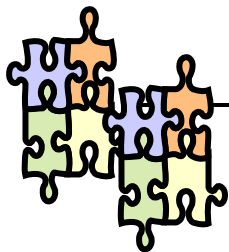
1. During the training module, you were asked to complete the "Leaning Into Our Discomfort" exercise, Parts I and II. Please write a quick summary of your profile in the space below. Feel free to add comments about the exercise if you wish. **Submit** this exercise as part of the requirements for Module 5 Application Station exercises.
2. Observe two Initial IFSP meetings with two different Intake Coordinators. Document your observations and questions on the forms provided on the following pages. **Submit both of your observations** as part of the requirements for Module 5 Application Station exercises.
3. Refer to page 31 to get instructions for Assignment 3. Once you complete the assignment, **submit** page 31 and the outcomes page(s) of the IFSP that contain your outcomes.

**Service Coordinator signature:** \_\_\_\_\_

**Service Coordinator Supervisor Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

UTS/ProKids Office Only: Date received \_\_\_\_\_ Initials \_\_\_\_\_



## Initial IFSP Observation (1)

Newly Hired SC Trainee Name: \_\_\_\_\_

Cluster Letter: \_\_\_\_\_

Cluster Address: \_\_\_\_\_

Cluster Phone# : (\_\_\_\_) \_\_\_\_\_

Cluster Fax# : (\_\_\_\_) \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Date of Observation: \_\_\_\_\_

Print name of Intake Coordinator you shadowed:

\_\_\_\_\_

Intake Coordinator's Signature: \_\_\_\_\_

### Initial IFSP Meeting:

1. Write a description of the process observed (try to identify specific activities that occurred during the meeting, did the family feel comfortable with the process, did the family ask for additional resources, did any concerns or issues come up during the meeting?):



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## Initial IFSP Observation (1) (continued)

SC Name: \_\_\_\_\_

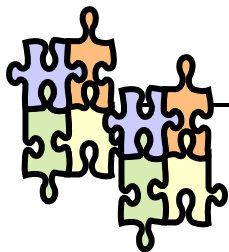
2. Please record your impressions, comments, and/or observations regarding the session.

3. Please list any questions that you might have as a result of the observation.

**Service Coordinator signature:** \_\_\_\_\_

**Service Coordinator Supervisor Initials:** \_\_\_\_\_

**Date** \_\_\_\_\_ Page 2 of 2



## Initial IFSP Observation (2)

SC Name: \_\_\_\_\_  
Cluster Letter: \_\_\_\_\_  
Cluster Address: \_\_\_\_\_  
Cluster Phone# : (\_\_\_\_) \_\_\_\_\_  
Cluster Fax# : (\_\_\_\_) \_\_\_\_\_  
Work Email Address: \_\_\_\_\_  
Date of Observation: \_\_\_\_\_

Print name of Intake Coordinator you shadowed:

\_\_\_\_\_

Intake Coordinator's Signature: \_\_\_\_\_

### Initial IFSP Meeting:

1. Write a description of the process observed (try to identify specific activities that occurred during the meeting, did the family feel comfortable with the process, did the family ask for additional resources, did any concerns or issues come up during the meeting?):



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## Initial IFSP Observation (2) (continued)

SC Name: \_\_\_\_\_

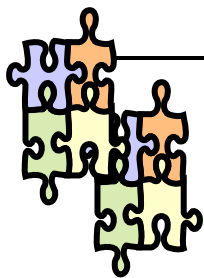
2. Please record your impressions, comments, and/or observations regarding the session.

3. Please list any questions that you might have as a result of the observation.

**Service Coordinator signature:** \_\_\_\_\_

**Service Coordinator Supervisor initials:** \_\_\_\_\_

**Date** \_\_\_\_\_



## Outcome Scenario

Read the following vignette as if you are Emily's parents. What would be your concerns, priorities, and resources? Think about what outcomes you would like to see on the IFSP for early intervention services. Make a copy of the outcome page from the IFSP that you downloaded earlier and write as many outcomes as you can recording them on the outcomes page of the IFSP that you copied. Please keep in mind that we understand that this is your first time for writing outcomes and that that proficiency will increase with practice. We will be providing feedback for these outcomes during the face-to-face training that you will attend within one month of being enrolled as a service coordinator.

### Vignette

Emily is a 4 month old baby girl. By two months of age, Mom (Erin) noticed that she was not using her right arm. Mom brought it to the pediatrician's attention and he advised her to see a neurologist. It was determined after Emily had an MRI, that she had a mild stroke while in utero causing the weakness in her right arm. Emily was immediately referred to First Steps. The family is currently living in the apartment attached to the house of Michael's (Dad) parents. They plan to move closer to his work as soon as they can afford it. Michael works full-time and has good benefits. However, it is hard to make it on his salary alone. Erin stays home to care for Emily, but would like to go to school in the future to get her GED. Both Michael and Erin are concerned about Emily. The doctor said that the stroke was mild and only affected her gross motor skills but how can they be sure? What if it has affected more? Both sets of grandparents have offered to do "anything" to help. The neurologist's office made a referral to First Steps on behalf of the family.

**Service Coordinator signature:** \_\_\_\_\_

**Service Coordinator Supervisor initials:** \_\_\_\_\_

**Date** \_\_\_\_\_