

Montana's DPHHS Intervention Services Individualized Family Service Plan and Child Outcomes Summary Form Guidance

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**Montana Department of Public Health and Human Services
Disabilities Services Division
Developmental Disabilities Program**

Table of Contents

Introduction	3
Decision Making	4
IFSP Timelines and Procedures	5
IFSP Meeting Participants	6
Completing the IFSP Form	7
General Information Tab	8-10
Family Tab	11
Health Tab	12
Developmental Information Tab.....	13-14
Functional Outcomes Tab	15
IFSP Six-Month Review.....	16
IFSP Annual Review.....	17
Transition Outcome (required for Part C) Tab.....	19
Services Tab.....	20-22
Signatures Tab.....	23-24
State Approval of IFSP for Waiver.....	25
Early Childhood Outcomes Summary Form (COSF) Tab.....	26-27
Completing the Electronic Early Childhood Outcomes Summary Form.....	28
Positive Social Emotional Skills, Acquiring and Using Knowledge, and Taking Appropriate Action.....	29

Introduction

The development of the Individualized Family Service Plan (IFSP) is a dynamic process beginning with the first contact with a family. It forms the written foundation to build a partnership with the family and professionals who will be working with the individual in services. The IFSP will change and grow over the lifetime of the individual to reflect changing needs of the individual in services and the family as well. The IFSP can be changed at anytime with parent consent. The IFSP provides a road map for the individual, family and professionals to know what can be expected, what the services are, where they will take place, who will provide the services, and how often.

This handbook was developed to provide Service Coordinators/Family Support Specialists (FSS) and Waiver Children's Case Managers (WCCM) with guidance using Montana's Individualized Family Service Plan and the Early Intervention Module. The information contained should ensure consistent use of the IFSP from agency to agency and person to person, reduce redundancy and confusion as the IFSP process is completed with a family. The end product should be a flexible and individualized plan for each individual and their family. **[Montana's Part C Compliance Document: Conformity with Federal Rules and Regulations for the Early Intervention Program of Infants and Toddlers with Disabilities (Part C of IDEA) Individualized Family Service Plan Overview** includes Montana's evidence based guidelines, Part C IDEA 2011 Statutes and the Part C Federal Regulations (2011) about the IFSP.]

In this handbook and IFSP, "individual" refers to the person who is receiving services and in relationship to the IFSP, the term "parent" means:

- A biological or adoptive parent of a child;
- A foster parent, unless State law, regulations, or contractual obligations with a State or local entity prohibit a foster parent from acting as a parent;
- A guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health or developmental decisions for the child (but not the State if the child is a ward of the State);
- An individual acting in the place of a biological or adoptive parent (including a grandparent, step-parent, or other relative with whom the child lives, or an individual who is legally responsible for the child's welfare; or
- A surrogate parent who has been appointed in accordance with Subpart E4 (§303,422 or section 639(a) (5) of the Act).

Decision Making

The IFSP team comprised of the individual, family and professionals working together to develop the IFSP including the family's concerns and priorities. During the process, the IFSP team will review assessment information including the Family's Routines-Based Interview, make choices, decide what will happen first, and develop functional outcomes. The IFSP team reaches agreement on the strategies, activities, supports and services that will result in achievement of the outcomes. To arrive at sound decisions regarding the IFSP, the IFSP team trusts and respects each other's expertise and roles.

IFSP Timelines and Procedures

General Procedures for IFSP development, review, and evaluation are:

- The **initial IFSP** must be completed within 45 days of the child's referral/enrollment.
- The IFSP meeting must be conducted in settings and at times convenient to the family.
- For families not proficient in English, the IFSP meeting must be conducted in their native language or other mode of communication of the family. This may involve use of an interpreter.
- Parents must be given **written prior notice** with reasonable advance notice (within five calendar days) whenever the agency is proposing to initiate or change eligibility, evaluation, placement or services.
- The IFSP must be reviewed at least every six months or more frequently if changes are needed and/or if the family requests a review. The purpose of the **six month review** is to determine the degree of progress made toward achieving the outcomes, whether modifications or revision of the outcomes or services are necessary, and if there is a need to update or review assessment information.
- A meeting must be conducted, at least, on an annual basis to evaluate the IFSP for an individual and family and, as appropriate, revise its provisions. The **meeting to evaluate the IFSP** must be based on updated assessment information about the individual's development in all five areas (cognitive, physical, communication, social/emotional and adaptive).
- For Part C services, a transition plan is required including outcomes and objectives in the IFSP that will be in place when the child reaches **two years, three months of age** (or their first IFSP for a child who enters Part C services after two years, three months of age). All children in Part C must have a transition plan in their IFSP, even when the family is not interested in pursuing other services and the child will be at home. Parents, who want to "opt out" of school district notification, must sign an "opt out" form which will be placed in the child's/family's file. Further, if a parent who had signed an "opt out" form changes their mind about exploring special education services for their child, the Part C Agency can assist the family in making the appropriate notification to the school district. If the family changes their mind within four months before the child turns three, the Part C Agency informs the school district and the Montana Office of Public Instruction the family decided to explore special education services.

The **Montana Guidance: Children Transitioning from IDEA Part C to IDEA Part B** manual provides specific details concerning Part C to Part B IDEA transitions.

For all other children's services, an IFSP should include a transition outcome with steps if an individual will be changing services (i.e., changing from Family Education and Support to Waiver services) and/or moving from one provider to another.

IFSP Meeting Participants

At a minimum, the **initial and annual must include the following participants:**

- Parent(s), Guardian(s), or Surrogate parent(s);
- The Service Coordinator/FSS designated to be responsible for implementation of the IFSP;
- A person or persons directly involved in conducting the evaluation and assessment
- In the case of Waiver services (CWS and CAW), the Waiver Children's Case Manager (WCCM) must participate and is responsible for the completion of the IFSP.

It is possible the FSS may fulfill the roles of service coordinator, person who completed evaluations/assessments, and the WCCM role.

The following may participate at the **request of the parent(s), guardian(s), or surrogate parent(s)** if it is feasible to do so:

- Other family members;
- Related services personnel (e.g., speech therapist, OT) and representatives from other human services agencies working with the individual/family; and
- An advocate or person outside of the family.

For **six month reviews** the minimum participants must include the parent, guardian, or surrogate parent and Service Coordinator/FSS. Additional participants may attend at the request of the parent, guardian, or surrogate parent. An individual can participate in person or by submitting reports, phone, etc.

Completing the IFSP Form

- Montana's statewide IFSP has been formatted to meet the requirements of the IDEA (2004) regulations section 303.344 and Medicaid waivers under section 441.301 to provide services for Part C, Family Education and Support (also referred to as FES or XX), CWS, and CAW.
- The form is completed electronically.
- The family must review and sign a printed version of the electronic copy for it to be considered valid.
- After the IFSP has been signed by the parent and the electronic version completed, use the periodic review to make changes to the IFSP.

The following pages show each section of the IFSP form and the directions for completion.

General Information Tab

Purpose: *Includes information about the child, family, and Service Coordinator/FSS. This page must be completed as part of the initial and annual IFSP meetings and is also used to update information at the six month review if there are changes.*

Process: *The family and the Service Coordinator/FSS ensure that basic demographic information is updated and accurate.*

Name: The individual's legal first, middle and last name as it appears on their Social Security Card and/birth certificate.

Birth Date: The month/day/year of the individual's birth.

Sex: Select the one that applies.

In the following service: Select which service the individual will be participating.

- Part C- Early Intervention
- Title XX (FES)
- Children Waiver Service
- Children Autism Waiver

Part C Referral Date: Enter the month/day/year the child was referred to Part C services (only for children in Part C).

Enrollment Date:

- Enrollment for CWS and CAW- enter the month/date/year from the individual's DD55 waiver form.
- Enrollment for GFS - enter the month/day/year the child entered GFS services.

Eligibility Date: The month/day/year eligibility was determined for the service covered by the IFSP.

Type of IFSP: One of the following should be selected with the month/day/year:

Interim (for Part C): An explanation of why an interim plan was needed is necessary to document. Record the month/day/year. An interim IFSP is developed in the event an eligible child and the child's family have obvious immediate needs identified, even at the time of referral (e.g., a physician recommends a child with cerebral palsy begin receiving physical therapy as soon as possible), so early intervention services may commence before the completion of the evaluation and assessment. The following conditions must be met:

(1) Parental consent is obtained;

(2) An interim IFSP will include the name of the Support Coordinator/FSS who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons; and includes the early intervention services determined to be needed immediately by the child and the child's family;

(3) The evaluation and assessment are completed within the 45 day time period required;

(4) Support coordination is provided to each eligible child and child's family in accordance with the definition of support coordination; and

(5) The IFSP is developed, implemented and evaluated by a multidisciplinary team that includes the eligible child's parents and two or more individuals from separate disciplines or profession and one of these individuals must be the child's/family's Family Support Specialist.

Initial: The first (non-interim) IFSP developed by the team, including the family. Record the month/day/year. This is the individual's first full IFSP.

Annual: Record the month/day/year of the completed IFSP.

IFSP Review:

- **Six month review:** At a minimum, the IFSP must be reviewed within six months from the date of the initial and/or annual IFSP. Record the month/year. (The on-line system will auto-fill the "Actual Date")
- **Annual review:** A new IFSP form must be completed. Each year, the IFSP is reviewed and evaluated. The IFSP team is responsible to determine what progress is being made towards the outcomes. Record the month/year it is reviewed. (The on-line system will auto-fill the "Actual Date")
- **Periodic review:** Refers to ANY other review and/or modifications taking place during the year. Record the month/year. (The on-line system will auto-fill the "Actual Date")

This IFSP includes a transition plan outcome and objectives: Select Yes or No.

Primarily lives with: Select the appropriate one: **Parent(s), Guardian(s), or Surrogate.**

Parent(s)/Guardian(s)/Surrogate(s): Two boxes (Primary and Other) allow for parent(s), guardian(s), or surrogate parent(s) with separate addresses and contact information. The top box should be used for the person with whom the individual lives the majority of the time. The instructions are the same for Primary and Other.

Name: First and last name.

Address: Street, route, city, zip code (physical address where child lives).

Mail Address: (if different from above): Street, post office box, route, city, and zip code.

Home phone: Record the home phone number.

Work phone: Record the work phone number.

Cell Phone: Record the cell phone number.

Other Phone: Record any other phone number the parent/guardian would use if they don't have their own phone number.

Email: Record the email address.

Youth and families receiving CWS and CAW must complete the emergency placement section. This section is intended for those families who self-direct services; however, the IFSP database does not distinguish between self-direct services and agency-based services. The intent of this section is to identify who would provide supervision/support in the event the person responsible for supervision/support under self-direct services was not available. It is acceptable to list the parent/guardian or other natural supports in this section.

Name: First and last name.

Address/City: Street, route, city, and zip code.

Mailing address (if Different from above): Street, post office box, route, city, and zip code.

Home phone: Record the home phone number.

Work phone: Record the work phone number.

Cell phone: Record the cell phone number.

Other Phone: Record the other phone number the emergency contact would use if they don't have their own phone number.

Email: Record the email address.

Service Coordinator/FSS: First, last name and a telephone number where the Service Coordinator/FSS/Waiver Children's Case Manager can be reached.

Family Tab

Purpose: *Provides an opportunity to document what the family shared as their hopes, dreams, and concerns for the individual as well as family priorities.*

Process: *Information in this section will be guided by the family and should be addressed during the course of service delivery. The Service Coordinator/FSS must have discussions regarding concerns and priorities with the individual (as appropriate) and family. The information the family chooses to share is voluntary. Family shares the information for the preparation of the IFSP process to help determine outcomes and objectives and services needed to meet the family concerns and priorities.*

Summary of Family Concerns: Using the families words, a summary is created detailing concerns identified by the family and the team during the assessment process (either the Routines-Based Interview (RBI) and/or other assessment tools used by the FSS/WCCM).

If the family chooses not to share information, please insert the following language in the Summary of Family Concern field: **I choose not to share information about my concerns, priorities and resources and/or include this information in the IFSP. I understand that if my child is eligible, he/she can still receive appropriate services and determined by the IFSP team even if I choose not to complete this section:** This section needs to be reviewed with the family and if they do not agree to share information, they must initial the section.

Priorities of the family: This area should contain a summary of the family's top priorities as determined from their concerns.

Resources that Family has to meet their Child's needs: Summarize the informal support, formal support, and intermediate support the family identifies with assistance from the team as needed.

Note: Although the family's overall strengths and resources may be discussed in completing this section, specific strengths and resources will be addressed for each of the outcomes.

Health Information Tab

Purpose: *To record medical/health information about the individual that is pertinent.*

Process: *The family and the Service Coordinator/FSS/WCCM discuss how the information will be useful to IFSP team members.*

Diagnosis: Record the individual's diagnosis if they have an established condition (developmental disability) and/or medical condition. (Optional)

Height: Record number in inches (in)/feet (ft). (Optional)

Weight: Record number in ounces (oz)/pounds (lbs). (Optional)

Dental: Record month/day/year last seen by a dentist and brief summary of results. (Optional)

Immunizations: Select the appropriate status. **(Not Optional)**

Medications: Record any prescription medicine(s) the individual is taking. (Optional)

Other: Any other health information important for the team to know (e.g. allergies). (Optional)

Developmental Information Tab

Purpose: *The purpose of the Developmental Assessment Results and Status is to identify family and individual strengths and needs. The team uses this information in identifying the appropriate service and supports. The field titled: "Statement of Present Level of Development" serves as the link between assessment(s), observation(s) and recent family report(s).*

Process: *Prior to beginning assessment(s), the family and the Service Coordinator/FSS/WCCM discuss assessment options available to the family; the family's preferred role; assessment modifications and/or adaptations needed; and ways to encourage the individual's best performance. Keeping in mind the family concerns and priorities, this information is used to help determine IFSP outcomes and objectives.*

Page Sections: This page is divided into the following developmental categories: Cognition, Communication, Social/Emotional, Adaptive, Physical (Gross Motor), Physical (Fine Motor). Additional sections include: Physical Developmental Status (Vision, Hearing, and Health/Physical Exam) and Additional Assessment Components.

Annual Evaluation/Assessment: Record the name of each evaluation/ assessment tool used to evaluate the five developmental areas: cognition, communication, social/emotional, adaptive and physical (including gross motor, fine motor).

Date(s) of Evaluation/Assessment: Record month/year the assessment was used to gather the information.

Approximate Development Level: Record the approximate developmental level for the individual according to the result(s) from the evaluation/assessment tool. The developmental level can take various forms but should be stated in terms relevant to the tool(s) used (e.g., approximate age level, percent of development in comparison to same-aged peers, standard deviations).

If Other source, describe: If the assessment used is not in the "Annual Assessment/Evaluation" drop-down menu, please list the title of the assessment in this field.

Statement of Present Level of Development: A comprehensive statement should include strategies and be described in terms of functional skills and behaviors (e.g., Part C's Early Childhood Outcomes.). The statement is based on a variety of strategies and tools: review of previous records, parent reports, evaluations and assessment tools, and observation of the individual in natural environments.

Physical Developmental Status:

Note: Each section must be completed. However, an individual may not need annual evaluation for vision and hearing, but an informal screening to detect any changes is recommended. Hearing and vision screening is a component of a well-child check (health/physical exam).

Vision: Record the date of the screening/evaluation month/year, answer yes or no to the questions and include a brief summary in the results field.

Hearing: Record the date of the screening/evaluation month/year, answer yes or no to the questions and include a brief summary in the results field.

Health: Record the date of the evaluation month/day/year, answer yes or no to the questions and include a brief summary in the results field.

Additional Assessment Components (as optional/appropriate):

Behavioral, Recreational Community, and Vocational Statement of present level: Based on a variety of strategies and tools including review of previous records, family reports, evaluations and assessment tools, and observation of the individual in natural environments.

Positive Social/Emotional Skills/Acquiring and using Knowledge and Skills/Use of Appropriate Behaviors to meet their Needs:

Summary of Child's Functioning: This is completed by the team and can be used as a resource when completing the Child Outcome Summary Form (COSF). You can also use this section to include assessment results from other professionals (i.e., OT, PT, etc.).

Functional Outcomes Tab

Purpose: Outcome statements identify the measurable results expected for the individual and family. Outcomes should be functional, measurable, and fit into the contexts of everyday routines and activities. Generally, outcomes should be designed to be completed in six months or more.

Process: Using assessment along with the identified concerns and priorities, the IFSP team develops the outcomes.

Note: If, after the IFSP has been completed, the team requests a modification, the modification is done through the periodic review option.

Outcome #_____: Place the number of the outcome in the box.

Check boxes: Check appropriate box if carry-over outcome or transition outcome.

Start Date: Record the date the outcome will begin.

Assessment used to Develop this Outcome: Record the names of formal or informal assessments.

What would your family like to see happen for your child/family: Record a description of the desired results of the outcome for the individual and/or family. The outcome must be functional, measurable and in the context of everyday routines and activities.

We will know we have achieved this outcome when: The statement should be measurable and include enough detail so the IFSP team, including the family, will know when the outcome has been achieved.

Family's strengths and resources for this outcome: Record the family's skills, abilities, and resources that can be used in achieving the outcome. This includes formal and informal supports/resources.

Steps that will be taken to address this Outcome: Identify the action steps and/or strategies needed to complete the outcome. There may be several steps and/or strategies for each outcome. The steps/strategies identified are reflected in the Services tab. For example, if an action step is a speech evaluation, the "service detail" (in the Services tab) should indicate Speech Therapy aligned with the related outcome.

When completing an **IFSP Six-Month review**, the following section must be completed:

Date of IFSP Six Month Review: This will be auto-filled based on when you enter the six-month review information.

Status of Outcome: Select one that applies to the outcome's status.

Describe Progress of Outcome: Record the degree to which progress toward achieving the outcome(s) is being or was made.

Explanations and Comment(s): If appropriate, record why an outcome is continued, revised, or discontinued.

Rate the individual/family's satisfaction with the process to achieve the outcome: Using the drop-down menu, the individual/family select their satisfaction with the **process** used to achieve the outcome.

Rate the individual/family's satisfaction with the amount of progress toward achieving the outcome: Using the drop-down menu, the individual/family selects their satisfaction with the amount of **progress** being made toward achieving the outcome.

When completing an **IFSP Annual Review**, the following section must be completed.

Date of IFSP Annual Review: Auto-filled based on when you enter the annual review information.

Status of Outcome: Select one that applies to the outcome's status.

Describe Progress of Outcome: Record the progress made towards the desired outcome.

Explanations and Comment(s): If appropriate, record why an outcome is continued, revised, or discontinued.

Rate the individual/family's satisfaction with the process to achieve the outcome: Using the drop-down menu, the individual/family selects their satisfaction with the **process** used to achieve the outcome.

Rate the individual/family's satisfaction with the impact of achieving the outcome: Using a drop-down menu, the individual/family selects their satisfaction with the **impact** of the outcome.

Transition Outcome (required for Part C):

Purpose: *Prepare the individual/family for a transition. To ensure a smooth transition, the individual/family and IFSP team identify the outcome and action steps needed.*

Process: *The family and the Service Coordinator/FSS/WCCM begin discussions about transition process, time lines for the transition, and to where or what services (Part B preschool, adult services, etc.) an individual may transition. Share information about the process itself, similarities and differences between services, and identify the family's questions and priorities for the transition. This process will result in a single transition outcome and multiple transition action steps/strategies*

Note: Complete as described in the Functional Outcomes Tab instructions with the following clarification:

Steps that will be taken to address this Outcome: For Transition Planning, you must include the steps to exit from the Part C program and any transition services identified as needed for children who are 24 to 36 months.

See: [The **Montana Guidance: Children Transitioning from IDEA Part C to IDEA Part B** manual provides specific details concerning Part C to Part B IDEA transitions.]

Services Tab

Purpose: *The purpose is to clearly identify the services which will be utilized by the family in support of meeting the IFSP outcomes. The decision to provide a service or support cannot be based solely upon factors such as: nature or severity of disability, age of individual, availability of services, administrative convenience, family preference, payment source, or service provider preference.*

Process: *The IFSP team makes decisions concerning services to be provided in natural environments, whenever possible to achieve the IFSP outcomes. The team must consider who can provide the supports needed by the individual/ family and how the support will be provided (i.e., consultation, group or individual bases), how often (frequency, intensity, and duration) and natural environments/location.*

Intervention Services

For Part C, an early intervention program provides services designed to enhance the child's development and may include:

- family training;
- counseling and home visits;
- special instruction;
- speech-language pathology and audiology services, and sign language and cued language services;
- occupational therapy;
- physical therapy;
- psychological services;
- medical services for diagnostic or evaluation purposes;
- early identification, screening, and assessment service;
- health services necessary to enable the child to benefit from other early intervention services;
- social work services;
- vision services;
- assistive technology devices and assistive technology services; and
- related transportation costs necessary to enable the child and the child's family to receive any of the above early intervention services.

For CWS and CAW: List the approved waiver service being used to meet the outcome. When entering the information on the electronic version, identify the service from the drop-down menu.

Service Category: Individually record each service needed to achieve the related outcomes/objectives identified on the IFSP.

Provider: Record the name of the provider, agency or person that will be providing the service and the discipline (e.g., FSS, OT, PT, etc). This can include services provided by the family themselves.

Frequency (number of times per week, month or year): Record the number of times the service will be provided per week, month or year (e.g. 2x a month or 4x a year).

Intensity (length of session) Record the length of time (e.g., number of minutes or hours) a service will be given per session.

Duration of Services: When (date) each service is expected to start and finish.

- Start- record the expected month/ year of the start date.
- End- record the expected month/ year for end date.

Natural Environment/Location: Record the actual place or places where the service will be provided. Natural environment includes the home and community settings where same age peers without disabilities participate.

Other settings considered *not* natural environments are places where services are provided to only children/individuals with disabilities or a place where the service is intended only for the child/individual (not their home). These settings include, but are not limited to, where services are provided in a residential facility, clinic (e.g., PT, OT) and center/classes for only individuals with disabilities.

Justification for Intervention Services Not provided in Natural Environments:

Provide an explanation of why the service(s) cannot be provided in a natural environment. The statement needs to include how the IFSP team made the decision and what the IFSP team will do to move service(s) and support(s) to natural environment and when.

Method of delivery: Record whether the service will be provided on a **consultation, group, or individual** basis. Consultation's primary focus is providing information and developing strategies with a caregiver (and perhaps another team member).

Funding: Identify the source(s) of payment for each service (e.g., private insurance, Medicaid, Part C, etc.).

If Other, Describe: If needed, record in this field.

Medical and Other Services

For Part C, "**other services**" of this section are services a child or family needs, but are neither required nor covered under Part C. While listing the non-required services in the IFSP does not mean those services must be provided, their identification can be helpful to both the child's family and the Service Coordinator/FSS. The IFSP should provide a comprehensive picture of the child's total service needs including the need for medical and health services, as well as early intervention services. Thus, to the extent appropriate, it is important to consider and address other needs of the child, and of the family related to enhancing the development of the child, such as medical, health needs and other social services.

Service: List the service.

Who: List the provider, agency or person/profession that will provide the service.

When: List the time period for the service.

Where: List the location for the service.

How: List how the service will be provided.

Funding: List the source(s) for paying for the service.

Signatures Tab

Purpose: *Serves as a record of the person(s) who participated at the IFSP meeting either by being present or by providing information via a report or other means. This helps the team identify IFSP team members who are not present but will assist in the implementation of the IFSP.*

Process: *This page is completed by the parent(s), guardian(s), and surrogate parent(s), Service Coordinator/FSS/WCCM, and other IFSP team members at the finalization of the written plan.*

IFSP Team Members

Name: The first and last name of the individual who participated by either being present or by providing information via a report or other means.

Role/Discipline: Use the drop-down tab to choose.

Date: Enter date.

Method of Participation: Use the drop-down tab to choose.

Agency/Contact Information: Enter in the field.

Signature: The signature is for those who participated in person at the meeting and is not required for those who were not present. At this time, the EI Module does not allow for electronic signatures.

Others I would like to have a copy of the IFSP sent to: Record who the individual/family identified as needing to receive a copy(s) of the IFSP.

Parent(s), Guardian(s), Surrogate(s) Consent:

The content of this Individualized Family Service Plan (IFSP) was explained to my family and me: The parent(s), guardian(s), surrogate parent(s), and individual, when appropriate, should initial this statement at the finalization of the IFSP.

I /we participated fully in the development of this Individualized Family Service Plan (IFSP): The parent(s), guardian(s), surrogate parent(s) and individual, (when appropriate) should initial this statement at the finalization of the IFSP.

I/we give consent for this IFSP and the services identified within the IFSP to be carried out as written: The parent(s), guardian(s), surrogate parent(s), and individual, when appropriate, should initial this statement at the finalization of the IFSP.

I/we do not consent for all of the services and/or related outcomes in this IFSP to be carried out as written: The parent(s), guardian(s), surrogate parent(s), and individual, when appropriate, should initial this statement at the finalization of the IFSP.

However I do give consent for the following service(s) in this IFSP to begin: Record which services the individual/family agrees to have implemented.

Self Directed Services Only: This only needs to be initialed if a person has self directed services.

Parent(s)/Guardian(s)/Surrogate(s) Signature: Should sign and date at the finalization of the IFSP.

Individual Signature: The individual, when appropriate, should sign and date at the finalization of the IFSP.

State Approval of IFSP for Waiver

This is for the Quality Improvement Specialist to sign and date they approved the plan.

The Quality Improvement Specialist will denote approval of the IFSP using the “approval” tab in the IFSP section of the DPHHS Intervention Services System.

Early Childhood Outcomes Summary Form (COSF) Tab

Purpose: *The Office of Special Education Programs (OSEP) requires all infants and toddlers receiving Part C services are included in the child outcomes accountability process with the exception of:*

- *Children who are two years and six months old through two years, eleven months old when they enter services will not have either a baseline or exit COSF completed; or*
- *Children who received Part C services for less than six months will not have an exit COSF completed (however, a baseline COSF would have been completed since at entry into Part C services, the agency would usually expect the child to remain in services for over six months).*

Process: *The child outcomes measurement for the **Summary Form** will occur:*

- *During or shortly after (within 30 days) a child's IFSP is developed when an infant or toddler enters Part C services, or*
- *When the IFSP is annually re-written, or*
- *When a child exits/transitions out of the Part C early intervention program (for children in Part C services for six months or more).*

Child outcomes measures occur at the following points in service:

- A child's first or **baseline** COSF measurement occurs at entry to services and within 30 days of the development of their first IFSP (**Baseline measure**).
- A child who leaves Part C services at any point (e.g., unexpected exit, transitions to home or other services) and has been in Part C services for six months or longer, will have child outcomes measurement and COSF completed at or within 30 days of their exit (**Exit measure**).
- A child must be *in Part C services* for at least six months in order to have a second, third, or exit COSF measurement completed.

Note: Children may exit at any time. Transition usually refers to a child who is aging out of Part C services and is in the age range of two years six months through two years eleven months and their exit might be to school, other program, or home.

- If a child leaves services for any reason within three months of his/her last IFSP and child outcomes measurement, use the data from the most recent child outcomes measurement for their final measurement and final **Child Outcomes Summary Form**.
- If a child leaves services for any reason, after three months or more since his/her last IFSP and child outcomes measurement, update the information needed to complete a final **Child Outcomes Summary Form** with the most recent and best information available. The FSS might update the assessment information for the child but not complete a new assessment unless it is needed for some other reason (e.g., facilitate transition to a new program/preschool). If the assessment information is six months old

or older, the FSS may need to, if it is possible, complete a new assessment in order to have accurate developmental information.

Completing the Electronic Child Outcomes Summary Form (COSF)

Summary Completion Date: Record the date.

Summary Type: Choose from the drop down tab.

- Baseline for a child's first measure;
- Left Part: C Exit for a child leaving Part C services before 30 months or age and the exit was expected/planned for (e.g., family moved, family decides they no longer want/need Part C services, child no longer meets eligibility criteria for Part C services but has not aged out of Part C services);
- Left Part C: Unexpected Exit for a child/family that left services with little or no notice to the agency and without agency involvement in planning for the exit prior to the exit; or
- Left Part C Transition for a child near to or at 36 months of age and the agency has been involved in planning for the exit with the family. The exit can be to school services, other service programs and/or to home.

Chronological Age: Record the child's chronological age in months.

Child Functioning: Check all that apply from the drop down tab.

Persons Involved in deciding the summary ratings: Record names in the field and choose a role from the drop down tab under **Person Roles**.

Positive Social Emotional Skills (including social relationships):

Choose a rating from drop down tab. Definitions for the scale points as well as additional guidance can be found in the **Early Childhood Outcomes: Part II-COSF Teams Guide for Collecting and Reporting Outcomes Data.**

Add all **Sources of Information** to support the rating. Use the drop down tab to select source, provide date, and record **Summary of Relevant Results**, the evidence that supports the rating. For example, if a child's functioning receives a rating of 5, relevant results should provide evidence of a mix of age appropriate and not age appropriate skills and behaviors. All fields are required. **Update** to save information.

Follow same procedure for **Acquiring and Using Knowledge** and **Taking Appropriate Action** tabs.

Complete questions **1b, 2b, and 3b** only when questions 1a, 2a, 3a have been answered previously. Using the drop down tab, **choose yes or no**. If yes, explain the progress (required field). Progress is defined as the acquisition of at least one new skill or behavior related to the outcome. Describe the general nature of the progress in the space provided.

Part C Transition Forms available:

- **Part C Transition Conference Meeting Invite and Part B Referral**
- **Part C Opting Out of Notification to the LEA form**