

# Individualized Family Service Plan (IFSP)



## Section 1: Child Information

Child Name: AKA Name:  
Home Address: Language:  
Mailing Address: County:  
School District:

DOB:  
Gender:

### Meeting Information

Meeting Type: Meeting Date:  
IFSP Period:

### Eligibility Information

Primary Eligibility Reason:  
Diagnosis Code/Description:  
Eligibility Reason Detail(s):

## Section 2: Family Information

Name: Relationship to Child:  
Role: Home Phone:  
Address: Work Phone:  
Best time to call:  
Email:  
Language:  
Interpreter Needed:

## Section 3: Service Coordinator Contact Information

Intake Coordinator: Agency:  
Email: Work Phone:  
Mailing Address: Cell Phone:  
Fax:  
Service Coordinator: Agency:  
Email: Work Phone:  
Mailing Address: Cell Phone:  
Fax:

### Physician Information

Physician Name: Phone:  
Address: Fax:  
Email:

**Section 4: Child's present abilities and strengths - Team Summary**

**Domain:** COGNITION

**Meeting Date:**

**Strengths:**

**Concerns:**

**Domain:** COMMUNICATION

**Meeting Date:**

**Strengths:**

**Concerns:**

**Domain:** ADAPTIVE

**Meeting Date:**

**Strengths:**

**Concerns:**

**Domain:** PHYSICAL

**Meeting Date:**

**Strengths:**

**Concerns:**

**Domain:** VISION

**Meeting Date:**

**Strengths:**

**Concerns:**

**Domain:** HEARING

**Meeting Date:**

**Strengths:**

**Concerns:**

**Domain:** SOCIAL EMOTIONAL

**Meeting Date:**

**Strengths:**

**Concerns:**

**Section 5: Summary of family concerns, priorities and resources to enhance the development of the child**

**Family Consented to assessment?**

**Consent Date:**

**Consent Withdrawn  
Date:**

**IFSP Family Assessment/Concerns**

**Family's Priorities**

**Strengths & Resources**

**I would like to share the following concerns for myself, other family members or my child**

**I have questions about or want help for my child in the following areas**

**Section 6: Family and Child-centered Outcome(s)**

**Outcome**

**Outcome #:**

**Outcome Statement - What we would like to see happen within the next year**

**Criteria - What needs to be accomplished for the outcome to be fully met?**

Procedure - How does the team plan on measuring the progress towards the outcome?

Timeline - When the outcome will be measured for progress?

Steps To Achieve Outcome	
Strategies	Activities

**Section 7 & 8: First Steps resources, supports, services and natural environment justification**

Authorization Type	Authorization Detail	Dates	Provider	Funding Source
Service(s)	Outcome(s):	Active Dates:	Provider:	Service(s)
	Service Type:	Cancel Date:	Agency:	
	Method/Location:		Phone:	
	Frequency:		Specialty:	
	Intensity:			
	Natural Environment Justification:			
Service(s)	Outcome(s):	Active Dates:	Provider:	
	Service Type:	Cancel Date:	Agency:	
	Method/Location:		Phone:	
	Frequency:		Specialty:	
	Intensity:			
	Natural Environment Justification:			
<b>Primary Setting For IFSP:</b>				

**Section 9: Other Services**

Service	Active Dates	Notes	Outcome #	Responsible Person	Funding Source
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**Section 10: Transition****Transition 'From'(age 2.5 years)**

Transition Topic	Steps/Activities	Who is Responsible	Meeting Date

**Transition 'Into' and 'Within'****Section 11: IFSP Team Information**

Member Name	Position/Role	Agency	Phone	Method of Participation

**Family and Team Communication**

**How will the Family Communicate with the team:**

**How will the Team Communicate:**