

First Steps

Module 3: Individualized Family Service Plan

Module 3, Tab 1: Introduction

Module 3: Individualized Family Service Plan provides information on the First Steps Individualized Family Service Plan (IFSP) planning, development, and review process. This module includes how the family-centered philosophy affects the development of the IFSP and the manner in which services and supports are provided to eligible children and their families. The stories that began in the previous modules will continue as examples of the IFSP process in action. The final section of this module, as in the previous modules, is “Resources” and includes a comprehensive listing of additional information and key articles about early intervention.

Module 3: Individualized Family Service Plan is required for all individuals who provide services in the First Steps program. Other individuals who are interested in learning more about early intervention and the First Steps program are welcome to review the module.

OBJECTIVES FOR MODULE 3

1. Participants will define the following terms and describe how they relate to the First Steps program:
 - Eco Map
 - Family Assessment
 - Family concerns, priorities and resources (CPR)
 - Functional Outcomes
 - Individualized Family Service Plan (IFSP)
 - Natural environments
 - Routines-based Interview™ (RBI)
2. Participants will learn how to identify family concerns, priorities and resources.
3. Participants will learn how a team develops an IFSP and what components must be included in every IFSP.
4. Participants will learn how to identify family routines and daily activities.
5. Participants will learn how teams write appropriate functional outcomes.

INTRODUCTION

According to federal regulations for Part C of IDEA, the initial Individualized Family Service Plan (IFSP) meeting must be held within 45 days from the date of referral. There are several important activities which occur after the child has been determined eligible for First Steps and prior to the meeting where the IFSP is developed, including child and family assessments and planning for the initial IFSP meeting. Although there are no specific timeline requirements for when eligibility is to be determined by, the evaluation/assessment activities should be conducted in a timely manner to ensure that the 45-day timeline is met.

Child assessments are used to determine the child's current level of functioning; however, families are an important source of information about how and what their child is doing, especially in regard to functional tasks. The assessment of a child should focus on the child's participation in daily routines and typical settings so that the IFSP team can develop outcomes that are family-centered. Additionally, focusing on the child's daily activities will help the IFSP team identify intervention that is based on the family's routine. The assessment of the child is a required part of the IFSP process.

What Does the IDEA Say?

Assessment is defined as the ongoing procedure used by qualified personnel to identify:

- a. The child's unique strengths and needs;
- b. The services appropriate to meet those needs throughout the period of the child's eligibility;
- c. Includes the assessment of the child and the assessment of the child's family.

Another type of assessment that is conducted prior to the IFSP meeting is the family assessment. Similar to child assessments, the family assessment includes a focus on the child and family's daily routine and places they go. The family assessment includes concerns, priorities and resources of the family and is designed to determine the strengths and needs of the family related to enhancing the development of their child. In contrast to the child assessments which are required, the family assessment is voluntary on the part of the family.

An example of a method which gathers information for both the child and family assessment is the Routines-based Interview™ (RBI). The RBI is a semi-structured interview developed by Dr. Robin McWilliam and is designed to establish a positive relationship with the family, obtain a rich description of the child and family's functioning and result in a list of outcomes chosen by the interviewee. The interview may begin with the completion of an Eco Map, a family-charting diagram used to identify the family's supports and resources. The interview assesses the child's engagement, independence and social relationship within everyday routines, and the family's satisfaction with home routines.

The RBI can be used to obtain a narrative description of the child’s functioning in cognitive, motor, adaptive, communication and social skills, but does not result in a developmental score.

Once the family agrees, the family assessment is conducted and most, if not all, of the information is used to develop the IFSP at the upcoming meeting.

BETH’S STORY

(Continued from Modules 1 – 2. Reminder: Beth is a recent graduate who wants to become a First Steps provider and Shelby is a current First Steps provider.)

Beth was still trying to really understand the First Steps process to become the most effective provider that she could be. Shelby said she’d be happy to talk with her about IFSP planning, development and review. In preparation, Beth had read some sections of the law and the practice manual. It was clear that the Part C family-centered philosophy affected this part of the process too.

Beth and Shelby met again for lunch. “Hi Shelby, thanks for meeting with me again. I think I understand everything we talked about last time so I’m ready to move on to the IFSP. There sure is a lot to learn! I’ve read through the practice manual about IFSP planning and development and it’s hard to believe that can all be done in 45 days.”

“I know it seems like a lot, and that’s because there is a lot! Once you’re a provider, you will find it easy to remember most of what you’re trying to learn now. The Department of Elementary and Secondary Education has a lot of information on their website so if you do forget things you can always go back to the practice manual or to the First Steps website.”

What Does the IDEA Say?

The only acceptable reason for exceeding the 45-day timeline is due to parent/child actions.

This would be for situations such as a family member is ill, the child is in the hospital, no response from the parent to phone calls, appointments, etc., or any other delay initiated by the parent.

The Service Coordinator must document these circumstances in the child's record.

Beth said, “Ok, I know what I want to order and the place looks busy so let’s get started.”

Shelby continued, "Once a child is eligible for First Steps, a whole new set of processes begin. We call this the IFSP Planning process. There are two main components; child assessment and family assessment.

“Let’s start with child assessment – although, of course the family plays a major role. Families are an important source of information about how and what their child is doing, especially in regard to functional tasks. When parents provide input into the assessment process and are a member of the assessment team, the results are more apt to be accurate. Additionally, when assessments focus on the child’s functioning in natural environments like home, childcare, and the babysitter’s, it’s easier to develop functional outcomes and then to provide intervention in daily routines – which, of course, is a goal of the program.

“The Service Coordinator reviews all of the information that was collected in the eligibility determination process. If there isn’t enough information about the child’s strengths and needs to develop a quality IFSP, further assessments may be conducted. You don’t have to use a formal instrument to collect this information; you can use observation, parent interview, and checklists. If you use a formal instrument, keep in mind that criterion-referenced or curriculum-based measures don’t compare children to their peers, but look at how well children perform skills that are often important for daily life. The ones I’ve used most often are the HELP® Birth-3, AEPS, or the ELAP. In some cases a provider might use a norm-referenced test if she thinks it’s warranted, but generally those measures are only used when determining eligibility. Exactly what child information is still needed will vary a lot from child to child.”

Beth thought about that for a minute. “So, if the child is eligible because of a diagnosed condition, we might need more information about that child’s development and would do quite a bit of assessment. But, if the child is eligible because of a developmental delay, a lot of information would have been collected in order to determine eligibility.”

Shelby nods.

Beth continues, “Assessment of an infant would be different from an assessment of a 2 year old. So, this process will look different depending on the child’s age, right?”

“Exactly,” smiled Shelby. “Within the regulations, we treat each family and child as individuals and determine what is best based on their specific characteristics. We also need to avoid duplicating assessments. This will ensure the family isn’t repeating their story.”

Shelby continued, “That’s why a transdisciplinary team approach is considered best practice, but we will talk more about that later after you have a chance to finish Module 6 on teaming. It’s important to remember that the best ‘instrument’ professionals have for the assessment process is their knowledge of early childhood development.”

Shelby continued, “Once a provider has been selected for an assessment, the Service Coordinator will complete an authorization in WebSPOE which generates an electronic authorization. After the assessment, a written summary has to be submitted to the Service Coordinator in a timely manner so the process can move forward to IFSP development within the 45-day timeline.”

“OK, that makes sense,” said Beth. “You have to get all of the information about the child before you can develop the IFSP and the parents are needed to provide some of that information.”

“Yes, you got it!” exclaimed Shelby.

Authentic Assessment in Early Intervention

This video includes a provider discussing the value of observing routines, having conversations with family members, and using video to plan interventions or document progress.

REFLECTIVE QUESTIONS

Think about the following questions as you reflect on the information in the introductory section of the course:

1. How long is the timeline for referral to IFSP? Why do you think this timeline is used when there is so much to accomplish in that time period?
2. What is the purpose of the family assessment?
3. How do you think the information gathered during the family assessment will help in the IFSP development?
4. Think about assessing a child with a diagnosed condition. How is conducting an assessment for a child with a diagnosed condition going to be different from assessing a child who is eligible due to a developmental delay?

Module 3 Tab 2: IFSP Planning

The Service Coordinator and family complete the following sections of the IFSP after eligibility determination and prior to the IFSP meeting:

- Child Information
- Family Information
- Health and Medical (including vision and hearing)
- Present Levels of Development in Daily Routines and Activities
- Family Assessment: Concerns, Priorities and Resources
- Family and Child Centered Outcomes
- Transition

The assistance each family may need with these sections will vary and should be customized to each family.

What Does the IDEA Say?

Each initial IFSP meeting must include the following participants:

- 1) The parent or parents of the child;
- 2) Other family members, as requested by the parent and if feasible to do so;
- 3) An advocate or person outside of the family, if the parent requests that the person participate;
- 4) The Intake Coordinator who has been working with the family since the initial referral and the Service Coordinator responsible for implementing the IFSP;
- 5) Person(s) directly involved in conducting the evaluations and assessments; and
- 6) As appropriate, service providers to the child and/or family.

If a person directly involved in conducting the evaluation and/or assessment is unable to attend the IFSP meeting, arrangements must be made for that person's involvement through other means, such as participating:

- By conference call;
- By report, i.e., making pertinent records available at the meeting; or,
- By substitute, i.e., having a knowledgeable, authorized representative attend in their place.

For some families, extended family and friends can be important, helpful and supportive IFSP team members. These friends/relatives may also receive useful information about the child and his/her developmental needs through their participation in the planning process.

In planning for the IFSP meeting, often there are numerous people to consider when planning for the date, time and location of the meeting.

The Service Coordinator helps the parents:

- 1) review their schedule and the timeline for the IFSP meeting,

- 2) prioritize other family members or friends they want to attend the meeting and
- 3) identify the First Steps evaluator(s) and/or provider(s) who are required to attend.

After reviewing all of this information, the Service Coordinator and parents will select the preferred date, time and location for the IFSP meeting. Keep in mind, since there are several participants and schedules involved, it is best to select several back up dates and times in order for as many participants to attend the IFSP meeting as possible. Once the Service Coordinator finds a date and time that works for most, the Service Coordinator sends a meeting notification to the invited participants. The meeting notification may be via mail, telephone call, fax or email.

BETH'S STORY

“Ok, I understand the child assessment piece but I thought families were involved in the IFSP planning process in a variety of ways,” remarked Beth. “Am I remembering that wrong? How do the providers learn about the routines or what parents are most concerned about?”

“You’re absolutely right!” remarked Shelby. “The next step in the process is the family assessment.”

Shelby continued, “In reality, the family assessment and child assessment have overlapping activities. We gather information from the family about the child. What usually comes to the surface in those conversations are the things that are concerns and priorities of the family. But, we also have a more formal, although voluntary, process for family assessment. The terms “Family Assessment” and “Concerns, Priorities, and Resources” (sometimes called “CPR”) of the family are interrelated.

For families who choose to participate, the family assessment is conducted by the Service Coordinator as an interview. This is completed with the family before the initial IFSP team meeting and reviewed with the family before each annual review of the IFSP. Family confidences should be respected because a parent might tell you something but not want it written into the IFSP. Family information should not be discussed casually, even among IFSP team members."

“What kinds of information would you collect during a family assessment that you wouldn’t already know from the child assessment?” asked Beth. “When I think of an assessment I think of evaluating how well someone does something. Are we evaluating how well the family is taking care of their child?”

“Good question and absolutely not! Basically we want to figure out the strengths and needs of the family related to how we can help them enhance the development of their child. This is from the perspective of the family.

We may point out strengths and resources that we've noticed but this should feel like a supportive process, not a judgmental one. In many cases, parents will talk about skills they would like to develop to help their child and those can be incorporated into the IFSP as outcomes. We don't want to replace the typical supports that exist for families; we do want to build on their supports that already exist."

"Ok, but what happens if families want support in areas or for things that First Steps doesn't pay for?" questioned Beth.

"If it's important to the family, we still list it in the IFSP. Just because it's on the IFSP doesn't mean that First Steps will pay for it. But, it is the role of the Service Coordinator to know what is available in their community and how to help parents access those resources. And providers often know of these resources too."

"I can see how important it would be to know what resources are available. How do Service Coordinators learn how to do these family interviews? It seems like there is a lot of information to collect and keep track of."

"You're right. Luckily, we've started using a semi-structured assessment to gather child and family information. It's called the Routines-based Interview™ (RBI).

What is the RBI?

The RBI is a semi-structured interview developed by Dr. Robin McWilliam and is designed to:

- Establish a positive relationship with the family;
- Obtain a rich description of child and family functioning; and,
- Result in a list of outcomes/goals chosen by the family.

The interview assesses the child's engagement, independence, and social relationships within everyday routines, and the family's satisfaction with home routines. The RBI can be used to obtain a narrative description of the child's functioning in cognitive, motor, adaptive, communication, and social skills; but does not result in a developmental score.

"The Service Coordinator or provider may conduct the RBI. The information that's collected during the RBI is then used to develop the outcomes for the IFSP. We used to tell people that intervention takes place during the child's daily routines, but we didn't really have much information about those routines. Now with the RBI, we have information about the routines and how parents feel about those routines. Having a systematic way to collect the information has made a big difference in our practice," explained Shelby.

"I've heard the term RBI before and looked it up. Is it really sitting with the parent or other caregivers and asking about their day from the time they wake up until the time they go to bed?" asked Beth.

“Yes, and for families where night time and sleeping are problematic, we talk about sleep too. We ask about the routines, the child’s participation in those routines, and how satisfied that parent is with the routine.”

Shelby continued, “The routines that the parent isn’t satisfied with can be addressed with the outcomes. Parents sometimes also identify routines that are going really well and suggest those as times to focus on skills. One mom I know said her son loved taking a bath and that ended up being one of the best times for focusing on his language. It’s much easier to think about what you want the child to do in a specific routine than to answer the question ‘What do you want for an outcome?’ It also guarantees that the outcomes are targeting functional skills. Since we’ve been doing the RBI, writing functional outcomes has gotten so much easier. It also gives us more information about the parents’ priorities and concerns.”

“If the outcomes are focused on the family’s routines and the intervention happens in those routines, then we don’t give parents lists of ‘extra’ things they have to do. In fact, although they are spending less time with providers, the children are actually getting more intervention!” said Beth with a smile.

“Exactly!” Shelby said. “At the end of the RBI, the provider or SC confirms with the parent which routines are priorities. The parents can add any information they want and can also talk about what they’d like the child to be doing in those routines.”

“So, is there a form or something to fill out when conducting the interview?” Beth asked.

“There is a template form that you can get from the SPOE office and it helps you practice the structure when you are beginning to conduct interviews, but once you are used to the flow, most of the time I just use a notebook and jot things down. That makes it less formal of an interview and more of a conversation with the parent.”

Shelby continued. “Ok, back to the list of routines. After the interview, the prioritized list is used at the initial IFSP meeting for outcome development. If a provider did the RBI, she shares this information with the Service Coordinator who organizes all of the information that has been collected. Often, particularly if the child has a delay and has been assessed, enough information is there to write the initial IFSP.”

Shelby continued, “The next step in the process is getting ready for the initial IFSP meeting. Once the Service Coordinator has all of the information gathered, she collects the forms that have been completed and the results of the RBI. All of that information will be used to complete the present levels of development at the IFSP meeting. The Service Coordinator talks with the family to prepare for the initial IFSP meeting and the family decides who should attend, the best times and location for the meeting. Most families want the meeting in their own home, but occasionally it’s easier to meet at a parent workplace or even a childcare center, particularly if the family wants childcare folks to attend.”

“Once the logistics are decided, the Service Coordinator and family talk about what topics should be discussed. The Service Coordinator should review each section of the IFSP with them. Families should be encouraged to complete all relevant sections of the IFSP prior to the meeting and have it available at the initial IFSP meeting, and it should work that way for all of the IFSP meetings. It’s really important for the family to feel that this meeting is for them. If there is something that the parent doesn’t want discussed, the Service Coordinator makes sure that it is not discussed and it is not included in the IFSP.”

“It seems like there are so many details to keep track of and we aren’t even at the first IFSP meeting yet,” said Beth.

“You’re right, but we’re almost done with the planning piece. I guess I want to end with reiterating that family preferences for the IFSP meeting should be honored but it can be difficult to schedule the meeting at times and places for everyone that are convenient for everyone.”

Beth asked, “How do you do that?”

“The Service Coordinator needs to help the family figure out who is essential and then who else they’d like,” said Shelby. “At least one parent/guardian and the Service Coordinator must be present or there can’t be a meeting. Additional family members may use alternate options for participation if they can’t attend the meeting. Sometimes one parent may attend the meeting and the other parent may participate by telephone or even online.”

Shelby continued, “Once the parent and Service Coordinator figure out the time, place, and participants, the Service Coordinator sends written notification for the meeting. The Service Coordinator should try to give all the team members as much notice as possible, 10 days is best practice. If for some reason the family requests to meet quickly so they can start their services, the Service Coordinator should personally contact each member of the IFSP team and give them the meeting information. Remember, if a team member can’t be present, they can participate by phone; by sending a knowledgeable authorized representative; or by making pertinent records available at the meeting.

“Your eyes are starting to glaze over so let me say just a couple more things about the planning process while we’re waiting for our check. Again, family-centered communication skills are essential in preparing for and participating in the meeting. The language used during the IFSP meeting should be understandable for everyone. If we start using jargon and abbreviations families will get the message that the meeting is for the professionals, not for them. That’s exactly what we don’t want to communicate. It’s also important to remember that required data entry in the web (WebSPOE) should not drive the planning process. Finally, we have to listen to the family prior to, and during the team meeting, to hear their issues and concerns and ensure that these are captured and addressed in the IFSP. We have to get away from discussing treatment recommendations, and instead incorporate interventions into the family’s daily routines based on the issues and concerns expressed by the family.”

“I never thought about how much went into the planning stage,” said Beth. “It makes sense that the planning process sets the stage for everything else that comes later and that the better we collaborate with families, the stronger the foundation will be for them throughout the rest of the process. I really appreciate your time. I’ll get the check.”

“You’re welcome. I need to run but let’s get together again soon. We still have more to talk about,” said Shelby as she got up to leave.

A FAMILY’S STORY

PLANNING FOR THE IFSP MEETING

The Johnson Family Story

According to all of the information that had been gathered, including the DAYC results, Ian qualified for First Steps services. Carly, Service Coordinator, called the Johnson family to let them know.

The Johnson Family

She caught Samantha, Ian’s mother, just as she was leaving the house. “Hi Samantha, I wanted to let you know that Ian does qualify for First Steps. We have a few things to do before you start First Steps services. Can we set up a time for an hour or two so I can explain the next steps and gather more information from you?”

Just the two of us can meet, or if you’d like, your mother or your child care providers can meet with us too.”

Samantha asked, “Does Ian need to be here?”

Carly replied, “It’s fine if Ian is there, but he doesn’t have to be.”

Samantha said, “Ok. Can you come next Saturday at 10? My dad usually takes Ian to the park and I know my mom will be around. She sometimes knows things that I don’t so I want her to be here too. Plus, if we’re talking, it’s easier when Ian’s not here the whole time.”

“Would you want to include the child care providers?” asked Carly.

“I don’t think so. I just heard about a new Early Head Start Center that is opening a few blocks from here. My mom made an appointment with them. It’s cheaper than where we are now, and I think they’ll be more understanding of him. But, if he does get in, it would be good to talk to them too so they can know how to help him,” answered Samantha.

“That sounds great. I’ve worked with Early Head Start centers before and usually it’s a good collaboration and the teachers are very willing to participate. Keep me posted and if I can help, let me know.”

Carly thought about all she needed to remember in order to develop and implement the IFSP. The first thing she wanted to do was make sure that Samantha really understood the program and what she was agreeing to. Many people thought that the heart of the program was the child working with a therapist. But, the heart of First Steps is the therapist helping the family to increase the child's active, appropriate participation in the daily routines and family life. Since those were the things that happened almost every day, the child would have lots of opportunities to practice, as long as the parent or other family members provided the supports or strategies.

In order to develop outcomes, Carly needed to gather information about the family's routines and how satisfied Samantha (and probably her mother, Mrs. Williams) was with how Ian participated in them. The issue about child care would have to be addressed too, since that was the initial reason for the referral. With Samantha's permission Carly could also meet with the child care providers and find out how well Ian participated in the daily classroom routines. Then they could develop outcomes based on the routines that the caregivers in Ian's life thought most important.

On Saturday, Carly gathered the papers she needed, including a consent form for the parent to sign, the template for the interview, the completed DAYC and headed to her car. Carly arrived just as Ian was heading to the park with his grandfather. Both were smiling and Ian bounced as he walked, holding his grandfather's hand. Mrs. Williams answered the door, "Hi Carly. How are you today?"

"I'm great. Good morning everyone," replied Carly.

Samantha came into the room looking sleepy but she smiled as she took a cup of coffee from her mother. "Thanks Mom. I sure wish Ian needed as much sleep as I do. He wakes up and wants me to play with him. Carly, is that something you all can help me with?"

Carly smiled back. "Yes, sleeping is one of your daily routines so it is one that we can work on. I'll make a note just in case I forget but we'll go through all of your routines and then once we know how well he does in all of them and how satisfied you feel, we'll prioritize the list. But, I'm getting ahead of myself. Let's start by going over the results of the DAYC. I sent you a copy but we can also talk about anything that you had questions about or if there was anything that you disagreed with."

Mrs. Williams responded. "We got the results and the little boy you described sounded like the little boy we know. I didn't know that he was so delayed in his talking. Do you think it's because we speak two languages?"

"Many children grow up learning more than one language and for most children it's a benefit. Early on you have to look at both languages, and if you do, the children have as big of a vocabulary as children who are just learning one language. If Ian was only having trouble in English, or only having trouble in Spanish, that would be one thing. But, he's not talking in either language which tells us that he needs help," answered Carly.

Carly briefly went over the results of the DAYC. Since both Samantha and Mrs. Williams had participated in the assessment they didn't have many questions. Carly also explained that Ian did meet the eligibility requirements and once again briefly explained the philosophy of First Steps and how the program would work. Samantha smiled. "We're both ready to get started. Ever since I knew that he could get help I knew we wanted to do this. I'm just so glad we found out about it before he was too old."

Carly smiled in return. "Me too! I think that as a team we can make a difference for Ian and for you all. Let's start now by doing something called a Routines-based Interview™. I'm going to ask you about what a typical day looks like, what each person in your house is doing, how Ian participates in the routine, and then how satisfied you are with that routine. This will probably take at least an hour but we'll use this information to develop the goals or outcomes for Ian's plan. It will also help us figure out what routines we can use to help him learn the things you want him to learn. Let's start with the morning, who wakes up first?"

"On a night where Ian sleeps, or one that he doesn't?" asked Samantha shaking her head.

"Let's do both and I won't forget that sleeping is one of the routines we want to address," answered Carly.

Carly asked questions and Samantha and Mrs. Williams responded. Occasionally they had different answers but Carly was surprised at how consistent they were about what they thought went well and what they were concerned about. It quickly became obvious that Ian's lack of communication skills was negatively affecting most of the daily routines; mealtimes, dressing, bath time, and the bedtime routine were all difficult at least some of the time because Ian would have an idea or want something that they couldn't figure out. The other routine that was problematic was bedtime. Based on Samantha's description, it seemed that the only "routine" part of bedtime was that it was different every day.

At the end of the interview everyone seemed a bit tired. Carly heard the door open and Ian and Mr. Williams came in. Mrs. Williams made the introductions. "We played for about an hour at the park. He went up and down the slide about 50 times. I think we'd still be there except some other children came and he got frustrated and didn't want to wait in line. I figured you might want more time so we went to McDonald's. I'm tired but he's still got a lot of energy. Nice to meet you." He turned to his wife, "Honey, I want to check the scores on the tv upstairs." His wife smiled at Carly, "Soccer season."

Ian turned on the tv and pushed play on the remote. When nothing happened he banged the remote onto the coffee table and pushed again. Samantha jumped up and rushed over to him. "It's ok, Ian. The dvd isn't in there. Which one do you want?" She went to the tv stand and pulled out a stack of dvds. One by one she showed him the dvds as he became more and more impatient. Samantha finally located the one he wanted. "Add watching tv as another hard routine." said Mrs. Williams.

Carly added it and looked over her notes. “It seems like a number of routines are difficult, but the reason is pretty much that he isn’t able to communicate with you about what he wants. Do you see it that way too?”

“Yes, I think it is his communication too,” replied Samantha.

“Ok next we will choose at least one outcome to work on. Outcomes can focus on Ian or include your whole family. It’s up to you how many you want to start with. Remember we can change the outcomes or add more in later meetings.” Samantha nodded.

Carly continued. “You’ve identified all three mealtimes, getting dressed, watching tv, bathing and bedtime as the routines you would like help with. Do you want to address all or some of these in the IFSP?”

“Definitely bedtime, I need to get more sleep! And maybe the mealtimes; as a family they are the most challenging time for all of us. I can’t decide about getting dressed, bathing and watching tv. Maybe just one of those to work on first - what do you think Mom?” asked Samantha.

Mrs. Williams responded, “I would pick tv time because I want to know what Ian wants, it’s frustrating trying to figure it out.”

Carly nodded. “Ok, let’s think about what you’d like him to be able to do in each of those routines and how you’ll know when that outcome is met. For example, for the tv routine you might want him to be able to tell what dvd he wants to watch and that you’ll know he can do that when every day for a week he tells you which dvd he wants. I’m thinking that initially we might try to use a picture system while we’re working on helping him talk. He knows what he wants and he gets frustrated when he can’t let you know.”

“He does but if he uses pictures, does that mean he won’t learn to talk?” asked Mrs. Williams in a worried tone.

“No, using a picture system doesn’t interfere with speech and if he’s feeling less frustrated he may be more willing to try to talk. I know that your goal is for him to use words to let you know what he wants and how he’s feeling. If you want, we can try using a picture system in just one routine. You can see how it goes and then if you want to expand to other routines we can. But, there are other strategies and we’ll figure those out.” Samantha nodded.

Carly continued, “Let’s schedule our IFSP meeting. At the meeting we will finalize the wording on the outcomes and then together we’ll come up with the strategies. If you aren’t comfortable with anything, just let me know. This is your plan, and ultimately you are the ones who will make the difference for Ian. We’ll provide input but if you don’t agree that’s fine. We’re a team and you know Ian best and you also know what will work best in your home.”

They agreed on 3 possible dates and times for the IFSP meeting and Carly said she'd find out when the therapists could come. Carly said she would call them back on Monday to let the family know which of the 3 dates would work best.

“Enjoy the rest of your weekend. I'll see you soon,” called Carly as she walked to her car.

Routines-based Interview™ (Eco Map)

This video illustrates an introductory conversation between a parent and Dr. Robin McWilliam as they develop an Eco Map.

REFLECTIVE QUESTIONS

Think about the following questions as you reflect on the information in the IFSP planning section of the course:

1. Think about the following statement: “Intervention takes place during the child’s daily routines.” Why do you think it is important to embed interventions into routines?
2. Effective “family centered communication skills” include using parent-friendly language without jargon and abbreviations. Why do you think using family centered communication skills are necessary when planning for an IFSP meeting?
3. Thinking back to the Routines-based Interview™ conducted on the video, do you remember some strategies used to help the family feel more comfortable? Do you have other ideas or strategies that you might use that could be helpful?

Module 3 Tab 3: IFSP Development

A single IFSP document will be developed for each eligible child and family. The IFSP process is unique to each family. Family members are considered partners in all phases of the IFSP process and are essential to the IFSP decision making process. Service Coordinators and providers must recognize that families are diverse, and collaborate with family members to ensure their participation in the IFSP development process.

The IFSP process results in a document that reflects a family's concerns, priorities and resources with regard to the development of their child. Families participate as partners in the development of their IFSP. First Steps has implemented procedures for the development of IFSPs that meet federal and state requirements to ensure a current IFSP is in place for each eligible child and family.

What Does the IDEA Say?

The IFSP must be in writing and contain:

- 1) A statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development;
- 2) With family agreement, a statement of the family's resources, priorities, and concerns related to enhancing the development of the child;
- 3) A statement of the major measurable outcomes expected to be achieved for the child and family;
- 4) A statement of the specific early intervention services necessary to meet the unique needs of the child, the family, and to achieve the outcomes;
- 5) A statement of the natural environments in which early intervention services will be provided;
- 6) The location of services;
- 7) The payment arrangements, if any;
- 8) Other services needed outside of First Steps, and the funding source;
- 9) The projected dates for initiation of the early intervention services - as soon as possible after the IFSP meeting;
- 10) The length, duration, frequency, intensity and method of delivering services;
- 11) The name of the Service Coordinator who is responsible for the implementation and coordination of IFSP activities;
- 12) A statement of the steps to support the child's transition at age three; and,
- 13) A statement describing assistive technology services or devices as appropriate.

The completed IFSP is considered a legal document and may not be altered until the team is convened for an IFSP review. Once the IFSP document is printed, the use of white out or black marker is not permitted.

A copy of the printed IFSP is required to be sent by the Service Coordinator to the family, and as requested, may be sent to team members who do not have access to an electronic version in the web-based system (i.e., WebSPOE). This may include members such as physicians, Parents As Teachers, Early Head Start/Head Start, child care providers, etc. First Steps enrolled providers and Service Coordinators have the ability to access the IFSP in WebSPOE.

BETH'S STORY

"The goal of the IFSP development process is to have an IFSP that reflects the family's concerns, priorities and resources with regard to the development of their infant or toddler," explained Shelby. "The IFSP process is different for each family. Service Coordinators and providers must recognize that families are diverse, and collaborate with family members to ensure their informed participation. Families participate as partners in the planning, development, implementation and review of their IFSP. Being able to support each family through this process is one of the most important tasks of the Service Coordinator." Beth nodded.

Shelby continued. "If families feel that they've been heard and that the professionals have kept them at the center of the process, they are way more apt to see themselves as the most important players in the system. They also are way more apt to believe that their daily interactions with their child are the most important "service" their child will get."

Beth was quiet for a moment. "I think that with some families that would be hard and that it would be easy for a provider to just take over. But, if we do that, we undermine their ability to participate fully in the system and to help their child after they leave First Steps."

"You're right. Service Coordinators and providers need to be able to collaborate with each family and to be sensitive to how the family is feeling about the process and about having a child who has delays or a disability. That's a lot to take in and family's respond in different ways. The way we interact in this planning process and the messages we send parents set the tone for everything that occurs after."

Shelby continued, "Once all of the planning is done we are ready for the IFSP meeting. Although each state's form looks a little different, all IFSP forms have to include the information required by law. Let's take out our IFSP form and see what's on it."

Shelby explains the IFSP form to Beth. "While I'm thinking about it, let me say a couple of things about the child's present levels," said Shelby. "This isn't written like a formal write-up from a test. It's written from the family's perspective of 'what's working well' or 'what's challenging' in their everyday routines and activities although it does include

information from some of the other assessments. During this discussion at the IFSP meeting is when the information from the RBI is really useful because the family has already talked about their routines during the interview, including how their child participates in different routines and what their child's strengths and challenges are. There may be a few additional questions at the meeting, but generally all areas have been addressed.”

Shelby continues. “The same goes for a couple other sections of the IFSP. If you conduct a RBI with the family prior to the development of the IFSP, the family assessment, which includes the concerns, priorities and resources of the family, is also covered. The child's daily routines, activities and present levels of development are part of the RBI too. Possible outcomes are also identified during the completion of the RBI based on the priorities of the family.”

Shelby explains, “Still within the 45-day timeline, the IFSP team meets to determine outcomes that will be included in the IFSP. Outcomes are chosen that reflect the opinions and desires of both the family and the professionals, always remembering outcomes must meet the priorities of the family. Service providers then create strategies and activities that support the outcomes. These strategies and activities are built upon the routines of the family in their regular settings. The IFSP team blends early intervention services into the family's lives instead of rescheduling their lives around early intervention.”

Shelby commented to Beth that the IFSP team then identifies the type of service, frequency and intensity, duration, method, funding source and location. There are also discussions during the IFSP meeting around selection of providers, other services outside of First Steps and transition.

A FAMILY'S STORY

Jessica Stewart has been home from the hospital for several days. Her twin sister, Jackie, is still in the NICU but should be coming home soon. The First Steps service coordinator has contacted Katherine, the twin's mother, to set up a time to talk about First Steps.

Samira let a couple of days pass before she called the Stewarts to set up the next phase of the First Steps process. She called Katherine Stewart at home, knowing she and Jessica had been released from the hospital 2 days ago.

Katherine answered the phone. “Hi, Katherine. This is Samira. How are you doing? Is this a good time to talk?” she asked.

“Yes,” said Katherine. “I just put Jessica down for a nap.”

“How's Jackie doing?” Samira asked.

“She’s holding her own. Dr. Taylor thinks she’s responding well and may be able to come home next week. He’s been running tests on her heart and lungs to make sure there are no problems which infants with Down syndrome frequently have,” said Katherine.

“Well, that is good news. You and Sam must be very happy,” responded Samira.

“Yes, we are, but I’m exhausted. I can’t imagine taking care of two infants,” Katherine said wearily. “My mother is staying on for a while to help out. With her here, I can go to the hospital to see Jackie but Jessica is up a lot in the night so no one is getting much sleep.”

Samira was very sympathetic. “I know this must be difficult splitting yourself between home and the hospital in addition to lack of sleep and the other things that come with a new baby. I’m so glad to hear your mother is able to stay and help. How is Sam doing?”

“His boss said he can take a few weeks off. He has vacation time and sick leave accumulated, so he’s using that right now. It helps with all of the running around we have to do. It isn’t fair for Jessica if both of us are gone all of the time visiting Jackie. He’s at the hospital right now. I’m getting ready to drive over and relieve him,” said Katherine.

“I know things are very busy for you right now, but have you given any thought to when we can meet again to talk about First Steps and how we can be a resource for your family?” asked Samira.

“I’m not sure right now,” responded Katherine. “If Jackie comes home next week we’ll need at least a week, maybe even two, for all of us to get adjusted,” said Katherine.

“Absolutely,” said Samira. “Would you like to call me next week to see how things are going or would you like to me to call you?” asked Samira.

“I’ll call you in a couple of weeks and we can set something up. If you haven’t heard from me in two weeks, then give me a call,” Katherine responded.

Routines-based Interview™ (Interview)

This video illustrates a conversation between a parent and Dr. Robin McWilliam as they begin the Routines-based Interview.

REFLECTIVE QUESTIONS

Think about the following questions as you reflect on the information in the IFSP development section of the course:

1. Think about the various types of diversity you will encounter when working with families. How will acknowledging and accepting diversity support IPSP planning?
2. Keeping a family-centered focus during IFSP development can sometimes be challenging for professionals. Think about some ways/strategies you might use to keep the IFSP development family-centered.

Module 3 Tab 4: Periodic Review

The IFSP is a fluid document that must be periodically reviewed by the Service Coordinator, the child's family and service providers, as appropriate. A child's development often changes as well as family priorities, concerns and resources; therefore, the IFSP may be revised in order to reflect these changes. Changes in outcomes or services in an IFSP, other than changes in provider name or funding source, are always made as a result of an IFSP team discussion of the proposed changes. This would include changes in location, frequency, intensity, individual vs. group setting, start and end dates, and method. All team members have an obligation to collaborate to revise the IFSP as needed.

Any time there is a change in type or amount of service listed in the IFSP, a Written Notice of Action/Parental Consent (NOA/C) and a copy of the Parental Rights Statement must be provided to the family. Parental consent must be obtained by the Service Coordinator before the change can occur, and for new services added to the IFSP, parental consent must be obtained before the service can begin.

The Service Coordinator must update all relevant information in WebSPOE in a timely manner. This is especially important for authorizations for service since these are entered in the WebSPOE system as part of the IFSP and providers cannot review the authorizations until the IFSP updated by the Service Coordinator.

What Does the IDEA Say?

State and Federal regulations refer to periodic reviews as the required six month review and those meetings that are scheduled more frequently if conditions warrant, or if the family requests such a review. The purpose of periodic review is to determine the degree to which progress toward achieving the outcomes is made, and whether revision or modification of the outcomes or services is necessary.

The IFSP is required to be reviewed every six months. In Missouri, meetings that are scheduled more frequently if conditions warrant are referred to as inter-periodic reviews in order to distinguish them from the required six month reviews.

The annual IFSP meeting must be held no later than 365 days following the initial or previous annual IFSP meeting. The Service Coordinator needs to begin planning for the annual IFSP meeting at least one month prior to the end of the current IFSP. A review of current information involving child and family assessments, Family Cost Participation and other planning activities take place prior to the annual meeting. This allows the Service Coordinator and family time to have the necessary information to update the IFSP at the annual meeting.

BETH'S STORY

“Hi Shelby,” said Beth. “I’m glad you called to me to go for a walk and talk more about the IFSP. I really appreciate your time.”

“You’re very welcome. We need more providers, particularly in the rural parts of the state, so I’m happy to help you understand more about the IFSP,” replied Shelby.

“We’ve talked about IFSP Planning and Development and the last part of the IFSP process is the Periodic Review. Like all of the rest of the processes, our practices are based on the law, which says that the initial IFSP document must be reviewed at certain times.”

Shelby continued. “The only hard part about talking while we walk is that you don’t have copies of the IFSP form and the Practice Manual to reference. Since we looked at the IFSP form last time it should be pretty fresh in your mind.”

Beth replied, “Yeah, I remember what it looked like.”

Shelby explained further. “Infants and toddlers change so quickly that the review process is really important and necessary. The IFSP can be revised in order to reflect changes in the child’s development as well as changes in family priorities, concerns and resources. All team members collaborate to revise the IFSP as needed, it is a fluid document. There are a number of different kinds of reviews. So, let’s get started.”

“That sounds fine. I’m guessing that even though there are different kinds of reviews, they all have a lot in common,” said Beth. “But, even if they don’t, I’m sure I’ll be able to learn what the differences are.”

“Yes, the review process is pretty straight forward – usually anyway!” laughed Shelby. “The umbrella term is ‘periodic review.’ Usually a review is needed because of changes in the child or family. Anyone on the team, including the family, can ask for a review. An inter-periodic meeting is scheduled when the Service Coordinator, family or provider is aware of concerns that need to be discussed prior to the required six month or annual review. Since an inter-periodic review is only held when someone on the team has requested a team meeting, it is the expectation that a meeting is held.”

“Ok, so far, so good.” said Beth. “Does it take as much planning for the review as it does for the initial IFSP? Does the child have to meet eligibility criteria again?”

“It doesn’t usually take as much time for planning since everyone now knows the child and family well, but the Service Coordinator still follows the same process as the initial planning and the same team members must be invited as before. The child doesn’t have to re-evaluated for eligibility in Missouri. That’s a good question though,” replied Shelby.

“One required review is the six-month review. This MUST be held no later than 180 days past the initial or annual IFSP meeting. There are no allowable exceptions to this timeline so it’s important to plan ahead and schedule the meeting so everyone can come. Oh, and it is okay to hold a six-month review up to one month prior to the six- month due date. That gives some flexibility.”

Shelby continued. “The Service Coordinator may conduct a six-month review in one of two ways. The Service Coordinator can call the parent and each member of the team and ask each one if changes are needed to the IFSP. If they all say ‘no’, the Service Coordinator documents this in case notes, that the meeting was held via phone poll, and records the six-month meeting information. But, if any IFSP team member wants to discuss a possible change in outcomes or services, then a meeting will be held.”

Beth thought for a minute. “If everyone agrees that there is nothing to change, then there really isn’t a need to get together. But, even if just one person thinks that a change is needed, the team needs to meet so everyone can weigh in on possible changes. That way, everyone isn’t getting together unless there is a need to do so.”

“Yes, although more often than not, a meeting is required, since young children change so quickly,” agreed Shelby. “Remember, the six-month review is the only review meeting that allows for the meeting to be held via phone poll. This is because there may not be a change to the plan. At all other reviews you are meeting to discuss a change. For the six-month review, regardless of the meeting method, the Service Coordinator must enter the IFSP meeting information into WebSPOE in a timely manner. It’s critical that this meeting information be entered as soon as possible to update changes to the plan, especially when changes to provider authorizations may be immediately affected.”

“So there is some kind of meeting, either face-to-face or over the phone every six months and the inter-periodic meeting takes place in between those other meetings if anyone thinks that it’s necessary?” asked Beth.

“That’s right. Again, families and young children go through lots of changes and we want the IFSP to be an accurate reflection of the child and family,” replied Shelby.

“The next kind of reivew is the Annual Review. The annual IFSP meeting MUST be held no later than 365 days following the initial or previous annual IFSP meeting. Just like for the six month review, the Service Coordinator should begin planning the meeting several months in advance. Meeting arrangements must be made and written notification provided to the family and other participants early enough before the meeting date to ensure that they will be able to attend. Although the meeting can’t be late, it’s okay to hold the annual IFSP one month prior to the end of the current IFSP, just like for the 6 month review.”

Shelby continued. “Something to keep in mind about the annual meeting, the review includes the requirement to use current information available from ongoing child and family assessments, including informal activities, to determine what early intervention

services are needed. Remember when we talked about the RBI as the child and family assessment? Well, the RBI may be conducted again in preparation for the annual review of the IFSP. Regardless of the assessment process, the Service Coordinator needs to set up a system to ensure IFSP planning activities are scheduled sufficiently in advance to avoid a delay in the annual timeline. If an annual IFSP is not reviewed in a timely manner, this may result in a delay in service authorizations which could interrupt services to a child and family."

"How do you know what kinds of assessments are needed?" asked Beth.

"The service providers will have a lot of information about the child and family from their ongoing contact and will be able to determine what information is necessary. Sometimes, especially if the baby was referred at a very young age, you might want to assess an area that wasn't done before. For example, at two months the team might have decided that a language assessment wasn't necessary; but at 18 months, the parent and provider might think that it would be a good idea," answered Shelby. "I almost forgot to mention, the Service Coordinator invites all of the child's current service providers to the annual review, in order to make sure all of the important people are present and the most current information is available. Just like before, if anyone who conducted ongoing assessments for the purpose of IFSP planning can't attend, they can participate by conference call, send a knowledgeable/authorized representative, or make pertinent records available. With technology it's getting much easier to meet without being in the same room!"

"Remember, changes in outcomes or services are ALWAYS made as a result of an IFSP team discussion. This would include changes in location, frequency, intensity, start/stop dates, and method of delivery. After the meeting the Service Coordinator reviews and revises each section of the IFSP and finalizes the plan as quickly as possible because new authorizations for providers are not generated until the plan is final."

"So if a child moves from a babysitter to a child care center, or a parent goes back to work and the service provider needs to go to the child care center instead of the home, those changes would have to be written into the IFSP before the switch can occur?" asked Beth.

"Correct, those are exactly the kinds of changes that I mean. Any time there is a change in type or amount of service provided, the parent must give consent and a copy of the Parental Rights Statement MUST be provided to the family. Again, the Service Coordinator has to update the information in a timely manner and copies of any Notice of Action or Consent forms must be put in the child's hard copy file in the SPOE office," explained Shelby.

"It sure seems like there are a lot of forms and paperwork!" commented Beth.

“There are a lot of forms to remember, I don’t know how my Service Coordinator keeps all of the papers straight! I’m glad that’s her job!” remarked Shelby. “At first it’s hard to remember what forms are required but eventually, because you are around it more, you do remember. You just have to be patient in the beginning and don’t be afraid to ask questions. Everyone in First Steps is really nice and happy to help.”

“That’s sure been true for you and again, I really appreciate it.”

“You’re welcome. I love working with families and young children and I love getting to talk about it, so doing this with you is really fun for me. What we do has a huge, long term and positive effect on our families. I feel really lucky to go to work and do something that seems so important. But, we’re getting close to the end of the loop and I have one more topic to talk with you about.”

“Bring it on!” said Beth.

“Well, although this doesn’t happen often, there are some circumstances where a Service Coordinator may decide it’s necessary to hold a meeting without a parent’s participation. These are times where the Service Coordinator has been trying to notify the parent of the meeting but has had no such luck. Usually the provider is also having problems contacting the family and there may even be missed visits because they cannot talk with the family.”

“How will I know if an IFSP meeting is being held without the parents?” asked Beth.

“Remember, it is the Service Coordinator’s responsibility to plan and schedule for all IFSP meetings,” said Shelby. “If the family has been contacted and is not responsive, the Service Coordinator may determine it is necessary to proceed with the IFSP meeting without the family’s participation. The most important thing you can do as a provider is contact the Service Coordinator if you are having difficulties contacting the family or completing your scheduled visits.” Beth nodded.

Shelby continued. “The IFSP review timelines are really important and one of the things that Service Coordinators must keep on top of. Missing a deadline could cause a disruption in services for the child and family.”

“Ok, well I can see the parking lot so we’re done,” said Beth. “Thanks for all your help. I’ll take another look at the law and the practice manual to help me remember what you’ve told me.”

“That sounds good. I got quite a workout talking so much while we were walking! We just have one more piece of the process to talk about – transition. Even though it’s only a few lines in the law, there are lots of details to manage to make sure we help the parents and children. I’m sure at this point that’s not a surprise to you!” remarked Shelby.

“Can we meet in a few weeks to talk about the transition process?” asked Beth. “I can do some reading before then but it helps a lot to have you tell me too.”

“Sure, how about another walk?” said Shelby.

“Great, I look forward to it,” said Beth as she walked to her car.

Parent Perspective on Daily Routines

This video depicts a parent describing the importance of embedding strategies and activities in the family’s daily routines.

REFLECTIVE QUESTIONS

Think about the following questions as you reflect on the information in the IFSP review section of the course:

1. What are the advantages of the IFSP being considered a fluid document?
2. Why do you think the law requires a review of the IFSP to take place no later than 180 days after the initial or annual review?
3. What impact might it have on the child and family if the law required only an annual review?

Module 3 Tab 5: Resources

All documents, videos and supplemental materials that are linked in the module can be accessed under the Resources tab. The links to these resources were not included in this transcript.

Module 3 Documents. Click here to review or print written materials.

1. IFSP document
2. Missouri First Steps

Module 3 Videos.

1. Authentic Assessment in Early Intervention
2. Parent Perspective on Daily Routines
3. Routines-based Interview™ (Eco Map)
4. Routines-based Interview™ (Interview)

Module 3 Supplemental Resources.

1. Developmentally Appropriate Practices
2. Early Childhood Technical Assistance (ECTA) Center – The IFSP Process
3. First Steps Practice Manual Chapter 6: IFSP Planning, Development and Review
4. Service Coordination