



MISSOURI
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
First Steps Early Intervention Program
Individualized Family Service Plan (IFSP)

IFSP Date IFSP Type IFSP Period:
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Section 1- A: Child Information

Child's Name	Date of Birth / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
AKA Name	Child ID	MOSIS ID
County	School District	

Section 1 - B: Family Contact Information

Primary Contact Name	Relationship to child:
Mailing Address	Phone
Physical Address	Language:
Other Contact:	Relationship to child:
Mailing Address	Phone

Section 1-C: First Steps Contact Information

Service Coordinator	Agency Name
Address	Phone
Primary Provider	Agency Name
Email Address	Phone

Section 1-D: Parents as Teachers and Child Care

Is your family enrolled in PAT? Y N If yes, who is your Parent Educator: _____

Does your child attend child care? Y N

Attendance Days: M T W Th F Sa Su Hours: _____

Caregiver : _____ Location: _____

Child's Name _____ Date of Birth _____

<p>Routine: Dressing / Toileting</p> <p>Developmental areas: <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognition <input type="checkbox"/> Physical <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Communication</p> <p>What's working well / What's not working well:</p>
<p>Routine: Meal Preparation Time</p> <p>Developmental areas: <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognition <input type="checkbox"/> Physical <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Communication</p> <p>What's working well / What's not working well:</p>
<p>Routine: Mealtime</p> <p>Developmental areas: <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognition <input type="checkbox"/> Physical <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Communication</p> <p>What's working well / What's not working well:</p>
<p>Routine: Play</p> <p>Developmental areas: <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognition <input type="checkbox"/> Physical <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Communication</p> <p>What's working well / What's not working well:</p>
<p>Routine: Outings</p> <p>Developmental areas: <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognition <input type="checkbox"/> Physical <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Communication</p> <p>What's working well / What's not working well:</p>
<p>Routine: Outdoors</p> <p>Developmental areas: <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognition <input type="checkbox"/> Physical <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Communication</p> <p>What's working well / What's not working well:</p>
<p>Routine: Hanging Out Time</p> <p>Developmental areas: <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognition <input type="checkbox"/> Physical <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Communication</p> <p>What's working well / What's not working well:</p>

Child's Name _____ Date of Birth _____

Routine:

Bathtime

Developmental areas:

Adaptive Cognition Physical Social/Emotional Communication

What's working well /
What's not working well:

Routine:

Bedtime / Naps

Developmental areas:

Adaptive Cognition Physical Social/Emotional Communication

What's working well /
What's not working well:

Routine:

Child Care

Developmental areas:

Adaptive Cognition Physical Social/Emotional Communication

What's working well /
What's not working well:

Routine:

Other Family Routine

Developmental areas:

Adaptive Cognition Physical Social/Emotional Communication

What's working well /
What's not working well:

Section 4: Family Assessment

The family chooses to include information from the family assessment in the IFSP.

The family gave permission?

Yes No Date: _____

What are the family's supports and resources?

What are the family's concerns?

Of the concerns, what would the family like to focus on (priorities)?

Section 5: Outcomes

Child Outcome # _____ **Status:** _____

Routine: _____
 _____ will _____ by _____.

Strategies and Activities: (Include activity settings, people, and everyday routines of the child and family).

The team knows this outcome is met when the child completes the task:
 When Prompted Each Time Attempted Daily A Few Times Per Week Once Weekly Monthly

The team plans to measure progress through:
 Provider Progress notes Parent Report Service Coordinator contact with family

Outcome review date _____	Modification to Outcome	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Outcome Status	<input type="checkbox"/> Continue with Changes <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue
	Summary of Progress	

Family Outcome # _____ **Status:** _____

Strategies and Activities: What strategies will we work on together toward this outcome?

The team knows this outcome is met when the family reports:
 The task is accomplished The task is no longer needed The task has changed

The team plans to measure progress through:
 Provider Progress notes Parent Report Service Coordinator contact with family

Outcome review date _____	Modification to Outcome	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Outcome Status	<input type="checkbox"/> Continue with Changes <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue
	Summary of Progress	

Child's Name _____ Date of Birth _____

Section 6: Services and Supports Needed to Achieve Outcomes

Service Type/ Method / Location	To help with Outcome	Frequency/ Length	Provider Name	Funding Source	Duration	Discontinue / Cancel Date

Primary Setting for Services (Most services occur here): _____

Section 7: Natural Environment Justification

Service / Outcome #	Why Service Cannot Be Provided in Natural Environment	How the Intervention will be Generalized into Child's and Family's Daily Activities	Plan to Move Intervention into a Natural Environment

Section 8: Other Services and Supports

Service	Description	Person Responsible	Steps to Assist	Start and End Dates

Section 9: Team Communications

Child's Name _____ Date of Birth _____

Section 10: Transition

Transition Topic	Transition Activities
1. Discussion with parent regarding what "Transition" from Early Intervention means.	
2. Dates the directory information and IFSP/ evaluation/assessment sent to LEA or date parent opted out.	
3. Discuss Transition Plan, including options, steps and services to help prepare for a new setting.	
4. Discuss Transition Conference include C and B differences, LEA contact info and eligibility process.	
5. Other transitions or changes for the family.	
6. Summer 3 rd Birthday: discuss school readiness including reading, language and counting skills.	

Section 11: Attendance

IFSP MEETING TYPE:		IFSP MEETING DATE:		
Name	Agency	Phone Number	Role	Method of Attendance