**MISSOURI FIRST STEPS
IFSP QUALITY INDICATOR
RATING SCALE (QIRS)**

**System Point of Entry (SPOE) Service
Coordinator Training**

January 2012 — Missouri Department of Elementary and Secondary Education

Agenda

- Purpose and Development of the QIRS Document
- Scoring Procedures
- IMACS
- QIRS Document and Examples
- Small Group Activity
- Lingering Questions

Purpose and Development of QIRS

- The purpose is to exemplify the components of a high-quality IFSP using the MO IFSP Quality Indicators Rating Scale (QIRS).
- The original IFSP Exemplar and QIRS tool was developed in 2004-05 by a team of stakeholders and facilitated by National Early Childhood Technical Assistance Center.
- Since 2006 the SPOE contract has included a QIRS requirement to achieve an overall acceptable rating.
- In 2011, the QIRS tool was revised with input from the SPOEs.

Quality Indicator Rating Scale (QIRS)
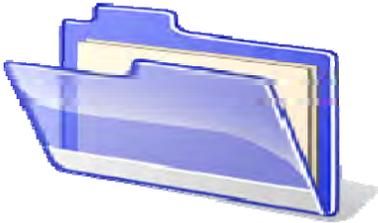
Section #1- Child Information, Family Contact Information and First Steps Contact Information

☐ Not applicable to QIRS

Section #2A
Family Assessment (Concerns, Priorities and Resources)

☐ 2A. "Things I Want to Share" & "Places We Go": With the concurrence of the family, information the family wants to share and the places the family goes is described, which includes important people and other resources.

Section #2A cont…

1 (Unacceptable)	3 (Acceptable)	5 (Best Practice)
No information provided in Section #2. OR There is no documentation that the family declined to provide this information.	The information on "Things I Want to Share" is listed, but not described. AND "Places We Go" includes information on the important people for the family, informal resources, and formal resources. AND "Other Resources We Use" must be completed. OR The family declined to provide information and documentation is present.	The information on "Things I Want to Share" is described in detail. AND "Places We Go" and Other Resources We Use includes detailed information on the important people for the family, informal resources, and formal resources.

Section #2A Examples
Family Assessment (Concerns, Priorities and Resources)

Acceptable
I am most proud of: Tyler s personality
My child is good at: Climbing, running and jumping
I know my child feels happy when: he laughs and smiles
Important people in our life: Grandparents, Aunt Pam and church family
When I need help I call: My mother or sister
Other resources we use: WIC and PAT

Section #2A Examples
Family Assessment (Concerns, Priorities and Resources)

Best Practice
I am most proud of: Tyler's outgoing personality. He smiles and laughs when people talk to him and loves being around people.
My child is good at: running, jumping and climbing. He loves to run on the playground and jump on the trampoline in the neighbor's backyard. He climbs up and down the stairs at home with no help.
I know my child feels happy when: He isn t crying and smiles. He shows he is happy by jumping when he sees something he likes.
Important people in our life: are his grandparents. They help provide childcare for Tyler when the daycare is closed. He loves spending time with them. Tyler s Aunt Pam comes over every weekend and helps feed Tyler. This gives Susan a break so she can get some errands done.
When I need help I call: Susan often calls her mother or sister. They live close by and are a great support to the family.
Other resources we use: Tyler is enrolled in WIC, and PAT visits the family every month.

Section #2B
Family Assessment (Concerns, Priorities & Resources)

☐ 2B. "What's on My Mind": With family concurrence, there is clear information about the family's concerns ("Right now, my biggest questions are about") and priorities ("I would like your help with").

Section #2B cont...

1 (Unacceptable)	3 (Acceptable)	5 (Best Practice)
No information provided on "What's on My Mind" OR There is no documentation that the family declined to provide information on concerns and priorities.	With family concurrence, information is listed on family concerns and priorities. OR The family declined to provide information and documentation is present.	With family concurrence, information about the family concerns and priorities is described in detail.

Section #2B Examples
Family Assessment (Concerns, Priorities and Resources)

Acceptable	Best Practice
"Right now, my biggest questions are about": Josh's speech and that he is behind where he should be. "I would like your help with": Josh using more words.	"Right now, my biggest questions are about": Josh not talking. Since Josh doesn't say any words, his friends at daycare won't play with him. It impacts our family as Josh will have a temper tantrum when we don't understand what he wants, making mealtimes and bedtime especially challenging. "I would like help with": Ideas on how to get Josh talking. If we could get help with that it would benefit the entire family especially at meals and bed time.

Section #3A
Health and Medical (including vision and hearing)

☐ 3A The child's general health is described.

1 (Unacceptable)	3 (Acceptable)	5 (Best Practice)
Health and Medical section contains no information on the child's general health.	Health and Medical section contains vague information about the child's general health.	Health and Medical section contains a detailed description of the child's general health and how health concerns impact daily routines and activities (if applicable).

Section #3A Examples
Health and Medical

Unacceptable	Acceptable	Best Practice
No information is included on the child's general health.	Tonsillectomy at 18 months	Ben has had minimal health issues since birth. Susan reported that Ben had his tonsils removed when he was 18 months and since then he has had very few colds and sore throats. Ben has no health issues that impact his daily routines and activities.

Section #3B
Health and Medical (including vision and hearing)

☐ 3B. The child's vision and hearing is described.

1 (Unacceptable)	3 (Acceptable)	5 (Best Practice)
Health and Medical section contains no information on parent /caregiver concern or observation on the child's vision and hearing.	The parent /caregiver concern or observation regarding the child's vision and hearing is noted in general terms.	The parent/caregiver concern or observation regarding the child's vision and hearing is described in functional terms.

Section #3B Examples
Health and Medical (including vision and hearing)

Unacceptable	Acceptable	Best Practice
No information on parent/caregiver concern or observation on the child's vision and hearing.	Susan reported she has no concerns about Ben's vision. Ben had a informal hearing screening through Parents as Teachers and passed.	David reports Ben will find the smallest piece of dirt on the floor, will pick it up and put it in his mouth. David shared that Ben watches the birds at the feeders outside the kitchen window. Susan reports that Ben turns when he hears the doorbell ring and cries when he is startled by a loud noise.

Section #4A
Present Levels of Development in Daily Routines and Activities

- 4A. Child's Present Levels of Development (including what is working well and is not working well) is described in the context of daily routines and activities and includes each required developmental area. (movement/physical, communication, self-help/adaptive, learning/cognition, social/emotional behaviors).

Section #4A
Present Levels of Development in Daily Routines and Activities

1 (Unacceptable)	3 (Acceptable)	5 (Best Practice)
Present Levels are summarized in terms of one or more of the following: • test scores/protocols • child's deficits • vague child strengths without describing developmental status; OR • all developmental areas are not included	Present Levels in each required daily routine and activity are described functionally, including what's working well and what's not working well. AND Is written in family friendly language. AND There is a logical connection between the information in the daily routine and the checked Developmental Area(s).	Includes everything under *Acceptable* indicator. AND Present Levels in each required developmental area are described functionally, and are individualized and unique to the family's daily activities and routines.

Section #4A Examples
Present Levels of Development in Daily Routines and Activities

Unacceptable	Acceptable
Megan is unable to sit up unassisted. Megan does not use a pincer grasp to pick up her cereal and does not have good eye hand coordination.	**What's working well:** Megan wakes up hungry around 7am, then eats breakfast. Breakfast goes well. She likes a variety of foods. She is usually up for an hour after breakfast. Megan is usually fairly content unless hungry or tired. **What's not working well:** No concerns at this time

Section #4A Examples cont . . .
Present Levels of Development in Daily Routines and Activities

Best Practice
What's working well: Megan starts her day with breakfast. This is her best meal. She likes pancakes, french toast, eggs and toast. She will eat at the kitchen bar or her little table in the living room with her older sister Audrey. Susan will give Megan two food choices by showing them to her and Megan points to the one she wants. Occasionally, Megan will say the word of the item she wants at meal time. Megan also likes snack time but breakfast is her best time of the day because she wakes up happy.
What is not working well: Breakfast can be challenging at times. Megan throws her food in the floor when she is finished eating. Susan tries to have Megan say "all done" but she refuses. Because she throws food in the floor it upsets Aubrey and it makes breakfast a difficult time for everyone.

Section #4B
Present Levels of Development in Daily Routines and Activities

- 4B. Child's interests, motivators, and dislikes are related to participation in daily routines and activities.

Section #4B
Present Levels of Development in Daily Routines and Activities

1 (Unacceptable)	3 (Acceptable	5 (Best Practice)
Present Levels do not include information about people, places, motivators, interests, and challenges for the child.	Present Levels include a description of: people involved in the child's day, locations where the child spends time, things that motivate, engage, and bring enjoyment to the child, and challenges for the child.	Includes everything under *Acceptable* indicator. AND There is information on how challenges for the child are impacting successful participation in the family's daily routines and activities.

Section #4B Examples
Present Levels of Development in Daily Routines and Activities

Unacceptable	Acceptable
What s working well: Amber is good in her car seat and will sometimes fall asleep. **What s not working well:** There are no concerns with this routine.	**What s working well:** Amber likes riding in her car seat. Amber goes shopping with her mother regularly. They visit the typical places like Target and Hy-Vee. **What s not working well:** Sometimes the outings go smoothly, and other times it is a challenge. She sometimes cries a lot through the outings.

Section #4B Examples cont . . .
Present Levels of Development in Daily Routines and Activities

Best Practice

What s working well: Amber enjoys riding in her car seat when going to the grocery store. She is interested in watching people and likes it when people stop and talk to her. She often smiles back at them and laughs. Susan shared that Amber is very social and this makes the trips to the store enjoyable when Amber is in a good mood.

What s not working well: Amber goes shopping with her mother regularly. They visit the typical places like Target and Hy-Vee. The success of an outing with Amber depends on her mood. Sometimes it goes perfectly but other times it can be difficult. On outings, if there is a car cart at the store then the outing will goes well. If there is no car cart available, then Amber will probably get upset and make it difficult to complete the outing. She will cry and throw things off the shelves during the outing when the car cart is not available. Susan often has to leave early and not finish her shopping.

Section #5.1
Outcomes

□ A. Child and family outcomes connect to the family concerns and priorities previously stated in Family Assessment (Section 2), Health and Medical (Section 3), or Present Levels of Development in Daily Routines and Activities (Section 4).

Section #5.1
Outcomes

1 (Unacceptable)	3 (Acceptable)
Child and family outcomes seem to be based on provider priorities. OR Child and family outcomes do not connect to the concerns and priorities previously stated in the IFSP.	All child and family outcomes are clearly based on family concerns and priorities previously mentioned in the Family Assessment (Section 2), Health and Medical (Section 3), or Present Levels of Development in Daily Routines and Activities (Section 4).

Section #5.1 Examples
Outcomes

Unacceptable	Acceptable
No mention of physical development concerns by family but there is an outcome related to movement in the IFSP.	Physical development concerns were mentioned in What's not working well" in the Present Levels section of the IFSP and an outcome was developed.

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Section #5.2A
Child Outcomes (if applicable)

☐ 5.2A. Child outcomes are functional and
related to participation in daily routines and
activities.

Section #5.2A
Child Outcomes (if applicable)

1 (Unacceptable)	3 (Acceptable)	5 (Best Practice)
Child outcome statements are written: as services to be provided, OR in discipline-specific, or therapeutic language, OR in vague terms.	Child outcome statements are functional in that they: are useful and meaningful to the family, and target a skill necessary for full participation in daily routines and activities.	Includes everything under *Acceptable* indicator. AND Reflects the family's unique real-life situations that are addressed during daily routines and activities.

Section #5.2A Examples
Child Outcomes (if applicable)

Unacceptable	Acceptable	Best Practice
Taryn will participate in playtime by moving in a prone position to keep her muscles strong as she grows.	Taryn will participate in playtime by crawling to her toys.	Taryn will participate in playtime by crawling to her sister Tara to play "house" with the toy kitchen.

Section #5.2B
Child Outcomes (if applicable)

□ 5.2B. Child outcomes are measurable.

Section #5.2B
Child Outcomes (if applicable)

1 (Unacceptable)	3 (Acceptable)	5 Best Practice
Child criteria statements: do not include criteria, procedures, and timelines, OR include percentages and/or trials in criteria.	Child criteria statements are meaningful to the family and contain the following: some level of measurability, procedures, and timelines.	Includes everything under *Acceptable* indicator AND Child criteria statements contain the following: generalization criterion (across times, people, places, situations), OR maintenance criterion (demonstrate the behavior/skill for a reasonable period), OR fluency criterion (perform the skill smoothly and rapidly), AND the amount of time over which the behavior need to be displayed (except for maintenance criterion).

Section #5.2B Examples
Child Outcomes (if applicable)

Unacceptable	Acceptable	Best Practice
Taryn will participate in playtime by moving in a prone position to keep her muscles strong as she grows. We will know she can do this when she is meeting developmental milestones at or near the time as her same age peers.	Taryn will participate in playtime by crawling to her toys. We will know she can do this when she crawls to her toys at each playtime.	Taryn will participate in playtime by crawling to her sister Tara to play "house" with the toy kitchen. We will know she can do this when she crawls to her sister twice a day for two weeks.

Section #5.3 Examples
Family Outcomes (if applicable)

❑ 5.3A. Family Outcomes are functional and measurable.

1 (Unacceptable)	3 (Acceptable)
Family outcomes are not functional or measurable.	Family outcomes are written functionally and contains at least 1 measurable and meaningful criterion.

Examples

Unacceptable	Acceptable
Susan will enroll in the local community college	Susan will enroll in the local community college by Fall of 2012.

Section #5.4
Strategies and Activities

❑ 5.4A. Early Intervention strategies and activities support the child and family outcomes.

Section #5.4
Strategies and Activities

1 (Unacceptable)	3 (Acceptable)	5 (Best Practice)
Strategies and Activities are written in professional jargon and/or reflect only what the provider has planned for the family. OR No strategies and activities given for each outcome.	Strategies and Activities are written in family-friendly language and address how the outcome will be accomplished (action steps). AND Child Outcomes must contain Activity Action Steps (at a minimum).	Includes everything under *Acceptable* indicator. AND Are individualized to include specific family daily routines and activities (such as locations, the child and family likes and interests, child's favorite toys/books, etc.).

Section #5.4 Examples
Strategies and Activities

□ ISFP Outcome: Ryana will participate in bedtime by following the same bedtime routine which includes brushing her teeth and reading a book. We will know she can do this when she is in her own bed within 20 minutes from beginning the routine each night for 5 consecutive nights.

Unacceptable	Acceptable
No strategies given OR Ryana will modify her bedtime behavior 90% of the time.	Ryana's parents will be able to assist Ryana in brushing her teeth. The Primary Provider will coach parents on ways to support Ryana with brushing her teeth. Beginning with ideas on how to guide Ryana on how to move the toothbrush in her mouth. (Activity Action Steps).

Section #5.4 Examples
Strategies and Activities

Best Practice
The Service Coordinator will provide Ryana's parents with information on the local pediatric sleep clinic. (Information Action Step)

The Primary Provider will coach Ryana's parents with ideas and suggestions on how to get Ryana to calm herself long enough to sit for an entire story to be read. Ryana loves bunnies so begin with simple books that contain bunnies to catch Ryana's attention. Later work up to longer books as Ryana shows improvement. (Activity Action Step)

The Primary Provider will assist Ryana's parents to come up with ideas on how to make Ryana feel safe and comfortable in her own bed. Ryana has a purple bunny that she carries with her during the day. Encourage Ryana to sleep with the bunny at bedtime. (Activity Action Step)

Section #5.5
IFSP Review (if applicable)

□ 5.5A. SIX MONTH & ANNUAL REVIEW: Progress toward achieving child and family outcomes is documented, and any necessary changes are made to the outcome. (N/A for initial IFSP)

Section #5.5
IFSP Review (if applicable)

1 (Unacceptable)	3 (Acceptable)	5 (Best Practice)
Information provided is focused on provider activities (e.g., what s being done to the child). OR Changes in the outcomes appear necessary, but are not present.	For all reviewed outcomes, there is __basic__ information on the progress related to the criterion in the outcome statement.	For all reviewed outcomes there is __detailed__ information on the progress related to the criterion in the outcome statement. AND Discusses the child's behavior and skills related to everyday routines and activities AND Information is adequate for reviewers to determine if modifications and revisions are appropriate.

Section #5.5 Examples
IFSP Review (if applicable)

Unacceptable	Acceptable	Best Practice
Physical Therapist reports that Maddie has made minimal progress towards rolling over from her back to her stomach.	Maddie has made some progress towards rolling over during playtime. She lifts her head and turns on to her side. Continue the ourcome as written.	Maddie has made progress towards rolling over during playtime. She lifts her head and turns on to her side when Susan rattles her favorite toy slightly above her head. Susan reports that Maddie's younger brother also encourages her to roll over during play time in the evenings with family. Continue outcome as written.

Section #6
Services & Supports Needed to Achieve Outcomes

- ☐ 6.A. Frequency, intensity, duration and method of specific early intervention services relate to child and family outcomes, the family's/caregiver's capacity, need for support and problem solving of challenges.

Section #6
Services & Supports Needed to Achieve Outcomes

1 (Unacceptable)	3 (Acceptable)
Frequency, intensity, duration, and method for each specific service are documented, but information is not connected to the concerns, priorities, and resources of the family or outcomes. AND/OR The number of service providers involved appear that: a clinical model of direct therapy will be implemented, AND/OR families are likely to feel overwhelmed or burdened.	Specific child and family services seem reasonable given: the family's concerns, priorities and resources, the IFSP outcomes, AND appear to fit into the family's daily routines and activities.

Section #6 Examples
Services & Supports Needed to Achieve Outcomes

Unacceptable	Acceptable
PT 1 x week/60 min.; OT 1 x week/60 min.; SLP 1 x week/60 min.; SI 1 x week/60 min.; nutrition 1 x week/30 min.	OT 1 x week/60 min.; SLP 1 x month/60 min.; nutrition 1 x quarter/60 min.

Section # 7
Natural Environment

- 7.A Adequate information is provided to support the rationale that a child's needs and outcomes cannot be achieved in natural settings.

Section # 7
Natural Environment

1 (Unacceptable)	3 (Acceptable)
The IFSP identifies one or more services that are not in a natural environment for the child and family. **AND** There is no justification or the justification is not based on the needs of the child, but appears to be for: administrative convenience, fiscal reasons, personnel limitations, and/or parent/therapist preferences.	The child is receiving **most** services in natural environments. **AND** When a service is provided in a setting other than a natural environment, the justification includes why the service is not being provided in a natural environment. This justification must be based upon the needs of the child.

Section # 7
Natural Environment

5 (Best Practice)
All services are provided in natural environments.
OR
The child is receiving **most** services in natural environments.
AND
When a service is provided in a setting other than a natural environment, the justification includes a description on how the service will be applied to the child and family's daily activities, and a description of the plan to move intervention into the natural environment.

Section # 8
Other Services and Supports

❑ Not Applicable to QIRS

Section #9
Team Communications

☐ 9A. Information is included on how the members of the child and family's IFSP team will communicate with one another and the EIT team.

Section #9
Team Communications

Unacceptable	Acceptable	Best Practice
No information is provided on how the EIT or IFSP teams will communicate.	Information is provided regarding how the EIT and/or IFSP team will communicate, which may include communications with the family, progress notes, upcoming meetings, contacts with the Service Coordinator, etc.	Includes everything under *Acceptable* indicator. AND Information including: service delivery justification (if applicable when front-loading or higher service levels indicated), how providers will support each other through consultation and/or joint visits, specific upcoming meeting details, AND/OR EIT communications, including monthly meetings.

Section #9 Examples
Team Communications

Unacceptable	Acceptable
No information is provided on how the EIT or IFSP teams will communicate.	The IFSP team will review Ava's IFSP at a minimum of every 6 months and will revise it every year. Service providers will update progress notes in Ava's electronic file and they will be reviewed by the SC. IFSP team will communicate any concerns to the SC who may convene an IFSP, if needed.

Section #9 Examples
Team Communications

Best Practice
The service coordinator (SC) will make monthly contact with the family. The family is encouraged to contact the SC with any questions or concerns. Ava is enrolled on an Early Intervention Team (EIT) and Susan Johnson is the Primary Provider. Front loading is being utilized for the first three months of the Individualized Family Service Plan (IFSP) period and then a decrease of joint visits will occur during the 4th month of the current IFSP. Ava's EIT will meet monthly to strategize, problem solve, and collaborate and her progress will be discussed at a minimum of once a quarter. All providers working directly with Ava and her family will enter a monthly progress note in the electronic system. The SC will review the progress notes monthly. The IFSP team will review Ava's IFSP in at least 6 months or more frequently if needed. Her IFSP will be revised in one year.

Section #10A
Transition

☐ 10A. **At time of IFSP, age of child is Birth to 24 months***: The IFSP includes documentation that transition issues are identified and discussed, and steps are included to prepare the family for choices/options at different transition points.

Section #10A
Transition (Birth to 24 Months)

1 (Unacceptable)	3 (Acceptable)	5 (Best Practice)
No transition information is noted in the IFSP.	Transition activities include information on all of the following: First Steps ends at age 3, transition meeting will be held at approximately 2 years 6 months, and community program options available at age 3.	Includes everything under *Acceptable* indicator. AND Includes all of the following: date range for transition meeting, school district information, and a listing of community program options available at age 3.

Section #10A Examples
Transition

Unacceptable	Acceptable
No transition information is noted in the IFSP.	Discussed with the family that First Steps will end the day before Mardi's third birthday. When Mardi is around age 2 ½ we will have a transition meeting. If the family still has concerns about Mardi's development, they can seek services through community programs or their local school district. The local school district will be invited to the transition meeting at the family's request. First Steps will support the family in these decisions.

Section #10A Examples
Transition

Best Practice
Discussed with the family that First Steps will end the day before Mardi's third birthday (April 11, 2013). When Mardi is around age 2 ½ we will have a transition meeting (Oct./Nov. 2012). If the family still has concerns about Mardi's development, they can seek services through community programs such as Big Bird Academy and Head Start. The Early Childhood Special Education Program in the Adair County RIII School district is another option. The school district's transition coordinator will be invited to the transition meeting at the parent's request. First Steps will support the family in these decisions.

Section #10B
Transition

- 10B. **At time of IFSP, age of child is 24 months up to the Transition Meeting***: The IFSP includes documentation that transition issues are identified and discussed, and steps are included to prepare the family for choices/options at different transition points.

Section #10B
Transition (24 Months to Transition)

1 (Unacceptable)	3 (Acceptable)	5 (Best Practice)
No transition information is noted in the IFSP. OR The information shared is inadequate to inform parents about the transition process.	Transition activities include information on all of the following: First Steps ends at age 3, transition meeting will be held at approximately 2 years 6 months, Directory Information/Opt Out, community program options available at age 3, school district information, and summer birthday information, if applicable.	Includes everything under *Acceptable* indicator. AND Includes all of the following: differences between Part C and Part B services, specific date ranges or date of the transition meeting (if scheduled), ECSE/ district personnel who will be involved in the transition, if applicable, and a listing of community program options available at age 3.

Section #10B Examples
Transition

Unacceptable	Acceptable
No transition information is noted in the IFSP. OR The First Steps Program is for children ages 0-3 years. There will be a rransition meeting around the time Chad turns 2 ½ years. We will discuss the other options available at that time.	The First Steps Program is for children ages 0-3 years. The Opt Out information was shared with the family at today's meeting. When Chad is approximately 2 ½ years old, we will have a meeting to discuss the transition out of First Steps and what other options are available. Chad's birthday is in July and he may be eligible for extended First Steps services through the summer. The local school district for Early Childhood Special Education (ECSE) is the Kirksville RIII district. The family gave permission today for the ECSE program to attend the transition meeting.

Section #10B Examples
Transition

Best Practice

The First Steps Program is for children ages 0-3 years. The opt out information was shared with the family at today's annual IFSP meeting. The family would like the directory information shared with the local school district. When Chad is approximately 2 ½ years old (January 2013), we will have a transition meeting and discuss the transition out of First Steps and what other options are available. We reviewed the differences between First Steps (family cenrered, IFSP, erc..) and Early Childhood Special Education (student centered, IEP, etc...) services. The local school district for Early Childhood Special Education (ECSE) is the Kirksville RIII district. Susan Moore is the ECSE teacher and evaluator for the school district. Her contact information is (660) 555-5555. Other community programs such as Head Start and Big Bird Academy and their contact information was shared with the family . Chad's birthday is in July and he may be eligible for extended First Steps services through the summer. The family has requested the ECSE program be invited to attend the January 2013 transition meeting. A transition meeting notice will be mailed to the attention of Susan Moore, Kirksville RIII School District.

Section #10C
Transition

□ 10C. **Transition Meeting to Exit***: The IFSP includes documentation that transition issues are identified and discussed, and steps are included to prepare the family for choices/options at different transition points.

Section #10C
Transition (Transition Meeting to Exit)

1 (Unacceptable)	3 (Acceptable)
No transition information is noted in the IFSP. OR The information shared is inadequate to inform parents about the transition process.	Transition activities include information on all of the following: First Steps ends at age 3, transition meeting held at approximately 2 years 6 months, discussion of other community program options available at age 3, activities and supports to help the child and family prepare for a new setting, school district information, information on the eligibility process for ECSE, and summer birthday information, if applicable.

Section #10C
Transition (Transition Meeting to Exit)

Best Practice
Includes everything under *Acceptable* indicator.
AND
Includes all of the following:
differences between Part C and Part B services,
ECSE/program personnel involved in the transition, if applicable, and
plan to notify ECSE of any IFSP changes that occur prior to exit from First Steps, if applicable.

Section #10C Examples
Transition

Unacceptable
First Steps is a program for children ages 0-3 years. The transition meeting was held on Dec. 1, 2011. Chad will transition to ECSE in the fall of 2012.

Section #10C Examples
Transition

Acceptable
First Steps is a program for children ages 0-3 years. The transition meeting was held on Dec. 1, 2011. All options were discussed with the family, such as Early Childhood Special Education (ECSE), Big Bird Academy and Head Start. The local school district is Kirksville RIII School district. The ECSE Director is Susan Smith and her number is (660)555-5555.   At the family's request, ECSE was invited to attend the transition meeting. Ms. Smith explained that Chad would be evaluated for eligibility for ECSE. If Chad is determined eligible for ECSE an IEP will be written with the family. Ms. Smith invited the family to schedule a visit to tour the ECSE preschool program if Chad is determined eligible. Ms. Smith indicated appointments for tours can be made at (660)555-1111. Ms. Smith also shared ways to help smooth the transition from First Steps for both Chad and the family.

Section #10C Examples
Transition

Best Practice
First Steps is a program for children ages 0-3 years. The transition meeting was held on Dec. 1, 2011. All options were discussed with the family, such as Early Childhood Special Education (ECSE), Big Bird Academy and Head Start.
The local school district is Kirksville RIII School district. The ECSE Director is Sally Smith and her number is (660)555-5555.   At the family's request, ECSE was invited to attend the transition meeting. The differences of Part C (child centered, IFSP, etc.) and Part B (student centered, IEP, etc.) services were discussed. Sally Smith reviewed with the family the school's eligibility process and services for eligible children. Ms. Smith invited the family to schedule a visit to tour the ECSE preschool program if Chad is determined eligible. Ms. Smith indicated appointments for tours can be made at (660)555-1111. Ms. Smith also shared ways to help smooth the transition from First Steps for both Chad and the family.   If Chad is determined eligible for ECSE, the SC will mail the most current IFSP to the school district prior to the child exiting First Steps.

Section #11
Attendance

☐ The IFSP includes documentation of who was invited to the IFSP meeting.

1 (Unacceptable)	3 (Acceptable)
The IFSP team only includes the parent and the service coordinator and does not indicate that a person directly involved in conducting the evaluations and assessments or a person providing early intervention services was invited to attend.	The IFSP team includes the parent and two or more disciplines or professions and one of these must be the service coordinator. The method of attendance must be in person, by report, via conference call, or by having a knowledgeable representative (substitute) attend. (N/A for reviews and annual IFSPs that are SC only)

Section #11 Examples
Attendance

Unacceptable

Section 11: Attendance			
Section 11: Attendance			
IFSP Meeting Type:	Initial		
IFSP Meeting Date:	12/1/11		
Name	Agency	Role	Method of Attendance
Sally Smith	SPOE Agency	Service Coordinator	In Person
Mom Johnson		Parent	In Person

Section #11 Examples
Attendance

Acceptable

Section 11: Attendance			
Section 11: Attendance			
IFSP Meeting Type:	Initial		
IFSP Meeting Date:	12/1/11		
Name	Agency	Role	Method of Attendance
Sally Smith	SPOE Agency	Service Coordinator	In Person
Dr. Jones		Physician	By Report
Mom Johnson		Parent	In Person
Suzie Speech	ABC Agency	Evaluator	In Person
Nancy Nutrition	Nutrition 1-2-3	Evaluator	By Report

Scoring Process for SPOE Contract

- ☐ 1 IFSP is scored per service coordinator
- ☐ 10% of total number of files are transition
- ☐ Likert Scale of 1 to 5
- ☐ Area Directors score each plan in teams of two
- ☐ QIRS review results are entered into IMACS
- ☐ Overall SPOE rating must be "acceptable" to meet contract performance standard

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Small Group Activity

- ☐ Break off into groups of two.
- ☐ Score individually the sample IFSP provided. After scoring the IFSP individually come together with your partner and reconcile your scores. The overall individual scores must be within three points, within any given category.
- ☐ Come together as a large group and discuss your findings.

Lingering Questions?

Thank you for participating!