

GUIDELINES FOR COMPLETING THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

INTRODUCTION

Early On, Michigan's Early Intervention System believes that the family is the center of early intervention. Services should build on and promote the strengths and competencies present in all families. The Individualized Family Service Plan (IFSP) consists of the priorities and concerns of a family for their child and for themselves, as they relate to the child's development, and are translated into outcome statements. The outcome statements are part of the service plan that identifies a program to assist the family in reaching their goals. A team, composed of the family, a service coordinator, potential service providers, and others the family may choose to include, works together to develop the IFSP. This is a six month approach, used to meet the developmental needs of the child.

The IFSP is a process and *not* simply a document. Young children's needs change rapidly and therefore the IFSP is reviewed more frequently than the IEP. Family members are to be active, participating members of this team. The procedural safeguards insure that families are informed and consent to all phases of service provision in Early On. The IFSP document serves as a contract with the family for specific Early On services to be provided, indicating frequency, intensity, and duration of those services. In Early On, the development of the IFSP is expected to follow both the mandates of the law while maintaining a family-centered approach.

PAGE ONE

DEMOGRAPHIC INFORMATION

Name: Last	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>
Birth Date:	<input type="text"/>	Age:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
			Student UIC:	<input type="text"/>	

Child Information

Child's Legal Name: Indicate the first and last name.

Date of Birth: Month/Day/Year

Gender: Check the appropriate letter.

Student UIC #: Indicate the child's Unique Identification Code obtained through your Early On coordinator.

Name of Parent/Guardian/Surrogate Parent:			
Address	City:	State:	Zip Code:
Home Phone:	Other Phone:	Email:	

Name of Parent/Guardian/Surrogate Parent:			
Address	City:	State:	Zip Code:
Home Phone:	Other Phone:	Email:	

Name of Parent/Guardian/Surrogate Parent: It is important to be respectful of the various family constellations that are possible as information about the family is obtained. It is only necessary to write the name and address of one adult who is responsible for the child, but more may be written if the family wishes. Indicate the relationship of the adult to the child after the adult's name (e.g. Lenny Adams - grandfather, or Rosalie Barker - mother). If the child lives with a foster parent, guardian, or surrogate, their name(s) and relationship to the child should be indicated. The date of birth is optional.

Reminder: When a child lives with someone other than a parent or legal guardian, that person may not be able to give the consent required for initiation of service or for consent to evaluate. Check with the agency that placed the child in that home.

The term 'parent' means –

- (A) a natural, adoptive, or foster parent of a child (unless a foster parent is prohibited by State law from serving as a parent). *Note: a foster parent must have a long-standing relationship (at least 6 months) with the student or a surrogate parent needs to be appointed to attend the IEPT meeting as the student's parent.*
- (B) a guardian (but not the State if the child is a ward of the State, *this means a person employed by the State of Michigan may not sign as the guardian*);
- (C) an individual acting in the place of a natural or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or
- (D) except as used in sections 615(b)(2) and 639(a)(5), an individual assigned under either of those sections to be a surrogate parent [H.R. 1350 §602(23)]

Phone (home): If family doesn't have a phone, ask whether there's a relative, neighbor, or friend who can take messages. If this is the case, indicate the relationship in parentheses after the phone number [e.g., 245-8560 (neighbor)].

Other Phone (e.g., cell, daycare, relative, work): If applicable.

Email Address: Indicate the families email address if desired

Address: Indicate the complete home address, including an apartment number if applicable and the City/State/Zip Code.

Child's City of Birth:	State:
Resident District:	Our Preferred Language Is:

- Ethnic: American Indian/Alaskan White, not of Hispanic origin Native Hawaiian/Pacific Islander
 Black/African American Asian/Asian American Hispanic/Latino

City/State of Birth: Indicate the city in which the child was born. This information can be found on the child's birth certificate or from the parent.

School District of Residence: If the family isn't sure, the Intermediate School District can be contacted to verify eligibility for services within the ISD. If residence is within another ISD, contact the appropriate school district to inquire about services. The school district will also need the registry information and copies of the IFSPs, etc. for that child.

If the IFSP is also an IEP, note the district which operates the Special Education program or service.

The name of the district which is the resident district for the purposes of providing a free and appropriate public education per R 340.1732, 1721c, 388.1705(18).

Ethnicity : Check one of the boxes of the provided options.

Our Preferred Language Is: If the parent/child's native language is not English, and English is not a language he/she understands, fill in the blank. If the parent/child will need an interpreter, specify the language.

Interpreter Needed: If the family needs an interpreter to understand English, if their mode of communication is sign language, or if other circumstances exist that make an interpreter necessary, this information must be included.

REFERRAL INFORMATION

REFERRAL INFORMATION			
Date of Referral:	<input type="text"/>	<input type="checkbox"/> Consent to Evaluate Date:	<input type="text"/> Referred By: <input type="text"/>
<input type="checkbox"/> Interim IFSP:	<input type="text"/>	<input type="checkbox"/> Initial IFSP:	<input type="text"/> <input type="checkbox"/> 30 Day Placement: <input type="text"/>
Special circumstances that delayed IFSP for more than 45 days after referral: (Reason Required) _____			
Reason for Delayed IFSP: _____			
} _____			
<input type="checkbox"/> 6 Month Review (or earlier):	<input type="text"/>	<input type="checkbox"/>	
<input type="checkbox"/> Annual IFSP:	<input type="text"/>	<input type="checkbox"/> Transition-90 days to 6 months prior to age 3:	<input type="text"/>
Exit Date (Must attach Exit Form):		<input type="text"/>	

Date of Referral: Indicate the date of the referral (month/day/year) to request a Part C evaluation. A referral is made when contact by a family is made with the Ann Arbor Public Schools Early On Coordinator. The referral date must be within **two working days** of the date that the child was identified (i.e., A service provider had sufficient information to suspect that the child was Part C eligible, usually the date that the inquiry about services took place).

Consent to Evaluate Date: Indicate the date the parent(s) signed consent for Early On evaluation to take place. When the evaluation is a special education evaluation follow the same procedures in **Sections 4, Special Education Referrals** in this manual. If there

is a delay between the time a parent signs the Consent to Evaluate and the time the child is seen for a special education evaluation an Initial Student Referral must be signed as well as the *Consent to Evaluate* in order to maintain compliance. For example, if a child has been seen by an Early On service provider for a couple of months and they decide a special education evaluation is needed, the special education staff will follow procedures outlined in **Section 4, *Special Education Referrals***, of this manual.

Referred By: Identify the person who made the request for an evaluation. This may be a parent or service provider. Anyone may make a referral, but the evaluation cannot be done until parental consent is given.

Interim IFSP: The purpose of an interim IFSP is to expedite services when they are needed immediately and the child/family cannot wait for the evaluation and assessment to be completed in the 45 calendar day period (e.g., when an infant is being discharged from a hospital). Interim IFSP meetings may also be held because of extenuating family circumstances--when completing the evaluation within 45 calendar days is not possible (e.g., because the child is ill). Such circumstances must be documented. All interim IFSPs must include the name of the service coordinator and the services that are needed immediately and be signed by the parent(s) before services begin.

Initial IFSP: Indicate the date of the IFSP meeting (month/day/year). The IFSP meeting must be held within **45 calendar days** of the referral date unless extenuating family circumstances make it impossible to hold the meeting within that time period. If a delay is necessary, ask the family whether they would like to have an interim IFSP developed or sign an extension to the 45day timeline.

30 Day Placement: For students new to a district who have a current IFSP from another district, and was receiving special education services.

Previous enrollment in special education.

Rule 22e. (1) If a student who currently receives special education programs or services enrolls in a new school district, then the new school district shall do either of the following:

- (a) With the parent's consent, immediately implement the student's current individualized education program.
- (b) With the parent's consent, immediately place the student in an appropriate program or service and convene an individualized education program team meeting within 30 school days to develop an individualized education program.

Special circumstances which delayed the IFSP for more that 45 days after referral: There must be reason indicated if the IFSP was help more than 45 days after the referral was received. Select a reason from the drop down menu.

6 Month Review: IFSP's must be reviewed every **six months**, or more frequently if conditions warrant or the family so requests, to review progress on outcomes and whether notification/revisions of services is necessary. While periodic reviews do not request a meeting of the participants and could be conducted by phone conference or some other acceptable means, periodic reviews should be documented and summarized on the IFSP

Transition: An IFSP meeting must be held to plan for the transition of a child from *Early On* to preschool or other appropriate services at approximately age three or on other occasions when a child will no longer receive Early On services, such as ineligibility, parental decision to terminate participation, etc. Transition planning must begin at least **90 calendar days** before the child’s third birthday and may begin **up to 6 months** prior to transition. See Transition planning in this section for further instructions.

Exit Date: Indicate date in which the child was exited from Early On services. Attach the Early On Exit Form to document.

ELIGIBILITY

Eligibility for <i>Early On</i> (Must check one)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interim IFSP only		
<input type="checkbox"/> Move from Michigan Special Education Services		
<input type="checkbox"/> Established Condition:	Primary:	_____
<input type="checkbox"/> Established Condition:	Secondary:	_____
<input type="checkbox"/> Developmental Delay:	Primary:	_____
<input type="checkbox"/> Developmental Delay:	Secondary:	_____
<input type="checkbox"/> Other/Comments:	_____	

Eligibility for Early On: Check whether or not child is eligible for Early On services. If eligible, note the established condition and area(s) of developmental delay. If the child has an established condition select from the drop down menu provided. If eligibility is based on a developmental delay select from the drop down menu provided.

Eligibility for Michigan Special Education Services (Must check one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Move from Early On Part C	
Referral Date:	_____
Consent for Special Education Evaluation:	_____
Primary Eligibility:	_____
Secondary Eligibility:	_____
IEP Date:	_____
MET Date:	_____

Eligibility for Michigan Special Education Services: Check whether or not the child is eligible for special education services. A student is found eligible if : (1) an impairment has been determined according to Michigan's Revised Special Education Rules (Rules), and (2) the student is in need of special education and/or related services. For an initial determination of eligibility, the MET information must be reviewed. See **Section 5, Determining Special Education Eligibility**, of this manual.

Indicate if the student was receiving Part C Early On .

Indicate the date *Consent for Special Education Evaluation* was obtained. This may or may not be the same date indicated in the *Referral Information Section*.

Parental consent for initial evaluation;

Rule 21. (1) Within 10 calendar days of receipt of a referral of a student suspected of having a disability, and before any formal evaluation designed to determine eligibility for special education programs and services, the public agency shall notify the parent and shall request written consent to evaluate.

Indicate the child's Primary Eligibility from the drop down menu provided

Indicate the date of the IEP Team meeting and the date of the MET. These should be the same.

Eligibility Categories

R 340.1705 Cognitive Impairment (CI)	R 340.1710 Speech and Language Impairment (SLI)
R 340.1706 Emotionally Impairment (EI)	R 340.1711 Early Childhood Developmental Delay (ECDD)
R 340.1707 Hearing Impairment (HI)	R 340.1713 Learning Disability (LD)
R 340.1708 Visually Impairment (VI)	R 340.1714 Severe Multiple Impairment (SXI)
R 340.1709 Physically Impairment (PI)	R 340.1715 Autism Spectrum Disorder (ASD)
R 340.1709a Other Health Impairment (OHI)	R 340.1716 Traumatic Brain Injury (TBI)
	R 340.1717 Deaf-Blindness (DB)

Agency:		Service Coordinator:		Phone:	
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Agency: Indicate the agency completing the IFSP with the family. This would be the school district providing services.

Service Coordinator/Phone: If this is an interim IFSP, write the name of the interim (temporary, preliminary) service coordinator. If it is an initial or review IFSP and a discussion of who will be the ongoing (primary) service coordinator has not yet taken place, leave this line blank until after the outcomes and services have been discussed and written down. Although the service coordinator will frequently be from the agency providing the most service, the family or a paraprofessional may, with appropriate training, be designated as the service coordinator. The family should be given the opportunity to select the person with whom they are most comfortable.

Service Coordinator role

The Service Coordinator is responsible for assisting the family and other participating partners in the development and implementation of a smooth transition plan designed to support the child’s continuing development. The responsibilities are as follow:

1. Being the single point of contact for the family during this process.
303.23(a)(2)(ii)

2. Ensuring that up to six months and at least ninety days prior to the child's third birthday, the family and participating agencies are notified of the approaching transition and transition planning has begun. Michigan State Plan p.17, Sec. VII Reference Bulletin No. 3 Early On® Michigan Page 2 of 2
3. Convening a planning conference required to complete the planning, implementation, and follow-up necessary for a smooth transition for the child and family. Michigan State Plan p.17, Sec. VII. 303.22(b)(7)
4. Assisting the family and seeing that they receive the rights and services to which they are entitled; which may include providing transportation and child care to facilitate the family's involvement in the transition planning process. Michigan State Plan p.17, Sec. VII
5. Coordinating all services across agency lines and community resources.
6. Facilitating the family's access to services and community resources.
7. Providing the family with all necessary information, in a manner that ensures their understanding, regarding the process. Michigan State Plan p.17, Sec. VII
8. Notify the family and local education agency and other providers as appropriate of the approaching transition, at least 30 days prior to the conference. Michigan State Plan p.17, Sec. VII

PAGE TWO

EVALUATION

Purpose of this page. Use this page to record information about the child that will be helpful in providing services. Information about the child's strengths should be included, as well as the information about his/her medical condition and/or development that service providers need to know in order to begin working with the child. For Michigan Special Education students, indicate child's Present Level of Academic Achievement and Functional Performance (PLAAFP). **Go to link: for writing PLAAFP statements.**

Important: All fields must be completed on this page. All areas of development must be evaluated and a statement providing present level of development given.

PRESENT LEVEL OF DEVELOPMENT

Area	Family Input and Priorities	Current Findings (Include method and/or evaluation instruments)	Name Title Date of Assessment
Health & Medical (Including Vision & Hearing)			
Movement (Fine/Gross Motor)			

PRESENT LEVEL OF DEVELOPMENT

Family Input and Priorities: Include any information the parent wishes to share, being sure to describe strengths as well as needs (things the child can and can't do, things the child does that the parent feels are a problem, etc.). Whenever possible, use the parent's

words (e.g. Johnny doesn't mind Mom, Loda is sitting up by herself now, Trish cries all the time, Joey has a good appetite, Susie doesn't move her arms the way her brother did). When not sure what to write, given what the parents has said, try rephrasing it, and asking, "Is this what you meant?" Avoid using professional jargon.

Current Findings: A minimum of two disciplines must be involved in the evaluation. One must be from the health field to give a report of the child's current health status. The health evaluation should have been done within approximately three months if the child is less than 18 months of age, and within six months if the child is older. Contact Ann Arbor Public School's Early On Coordinator to determine who the health provider is for the district.

Must include information about all areas of development in which there might be a problem or in areas related to an "established condition" that makes the child eligible for services. Even if there is no reason to believe that there is a concern in a particular area, it is helpful to give examples of what the child can do, as well as a statement such as "appears to be within the normal range."

If IFSP is also an IEP a statement must be made indicating how the child's disability impacts functioning in everyday activities.

***Reminder:** As much as possible, describe what the child can do (the skills he/she has already mastered), rather than giving developmental levels. Noting that there is a delay in an area is okay, but it is not necessary (nor is there space!) to describe in detail all the child's difficulties. It is also not necessary to attach the evaluation reports to the IFSP. Instead, they may be kept separately in the child's Part C file. Again avoid using professional jargon.*

Name Title Date of Assessment: Indicate the tool(s) used to provide data for Present Level of Development. Indicate the date the information was obtained.

PAGE THREE

FAMILY NEEDS AND PRIORITIES

Complete this page only if the family has given permission for an interview on the *Consent to Evaluate Form*. This form can be completed in an initial interview format or can be given to the family to complete during the evaluation process.

PAGE FOUR

Action Plan

Name: Last		First		Middle	
Date:		<input type="checkbox"/> Initial	<input type="checkbox"/> 6 Month Review	<input type="checkbox"/> Transition	
		<input type="checkbox"/> 30 Day Placement	<input type="checkbox"/> Annual Review		

Indicate at the top of this page the purpose of the meeting. This page can be used again at the time of a 6 month review without making any changes to the contents of the IFSP. If this is the case just mark 6 month review and turn in to your Early On coordinator.

Purpose of this page: Use this page to describe the child's present status (see link for how write a PLAAFP), to indicate what goals and objectives will be addressed during the duration of the IFSP, and which strategies and methods will be used to achieve the goals and objectives.

Present Status – What is happening now?
GOAL(S)/OUTCOME(S) STATEMENT: A – Audience (Person targeted); B – Behavior (Procedures to be used); C – Criteria; D – Duration (Time Line)

Present Status: Write a brief description of the child's present level of performance in a targeted area of development. See "link" for "how to write a PLAAFP."

Goal(s)/Outcome(s) Statement: Include all parts of this statement in this section, including "A, B, C, and D." Indicate the major goals expected to be achieved for the child and family. These must include criteria (how everyone will know whether the goal has been reached), procedures and timelines for reviewing whether the outcomes have been reached. Outcomes should reflect the family's identified agenda (priorities) and be based on a synthesis of the information identified and shared by the family and staff throughout the evaluation and assessment planning process. Outcomes are a statement of the changes family members want to see for the child or themselves that relate directly or indirectly to the development of the child. They should be functionally stated using the family's language, not professional jargon.

As stated by the authors of Guidelines and Recommended Practices for the IFSP:

Just as it is important to use the family's language during the assessment, it is equally important to use the family's language in wording outcomes.

Outcomes written in the family's language: *Mr. and Mrs. Smith want help teaching their other children why their little sister is slow and about how they can explain it to their friends at school.*

Same outcome written in professional jargon: *The siblings will attend a sibling*

support group in order to gain a developmentally appropriate understanding of Down Syndrome. (NEC*TAS, 2nd Edition, p.58).

Steps/Objectives – To reach this outcome. For each Special Education goal list at least 2 short term objectives to meet each goal.	Expected Time Frame
Strategies/Methods – for working on this outcome during this child & family’s daily routines and activities.	People to be involved

Steps/Objectives: Indicate the short term objectives that will be used to achieve the goal stated above. For special education, 2 objectives are required to meet each goal. Indicate the expected time frame that this objective can be achieved.

If the IFSP is also an IEP, include more than one **short-term instructional objectives (STIO)** for each special education annual goal (outcome). Each objective should be measurable and should be an intermediate step between the present level of educational performance (development) and the annual goal. They should be achievable within a shorter period of time (e.g., a month or semester) than the annual goal. For example:

Outcome 1. *Jennifer will learn to eat more easily and learn to make more sounds.*

Objective A: *Adaptations will be made in Jennifer’s high chair so she is more comfortable sitting (a special cushion will be given to the family by October 1996).*

Objective B: *Jennifer will begin to imitate sounds made by Mrs. Smith and the home visitor (three sounds by November 1996).*

Each objective must contain three components: performance criteria, evaluation procedures, and schedules for evaluation.

1. **Evaluation Procedures** -The evaluation procedures describe by what method(s) achievement is measured. (Example: documented observation, formal or informal assessments, etc.) Indicate the evaluation procedure(s) to be used.
2. **Performance Criteria** - Performance criteria determine at what level the skill is to be achieved and may be established in a variety of ways. They may be written in terms of accuracy, percentage, rate, production, etc. (Example: 80%, 4 out of 5 times, 3 times a day, etc.) Indicate the specific criteria to be used.
3. **Schedules for Evaluation** -The schedule for evaluation is the time line used for determining whether the short-term instructional objectives are being achieved. (Example: annually, monthly, etc.) Indicate the schedule.

Strategies/Methods: Indicate the strategies/methods that will be used to achieve the targeted goals/objectives listed. These strategies must be related to the child and family's daily routines and activities to assist them in achieving the specified outcome. State who will be involved in the working toward this goal and objectives.

If this outcome cannot be met in the natural environment with supplementary supports explain why it cannot not be met there and the timeline for it's inclusion into the child's natural environment.

Natural Environments: Part C services must be provided in “natural environments” where other infants and toddlers without disabilities are found, and where the child’s needs can most effectively be met. Whenever possible, services should be delivered in the home. If a location other than the “natural environment” is selected, provide an explanation as to why it was chosen. See "[LINK](#)" for more information on "Natural Environments."

As many Action Plan pages may be used as are needed. Numbering them 4a, 4b, 4c, etc., is advisable. If the child will soon be entering a new program and/or is approaching his/her third birthday, transition planning must be included.

Date for reviewing the progress made on this outcome (must be within 6 months of the date written):	
REVIEW OF OUTCOME(S)	
Progress Summary: (What has changed since the outcome was last written or reviewed?)	
Modifications/Revisions: (What changes need to be made with this Outcome?)	
<input type="checkbox"/> I participated in the review of this outcome Parent Signature:	Date:

Reporting Progress:

Review refers to the process of reviewing the progress on goals/outcomes and objectives/steps – at both a six-month IFSP/IEP review meeting and an annual IFSP/IEP meeting, or at any other time the service coordinator and the parent wish to meet.

- Families may experience a variety of changes in their lives during the time they participate in early intervention, and may want support for these changes from the IFSP/IEP Team. Changes such as the mother returning to school or work and the child entering a new childcare situation could be addressed through an IFSP outcome. Other examples include moving from hospital to home, and changes in the family, such as new siblings or a move.

- The service coordinator will ensure that the parents receive prior written notice indicating the purpose of the changes and the action being proposed.

- If the changes or updates to the IFSP/IEP impact the identified IFSP/IEP

goals/outcomes, the service coordinator is responsible for contacting the team member(s) directly involved in supporting the achievement of the outcome, to review whether changes or modifications to the outcome/goal and/or supports and services pages are needed. This review may be carried out by a meeting or by another means acceptable to the family, such as phone discussions or conference calls, or home visits.

- If team members concur that changes or modifications to the existing goals/outcomes/objectives are necessary, or that a new outcome/goal needs to be developed, the service coordinator will document the changes on the review page. Be sure to include all necessary dates: the date of the review, the date the outcome was met, the date of any revision, and the date team members were informed of changes.

- Parents indicate their approval of the changes by initializing and dating the changes on the IFSP/IEP.

- The service coordinator is responsible for ensuring that all team members receive a copy of changes to the IFSP/IEP. If any member of the team disagrees with the changes they can contact the service coordinator to convene an IFSP/IEP review

If the IFSP is also an IEP, for each special education goal/outcome, indicate the extent to which progress is sufficient to enable the child to achieve the goals by the end of the year and describe any lack of expected progress toward the annual goals (outcomes).

The parents of children with disabilities must be regularly informed of their child's progress [H.R. 1350 §614(d)(1)(A)(i)(III)].

Date: The date when an outcome is reviewed/evaluated should be written in this box.

Progress Summary: Make a statement about the child's current performance with the stated Outcome. What has changed since the outcome was last written/reviewed.

Modifications/Revisions: Indicate any changes that may be needed with the particular outcome.

Parent Participation: Parent must check the box indicating their participation in the review of outcomes. Include parent signature and date where indicated.

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SERVICES

Service	Parent Initials	Frequency(how often?) Intensity (How long?)	Service Provider	(I) (G)*	Starting Date	Ending Date	Setting/ Location
				*Individual (I) Group (G)			

Service: Indicate all services the family qualifies for under Early On and/or special education.

If the IFSP is also and IEP and the outcome will be provided by special education staff, indicate the title of the program or service and the official Rule Number (e.g., Early Childhood Developmentally Delayed classroom, R340.1755; physical therapy, R340.1701; teacher consultant, R340.1749; speech/language service, R340.1745). If specialized transportation will be provided, and if any special equipment is needed, they must be specified in this section.

Frequency and Intensity: Indicate the amount time and intensity a student/family will receive indicated services..

Please note: Some of the services that a family may need are not considered Part C services (e.g. medical care or financial assistance). Including them in the IFSP does not mean they are legally required under Part C, but they may be required if included as part of the IEP.

OTHER SERVICES				
To the extent appropriate, the IFSP must document services that are not required or covered under Part C. Listing the non-required services does not mean that those services must be provided, however, their identification can be helpful to both the family and the service coordinator to assist in securing those services, including those through public or private sources. These services must correspond to family identified outcomes.				
Service	Start Date Mo/Day/Yr	Duration (months)	Provider Information	Location/Setting

Other Services: Documentation of services the family is receiving that are not covered under Part C may be listed here.

FOR SPECIAL EDUCATION ONLY

Consider and describe any program modifications and/or supplementary aids and services that the child needs to reach his/her outcomes/goals (i.e., transportation, assistive technology devices, building accessibility, etc.)

SUPPLEMENTARY AIDS/SERVICES/PERSONNEL SUPPORT

Supplementary Aids/Services/Support	Amount of Time	Frequency	Conditions	Location/Setting

Supplementary Aids/Services/Support: For special education this means “supplementary aids, services, and personnel supports” to enable students with disabilities to be educated or participate in activities with students who are nondisabled [H.R. 1350 §602(33) and 614(d)(1)(A)(i)(IV)]. Supplementary aids, services, and supports may include peer tutoring, interpreters, and paraprofessional personnel, as well as any other instructional support provided in conjunction with general education. This section may also include calculators, tapes, tape recorders, notes, and other technology devices and services. Supplementary aids, services and supports may be provided either through general education or special education.

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ATTENDANCE NOT NECESSARY

Attendance Not Necessary

The Parent and the local educational authority (LEA) agree that the attendance of a member listed below is not necessary because the member’s area of curriculum or related service is not being modified or discussed in the meeting.

Other/ Role	Other/ Role

IFSP/IEP Team Attendance – Attendance Not Necessary.

A member of the IEP Team shall not be required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the local educational agency agree that the attendance of such member *is not necessary because the member’s area of the curriculum or related services is not being modified or discussed* in the meeting. A parent’s agreement shall be in writing.

EXCUSAL PRIOR TO THE IFSP/IEP TEAM MEETING

Excused member:		Written report submitted <input type="checkbox"/>	Parent Initial	
Excused member:		Written report submitted <input type="checkbox"/>	Parent Initial	

Excusal – Prior To The IEP Team Meeting: A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting *involves a modification to or discussion of the member’s area of the curriculum or related services*, if - 1) the parent and the local educational agency consent to the excusal; and 2) the member submits, in writing to the parent and the IEP Team, input into the development of the IEP **prior** to the meeting. A parent’s agreement shall be in writing.

The difference between **Attendance Not Necessary** and an **Excusal** is an excusal must include a written statement of input used to modify or develop the IEP. For example: if the speech therapist is unable to attend the meeting, but the speech goals and amount of related service time will be discussed and written into the IEP, this requires an **Excusal**. The parent must initial to indicate their agreement for the speech therapist to be excused and indicate that a written report was submitted prior to the start of the official IEP meeting.

IFSP DEVELOPMENT TEAM AND CONTRIBUTOR ATTENDING MEETING

Printed Name and Role	Signature	Agency (if applicable)	Telephone

In preparing for the IFSP meeting, the parent and service coordinator decide who should be invited. The parent may invite other family members, friends, a parent advocate, or others if they wish. Someone who was involved in the evaluation and someone who will be providing services must also be there. If the service coordinator was involved in the evaluation and is likely to be providing services to the family, it is possible to have an IFSP meeting with only the parent and the service coordinator.

It is expected that everyone attending the IFSP meeting would sign the IFSP form at that time, with the possible exception of the parent. Parents should be told that if they wish to think about the plan for a few days or share it with others before signing it, they are free to do so. If more than one parent/guardian is at the meeting and wishes to sign the form, the extra space at the bottom may be used for that purpose.

If the IFSP is also an IEP, participants are indicated at the time of the meeting.

Participants in an IEP meeting shall, at a minimum, include all of the following:

- A representative of the public agency, other than the child’s teacher, who: is qualified to provide or supervise the provision of special education; is knowledgeable about the availability of resources in the district; and, has the authority (delegated by the superintendent) to commit resources to ensure that the IEP will be implemented. .
- At least one special education teacher, or if appropriate, at least one special education provider of such child.
- At the initial IEP meeting and at the three year comprehensive reevaluation review meetings, a member of the MET is required to be a participant and present the written team report. At subsequent meetings, an individual who can interpret the instructional implications of evaluation results.

All individuals who attend the IEP Team meeting must be listed in the IEP Team report. Note: this section should not be completed in advance. Signatures are a useful way of documenting attendance. Participant signatures are required to verify a determination regarding a suspected learning disability under R340.1713. Any member who disagrees must submit a separate statement presenting his or her conclusions (R340.1713; 34 CFR 300.536).

The superintendent shall appoint participants to the IEP Team and shall invite the parent(s) to be participants [R 340.1721b(1); 34 CFR §300.344(a)(1)]. In addition to the parent(s), other persons, at the discretion of the parent(s) or public agency, may be invited to attend, including the

student, if appropriate. Upon request of the parent(s), a representative of the district of residence shall be invited to attend the IEP Team meeting if the district of residence has authorized the operating district to conduct the IEP Team meetings [R 340.1721b(2)]. If a nonresident student is enrolled in a Public School Academy (PSA), the PSA is considered the district of residence for the purposes of providing a free and appropriate public education [MCL 388.1705(18)].

Who may attend the IEP Team meeting?

- The student [34 CFR §300.344(a)(7)].
- The parent(s) [34 CFR §300.344(a)(1)].
- Additional teachers who provide programs and services to the student [34 CFR §300.344(a)(6)].
- Related service providers (such as a teacher of the speech and language impaired, occupational therapist, physical therapist) [34 CFR §300.344(a)(6)].
- The representative of any other agency that is likely to be responsible for providing or paying for transition services will be invited by the educational agency [34 CFR §300.344(b)].
- At the discretion of the parent or district, other individuals who have knowledge or special expertise regarding the student [34 CFR §300.344(a)(6)]. All individuals, whether invited by the parent or the district, are participants in the IEP Team meeting.

CONSENT

Adult Providing IEP Consent - The parent need not sign consent at the meeting. The parent shall have ten calendar days after receipt of the notice from the superintendent to provide the agency with written consent for initial placement [R 340.1722a(4)]. Following each updated IEP, the parent is entitled to notice before the agency implements the programs and services specified on the updated IEP (34 CFR §300.503).

Parent/Guardian/Surrogate Consent: Check all boxes that apply. Be sure that the family receives a copy of the Part C/special education procedural safeguards at the time of the meeting (unless they already have a copy and don't want another one). If they disagree with the eligibility or service decision, and request mediation or a due process hearing, timelines for providing those must be followed. See **Section 6, *Mediation and Due Process Information***, of this manual. Contact the district's Early On Coordinator.

Additional outcome/signature pages may be filled out without redoing the entire IFSP if minor changes are needed in service(s) before the time of the six-month review. If doing so, the parent must give written consent, and copies must be given to the service coordinator and to all affected agencies.

Reminder: Once the form has been signed by the parent(s) and other participants, it should be distributed to the parents and, with their consent, to the agencies that will be providing services. Copies of the IFSP must be given or sent to: the parent(s); the agency keeping the official Part C (turn in to Ann Arbor Early On Coordinator); the service coordinator; and, others upon request and with the consent of the parents (e.g., the child's doctor). Be sure that all persons receiving a copy are listed on the current Authorization to Share Information Form. The service coordinator is responsible for making photocopies, as needed, and for assuring that all specified persons receive a copy. The IFSP becomes part of the child's "Part C record" and must be dealt with accordingly.

TRANSITION PLANNING

This document is intended to assist service providers in partnering with families in the transition process for Part C eligible children to Part B services and/or other community based services, many of which may not be affected by the child's third birthday.

Transition: A transition IFSP need only be completed when the child is preparing to enter a new program or is turning three. At least **90 days** and, at the discretion of all participants, **up to 6 months** before the child's transition, the service coordinator, the family and other appropriate service providers, must begin to address steps to prepare the child and family for changes. These steps include:

- 1) discussion with parents about future placements and other matters related to the transition;
- 2) developing procedures to prepare the child for changes in service delivery, including steps to be taken to help the child adjust to the new setting; and
- 3) transmitting information about the child to the new program, with parental consent, including evaluation and assessment information and copies of IFSPs.

If a child turns three during the school year, he or she may continue to receive Part C services until the end of that year, if no other services would be appropriate. Information related to the transition must be documented on the Transition Plan and Timeline Form. Michigan Procedural Safeguards Standards call for a transition plan concerning disposition of Part C records whenever a child leaves the "Early On" system.

Part C requires that the transition from *Early On* to a new program be addressed in a specific manner; but service coordinators are encouraged to plan carefully for other transitions as well, e.g., from the hospital to the home, from one community to another, into a group care or preschool setting, or from one Part C service to another.

Transition Plan & Timeline

Name: Last:	First:	Middle:	DOB:
Parent/Guardian Name:			
Service Coordinator Name:			
Transition (3 rd Birthday) Date:		Today's Date:	

Document identifying information of the child/family along with service coordinator and date of child's 3rd birthday, if transition is taking place on or before the 3rd birthday. If the transition is taking place prior to the child turning 3 indicate the date the transition from Early On services will take place.

PLANNING AND DOCUMENTATION FOR TRANSITION (attach this sheet to IFSP)

Transition Steps	Date	Action Plan	Contact Person/ Phone	Who is Responsible?	Completed/ Arranged
Family & Service Coordinator begin discussing transition					
Family & Service					

Documentation of the steps taken to support the transition of the child into, within, and from Early On early intervention system must be provided within the IFSP. Indicate

transition activities, including discussions with, and training of , parent/legal guardian/surrogate parent regarding future placements, procedures to prepare the child, family and service providers for these changes. With consent from the family, information will be shared with receiving providers in order to ensure continuity of services and assist in the planning. *Important - transition needs should be expanded in an outcome within the IFSP to provide more specific details.*

A minimum of two options must be presented to the family as they transition out of early intervention services.

INSTRUCTIONS FOR EARLY ON RECORDS

Instructions for *Early On* (Part C) Records:

Forward a copy to the school/program my child is now attending.

School/program:	Address:
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The Intermediate School District must maintain certain information from the *Early On* (Part C) file for federal monitoring purposes for five years. We need to have your instructions as to what you want done with the records.

During the five year holding period:

- Remove personally identifying information. Leave records intact.

After the five year holding period:

- You have my permission to physically destroy the records.

Transition date:	Transitioned to:
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The content of the transition plan was explained to me and I agree to the disposition of records as described above.

Parent/Guardian/Surrogate Parent Signature	Date
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Early On is required to identify what families wish to have done with records. Have the family indicate what should be done with their child's records during the holding period and after this period is over. Early On maintains records for a minimum of 5 years.