

Ohio Early Intervention

# Individualized Family Service Plan Guidance Document

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**Department of  
Children & Youth**

Help Me Grow Early Intervention

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## Overview

The Ohio Early Intervention, or EI, program fulfills federal mandates found in the Individuals with Disabilities Education Act, Part C, Early Intervention Program for Infants and Toddlers with Disabilities. The mandates include identifying and serving children under the age of three with developmental delays and disabilities.

This guide assists EI personnel with completing the Individualized Family Service Plan, or IFSP, process using Form EI-04. The IFSP is a written plan for providing EI services to an infant or toddler with a delay or disability and the child's family. Form EI-04 must be used to document the requirements found in Ohio Administrative Code (OAC) 5123-10-01, 5123-10-02, including Appendices A, B, and C, and 5123-10-03.

## Early Intervention Services

Ohio EI services meet the federal requirements of IDEA because they are

- developed based on information obtained through the EI evaluation and assessment team process using IFSP Form EI-04,
- provided in natural environments, where children participate in everyday routines and activities with familiar people,
- provided by qualified personnel as determined by the Ohio Department of Children and Youth (DCY),
- based on research and evidence for how young children learn best and,
- aligned with the mission and key principles of EI in efforts to equip parents with the confidence and ability to enhance their child's development.

## Early Intervention Data System

Information captured in IFSP Form EI-04 must also be recorded in the Early Intervention Data System (EIDS). Ohio EI uses the EIDS application to capture key dates related to compliance with rules and to analyze trends in service delivery. The EI Service Coordinator (EISC) is responsible for ensuring that data are entered into EIDS timely (within 30 days of the activity) and for documenting the mandated service coordination activities in case notes. See OAC 5123-10-02(N)(16) for more information.

**The IFSP process is central to the delivery of EI supports and services. The entire team — not one person — makes decisions, and documents those decisions in the IFSP form. It's a dynamic document that changes over time as the needs of the child or family change.**

For assistance with EIDS, access resources on the data and monitoring page of the [Ohio EI website](#) or email [EIDS@childrenandyouth.ohio.gov](mailto:EIDS@childrenandyouth.ohio.gov).

## Completing the IFSP Form

It is the responsibility of the EISC to make sure that the IFSP is completed and provided to the parent, other EI team members, and with parent consent, to non-EI participants. Even though the EISC ensures the IFSP is completed, the multidisciplinary evaluation and assessment team is responsible for completing the information in Section 3, besides the summary of the Family-Directed Assessment.

If a child is found eligible but the family chooses not to proceed to development of an IFSP, an EI-03 must be provided to the family, but any acquired assessment information does not need to be documented in a draft of the IFSP.

After the initial IFSP is completed, and prior to the annual IFSP, all changes to the IFSP are captured as periodic reviews.

When changes are made to the IFSP during a periodic review, the parent and other IFSP team members are given a copy of the updated pages. For example, if changes are made to the demographic page, the parents and IFSP team members are given a new demographic page that captures the updated information. If any information in Section 6 of the IFSP is updated at a periodic review, this new information must be documented on a new grid. The new grid will then be placed in front of the previous grid within the IFSP.

At an annual review, a new copy of the IFSP form is completed. At an annual IFSP meeting, the current outcomes and services should be reviewed and adjusted as necessary (subsequent periodic reviews are then documented in the annual IFSP).

Corrections can be made to an IFSP and other documents as long as the edit is to correct an error and not to make an actual change. This includes resolving a typographical error, misspelling, or other minor mistake. Any/all corrections to an IFSP must be consistent with the parent's understanding of what was agreed to when the IFSP was signed.

**Use of correction tape or white out within the IFSP is NOT permitted. Any corrections made to an IFSP must be clearly documented within the IFSP and case noted.**

Corrections need to include the following steps:

- Cross out the error (never use correction fluid or a similar substance to cover the original text)
- Write the correct information on the form
- Initial and date the correction
- Send a copy of the corrected page(s) to the parent and other team members with a brief note explaining that the document was corrected and does not reflect any actual changes
- Document the steps taken in case notes

Errors on printed forms can be crossed out, initialed, and dated by hand and then scanned, if needed. If changes are made to an electronic document, it must still include the original information with the error crossed out and correct information added, with initials and date. When a change is needed on an IFSP that alters the original plan (changing anything within the first seven columns of the IFSP service grid, such as increasing session length, adding a service, or changing a funding source), a review must be held prior to changes being made.

Date of IFSP: 8/1/2024									
El Service Type	Method	Location	Frequency	Session Length	Provider Agency	Funding Source	Projected Start Date*	Projected End Date	Outcome Number(s)
Special Instruction <input checked="" type="checkbox"/> PSP <input type="checkbox"/> SSP	P	H/C	24X/180 days	60 minutes	CBDD	CBDD	4/15/2024 <input type="checkbox"/> New Service	1/28/2025	2, 3, 4
Occupational Therapy <input type="checkbox"/> PSP <input checked="" type="checkbox"/> SSP	P/T	H/C	6x/180 days	60 minutes	ABC Therapy	DCP	8/7/2024 <input checked="" type="checkbox"/> New Service	<del>1/28/2024</del> 1/28/2025 HD 8/2/24	2, 3, 4

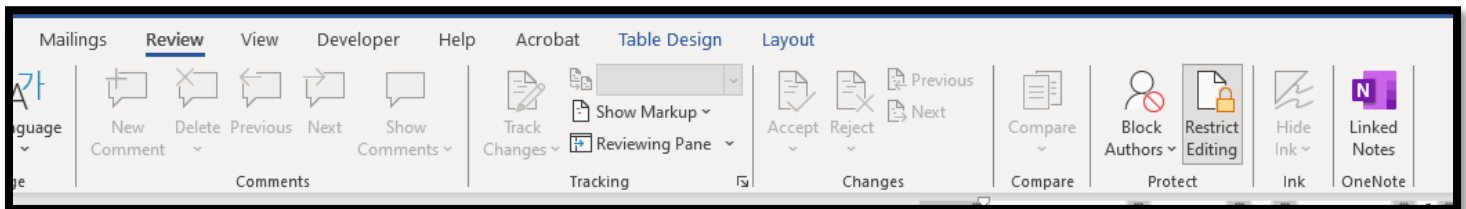
Procedural safeguards, such as prior written notice and parent consent, are critical and all team members are responsible for ensuring parent rights. Any beginning, change, or end of services is captured through the IFSP process (with the exception of an EI service that ends before an IFSP meeting can be scheduled, using form EI-11).

Two versions of the IFSP are available at the Ohio EI website: <https://ohioearlyintervention.org/forms/ei-04>.

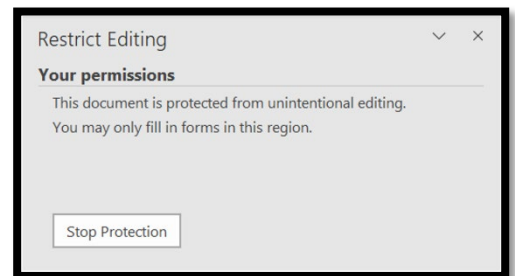
The Adobe Acrobat fillable PDF version allows for easy signature acquisition and for adding, deleting, and moving pages. If the user needs additional space after filling the allotted space within a fillable field, the font size will decrease as needed. This function eliminates the need for overflow pages. Be careful to not type so much that the font decreases to a size too small to read (no smaller than size 7).

The Microsoft Word version also eliminates the need for overflow pages. The Word version allows for certain sections to expand to ensure there is adequate space for all the information. As the sections expand, text may shift to an additional page. **When using the Word version, the IFSP must be saved as a PDF in order for the user to add or remove outcomes pages and/or acquire signatures.**

If you are using the Word version, do not open the IFSP in the web browser Word application. Instead, **only use the desktop app version of Microsoft Word**. The Word version is protected to help maintain the formatting while the form is completed. However, protecting the format can limit some functionality, like the use of spell-check, and could lead to an inability to fix an error or bug. If you would like to use spell-check or need to turn off the protection to fix an error, you can do so by selecting "Review" along the top toolbar, and then clicking on the "Restrict Editing" icon (see below).

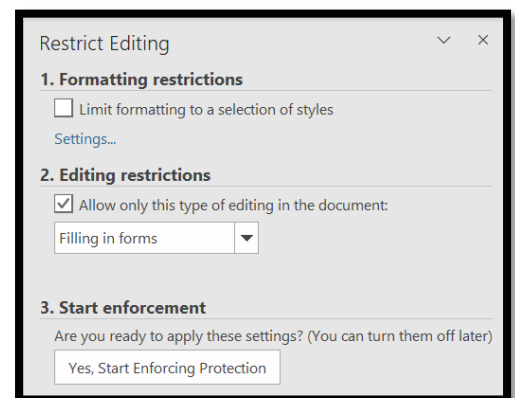


Once the "Restrict Editing" icon is selected, a window on the right side of the document should appear that says "Restrict Editing" at the top and a "Stop Protection" button at the bottom (see screenshot to the right). Click the "Stop Protection" button, and the protections will be removed. You can then run spell-check and/or fix any other errors. Under no circumstances should you make any edits to the form itself. Only make edits to the text that you have supplied.



Once you have run spell-check and made the needed edits, select the "Yes, Start Enforcing Protection" to turn the protection back on. You will be prompted to enter an optional password. There is no need to enter a password. Simply, select "ok" and the document will be protected again.

In both the Word and PDF versions, the child's name, DOB, and ETID number should auto-fill in the header, found at the top of all pages besides page 1, when the EISC enters the child's information in Section 1. Additionally, the EISC's information should auto-fill in Section 7 and Section 8 when the EISC enters their name and contact information in Section 2.



Adobe Acrobat is free to download and use. For best results, download the latest version at <https://get.adobe.com/reader>.

For tutorials and instructions on adding, deleting, and moving pages in a PDF, visit [Adobe's website](#). Additional instructions on Adobe can be found on the [Ohio EI website](#).

## IFSP Guidance Document Questions, Comments, and Requests

We value your input! If you have any questions, comments, requests, or if you encounter a broken hyperlink within our guidance document, please take a moment to provide your feedback here: [Feedback Submission Form](#). Your contribution helps us improve our materials for everyone's benefit. Thank you.

## Form EI-04 Individualized Family Service Plan (IFSP)



Department of  
Children & Youth  
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IFSP type and date  
☐ Initial 4/1/2024  
☐ Annual \_\_\_\_\_  
☒ Periodic 8/1/2024  
☐ Periodic \_\_\_\_\_  
☐ TPC \_\_\_\_\_

ETID number  
0000000001

### IFSP Type and Date

At the top of the document, check the appropriate box for IFSP type and record the date of the meeting on the corresponding line. When an IFSP meeting includes a transition planning conference, multiple boxes must be checked. For instance, if the TPC is held during a periodic review, then both the periodic and the TPC boxes will be checked and dated. If the TPC is held during an annual IFSP meeting, then both the annual and TPC boxes will be checked. See OAC 5123-10-02 (B)(16) for definitions of initial IFSPs, annual IFSPs, and periodic reviews.

## Section 1: Child and Family Information

This section is completed prior to the first IFSP meeting. All information is verified by the parent.

NOTE: Early intervention service providers are required to ensure the confidentiality of child and family personally identifiable information (PII). The requirements for ensuring these safeguards are identified in OAC 5123-10-01.

Child's first name <u>Samantha</u>	Last name <u>Long</u>	Nickname <u>Sami</u>	Date of birth <u>4/28/2022</u>
Languages spoken with child <u>English</u>	Interpreter needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Child's race and ethnicity <u>Caucasian</u>	Child's school district of residence <u>Columbus Public</u>
Parent name <u>Nathan Long</u>	Address <u>123 Fake Ave, Columbus, OH 43205</u>		Child lives with? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child if not biological or adoptive parent		Phone: Cell (C); Home (H); Work (W) <u>(C) 614-555-5555</u>	
Email address <u>Nathan.long@gmail.com</u>	Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input checked="" type="checkbox"/> Text		Preferred contact times <u>9am – 8pm</u>

### Child Information

All fields, except "nickname," are required. "Nickname" can be left blank if not applicable.

## Interpreter needed?

Information about the need for an interpreter may be sent from Central Intake or captured in EIDS. During the first contact with the family, the EI Service Coordinator confirms if an interpreter or a translation service is needed, and the parent's response is recorded.

Certain activities in EI must take place in the native language of the parent or child, except when it is clearly not feasible to do so. This includes the child evaluation, child assessment, family directed assessment, and the IFSP meeting. This ensures parents understand EI activities and their rights pertaining to those activities. Required notices, forms, and surveys must also be interpreted or translated.

## Child's Race and Ethnicity

Ask the parent to identify their child's race and ethnicity. EI Service Coordinators should be prepared to explain that EI programs are required to collect race and ethnicity information for federal reporting purposes. If a parent chooses not to share this information, the EI Service Coordinator must make a determination based upon observation. Select one ethnicity option and one or more of the race options, and document on the IFSP form.

The race options within EIDS are:

- American Indian or Alaska Native
- Asian (Asian, Chinese, Filipino, Japanese, Korean, Vietnamese, Asian Indian)
- Black or African American
- Native Hawaiian or Other Pacific Islander (Native Hawaiian, Other Pacific Islander, Samoan, Guamanian or Chamorro)
- White

The ethnicity options within EIDS are:

- Non-Hispanic,
- Cuban,
- Hispanic,
- Mexican/Mexican American/Chicana,
- Puerto Rican
- Other Hispanic/Latino,

See [Defining Race and Ethnicity from the National Center for Education Statistics](#) for more information on race and ethnicity options.

## Child's School District of Residence

Record the school district where the child resides. For children residing in foster care, the EI Service Coordinator documents the foster parent's district. It is important to accurately reflect the school district where the child resides as this information will be used for required LEA notification and to ensure, when applicable, transition to the correct school district.

For parents who are divorced or have a formal custody agreement, the residential parent assigned by the court for school enrollment purposes will determine the school district. This information can be found and verified within a divorce decree or custody paperwork.



## Family Information

All fields, except “relationship to child...,” are required for at least one parent, and for both parents if applicable. Parent contact information is included for EI providers to use to contact parents. Parents may provide as much information as desired.

### Relationship to Child If Not Biological or Adoptive Parent

Record the relationship of the caregiver with whom the child resides. For example, the child may live with a relative or in foster or protective care through a local children services agency. This field may be left blank if the parent is the biological or adoptive parent.

It is the role of the EI Service Coordinator to identify and locate the child’s parent, as defined in OAC 5123-10-02 (B)(25), in order to carry out all required EI activities.

### Email Address

Record the parent’s full email address for the IFSP team to contact the parent about EI activities. The Ohio EI lead agency also uses this email address to contact families for the completion of the EI Family Questionnaire.

Note: All contacts with and on behalf of parents must comply with the participating agency’s privacy practices in accordance with OAC 5123-10-01(F).

### Other Important Family Information

Record information that the parent provides about the family that they want included in the IFSP, like relevant cultural information, spiritual beliefs, or living arrangements. This information may be used to link the family to additional resources, including local homeless education liaisons.

***Homeless Education Liaison  
Contact Information***

***614-369-4918***

***[HomelessEducation@education.ohio.gov](mailto:HomelessEducation@education.ohio.gov)***

Other important family information

(anything you want your team to know about your family’s culture, spiritual beliefs, or living arrangements)

[Please, remove your shoes at the door. We have two dogs.](#)

## Section 2: Early Intervention Service Coordinator Information

This section lists mandated EI service coordinator (EISC) responsibilities and contact information for the EISC and their supervisor. Record the best phone and email for the parent(s) and others to use to reach the EISC. All fields must be completed and kept up to date. If the Word version of the IFSP is used, the EISC name, phone, and email entered in this section will then auto populate to the matching fields in Sections 7 and 8.

Your Early Intervention (EI) Service Coordinator serves as the single point of contact for carrying out the following activities during your participation in EI. This includes -

- Explaining and ensuring your rights in EI.
- Coordinating your child's initial eligibility.
- Coordinating Individualized Family Service Plan (IFSP) meetings within required timelines including those requested by you.
- Assisting the IFSP team with developing outcomes that are functional and reflect your concerns and priorities.
- Assisting you in identifying, obtaining, funding, and monitoring needed EI services.
- Assisting you with locating and connecting to other supports and resources that you need and want.
- Facilitating the development of a transition plan before age three.

Name of EI Service Coordinator <a href="#">Henry Davidson</a>	Phone <a href="#">614-455-5555</a>	Email <a href="mailto:Henry.davidson@cbdd.gov">Henry.davidson@cbdd.gov</a>
Agency name <a href="#">County Board Department of Disabilities</a>	Supervisor name and contact information <a href="#">Katrina Hoffman; 614-355-5555; Katrina.hoffman@cbdd.gov</a>	

## Section 3: Child and Family Assessment

Section 3 summarizes all child and family assessment information gathered initially and for the annual IFSP. The requirements for conducting assessments are specified in OAC 5123-10-02 (I).

The child assessment summary paints a picture of the full scope of the child's unique strengths and needs, including participation in family routines and activities. The child assessment information is organized into the three global early childhood outcomes.

The family-directed assessment (FDA) process, if a family chooses to participate, captures the family's concerns, resources (formal and informal), and priorities. This summary guides the identification of functional, relevant IFSP outcomes. It is crucial that this section describes how the concerns, priorities, and resources relate to the family's routines and activities (rather than just presenting a list of concerns, priorities, and resources).

### Who is responsible for completing section three?

The qualified personnel who conducted the assessment activities complete Section 3. Credentialed EI Service Coordinators may conduct and document the FDA.

#### Reminders about the Assessment Process

- Assessment includes both the child assessment and when the parent consents, the FDA. Although the child and FDA information are documented separately on the IFSP, both activities are part of assessment for program planning in EI. See OAC 5123-10-02(I).
- Program planning is the process of analyzing assessment data to determine the child's unique needs and the resources and supports needed for the family related to the child's development. This leads to identifying the outcomes, steps, and EI services appropriate to address those needs.
- Evaluation and assessment may occur simultaneously as long as the requirements of both are met. See OAC 5123-10-02(G)(2).

**Completion date of:**

3/21/2024

**Child Assessment**

3/21/2024

**Family-Directed Assessment**

During the assessments of your child and family, the assessment team gathered information from a variety of sources. This information is summarized in the following pages and will be the basis for the development of outcomes and identification of strategies and activities to address the needs of your child and family.

**The following child assessment activities must have been conducted or reviewed**

**Completion date**

• Review of the eligibility documents	<u>3/21/2024</u>
• Review of child's history via medical/educational/other records	<u>3/18/2024</u>
• Review of child's history via parent/family interview	<u>3/21/2024</u>
• Gathering information from caregivers, family members, and/or others to understand full scope of the child's unique strengths and needs	<u>3/21/2024</u>
• Identification of child's level of functioning within your family's daily routines and activities	<u>3/21/2024</u>
• Hearing Checklist	<u>3/21/2024</u>
• Vision Checklist	<u>3/21/2024</u>
• Other:	<u>N/A</u>

The completion date for all required child and family-directed assessment activities is captured in the first portion of Section 3. The completion date of an assessment is the date the last requirement was completed. If the family does not consent to the FDA, record "N/A" as the FDA completion date. All the bulleted activities are specified within OAC 5123-10-02 and must be conducted or reviewed as a part of the child assessment. Record the date on which each activity was completed for the purpose of initial assessment. Additional information acquired after the completion date of the activity is considered ongoing assessment.

### **Child's History Summary**

This is a summary of the relevant information acquired through parent interview and medical, educational, or other records, including birth history, gestational age, medical conditions or diagnoses, illnesses, hospitalizations, medications, vision and hearing status/screenings, feeding/nutrition needs, and other developmental information.

*Sami was born at 37 weeks and five days gestation. She spent five days in the NICU for meconium in her lungs. Sami was seen by her pediatrician, Dr. Winston, who had concerns for her speech and language development. Sami was seen by Dr. DeDino, optometrist, and vision was in normal limits. Sami has a history of chronic ear infections. She has had four ear infections since January. She has a hearing evaluation scheduled for 8/24/24. Medical records showed that Sami's weight and height were both 45th percentile for children her age.*

Summarize the assessment team's findings about the child's medical, health, and educational history. Medical and health information may include any medical diagnoses, family history of delay or disability, significant birth history, and chronic health conditions and hospitalizations. Developmental information may be found in documentation from programs such as Head Start, home visiting, and childcare.

## Daily Activities and Routines Summary

### The Easiest or Most Enjoyable Times of Day with Your Child

Activity/Routine	Who is involved?	What makes the activity/routine go well?
Snack time	Dad	Typically, Sami is not as hungry during snack time, so she is more patient while Dad tries to figure out what she wants.
Bathtime	Mom or Dad	Sami knows and loves the bathtime routine. During her bath, she is full of laughter and follows all of Mom/Dad's directions.
Nap/bedtime	Mom or Dad, and Sissy	Sami quickly falls asleep when she is tired. She easily gets tired. Dad reads with Sami before nap. Mom reads with Sami before bed.

The two tables in this section, summarize the information acquired from parents and other family members during the child assessment that pertains to the easiest or most enjoyable and the most challenging or frustrating times of the family's day together. Include as much information as possible for each category (Easiest and Most Challenging); there is no requirement for recording a specific number of activities. If the family has more than four activities/routines that are easy/enjoyable or challenging/ frustrating, then help them determine which four are the most easy/enjoyable or challenging/frustrating.

### The Most Challenging or Frustrating Times of Day with Your Child

Activity/Routine	Who is involved?	What makes the activity/routine challenging?
Lunch during the weekdays	Dad and Sissy	Sami typically refuses to eat what Dad offers. When Dad asks her to choose a food, she does not appear to understand him. When Dad gives Sami a fork at lunch, she sometimes throws it at her sister.
Grocery store	Mom or Dad	Sami gets upset when she is confined in the stroller or grocery cart for more than 5 minutes. If she is not in a stroller or cart, she attempts to run away in the store.
Potty Training	Mom or Dad	Sami does not let Mom or Dad know if she has a dirty diaper. She will sit on the potty for a minute or two, but Mom and Dad do not think she knows what to do.

## Summary of Your Child's Development

Children develop skills in three functional areas, known as the Three Child Outcomes: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet their needs. Your team has compiled information through observation, family interview, review of your child's records, and the information you shared about your child's participation in family activities and routines. These summaries of your child's present levels of development represent your child's individual strengths and needs in relation to same age peers. This link provides more information on the functional skill breakdown for each of the [Three Child Outcomes](#).

This section captures the results of the child assessment process. The assessment team members who conducted the child assessment complete this section. The information recorded within this section is organized within the context of the three global outcomes for early childhood.

1. **Developing Positive Social-Emotional Skills**
2. **Acquiring and Using Knowledge and Skills**
3. **Using Appropriate Action to Meet Needs**

For each section, the assessment team documents what was learned about the child's functioning based on observations, interviews, record reviews, and testing (formal and informal). The information addresses how the child's delay or disability affects interacting with others, participating in activities, and getting their needs met. Underneath each of the global outcome areas at the top of the page, a brief description of the skills that pertain to the area is provided.

### Developing Positive Social-Emotional Skills

This is a summary of how your child interacts and plays with the family, other adults, and other children. This includes how they (1) show affection to family members, (2) understand and use their name and the names of others, (3) communicate greetings and goodbyes (4) play with familiar and unfamiliar adults and peers, (5) express ownership of toys and share with others, (6) show their feelings and calm when upset, and (7) participate in social rules and games, such as playing peek-a-boo, singing songs, dancing, pretend play, and taking turns.

Sami lives at home and spends most of her time with her mom, dad, big brother, and her baby sister. Sami is often happy and enjoys playing peek-a-boo with Mom and Dad. She is typically easy-going and has not yet shown signs of stranger anxiety. She appears to have some awareness of strangers, as when the family goes to the grocery store and a stranger says "hi," she may hide her face.

Sami calls for her parents, using "Mama" and "Dada." She often waves and says, "hi" and "bye-bye" to others, and sometimes says, "bye-bye Mama," when she leaves for work in the mornings. Dad modeled "bye-bye Mama," when Mom left for work for months before Sami began to imitate him. She also likes to say, "Hi, Sissy," to her baby sister. Sometimes, it seems as if Sami does not always hear her parents when they call her name, even though she quickly turns towards Mom's phone when she hears a familiar song. Sami loves to give kisses and snuggles to her family and to new people who visit the house. Sami often helps care for her baby sister by giving her a blanket, snuggles, and kisses. She also frequently tries to hold her hand, give her toys, and occasionally tries to give her a bottle when she cries.

Sometimes Sami spins in circles when listening to music. Dad and Sami's older brother like to sing during bath time. When they sing, Sami often laughs, but she is not yet attempting to sing along to any nursery rhymes with them. Sami is not yet making consistent eye contact when she plays with her family. Although, when she sits on Dad's lap facing him, she often looks at his face when he speaks to her and likes to reach out and grab his lips. When something scares Sami, she immediately looks to Mom and Dad to see their reaction. Sami loves dogs but sometimes gets scared when they bark, like her dogs do every day at 2pm when the mail is delivered.

Sami often becomes upset after coming up to Mom or Dad and making "uhh" sounds, unless they give her what she wants. Mom and Dad do not often know what she wants and if they offer the wrong item, a tantrum follows. Sami typically needs 30 or more minutes to calm down when this happens. Sometimes Mom thinks she figures out what Sami wanted, but she still does not calm down when Mom offers what she thinks was the desired item. Additionally, Sami becomes upset if her big brother or another child takes an item she is playing with. She is not yet telling other children, "mine," to claim items.

This information describes the child's developmental levels in all five domains and focuses on functional skills. This includes functional information about the child's hearing and vision status, such as, "the child watched the cat walk across the room," "...startled when his brother dropped the toy car on the tile floor," "...calms when he hears Dad's voice from the next room," or "...searches for her toys that roll under the sofa."

The assessment summary paints a picture of the child's present levels of development, how the child uses skills to participate in their everyday life, and the impact of their skills and behaviors on the family's daily routines and activities. Completion of this section assists the IFSP team with developing IFSP outcomes. Full examples of all three COS areas can be found in the example IFSP at the end of this document.

### **Acquiring and Using Knowledge and Skills**

This is a summary of how your child plays, learns new things, and communicates what they know to others. This includes how they (1) observe and learn from others, (2) problem-solve, (3) analyze new information, (4) engage in purposeful play, (5) "read" books, (6) understand directions, and (7) use gestures, words, or signs to tell others about the world and answer questions.

Sami learns all about her world through play and self-exploration. She often likes to investigate new toys and items on her own. Sami's favorite toy right now is her activity cube. She loves to use the hammer to bang on the buttons on the top and side. She also likes to push the buttons on her dancing dogs, which makes them light up and plays music. Sometimes Sami watches her older brother play. Over the summer, she would sit and watch him play in his play kitchen every day before nap. Recently, she has started to show interest in the toys found in the kitchen, but she is not yet pretending to play with those toys like her brother. She may become frustrated and walk away when someone else attempts to join in her kitchen play, even her big brother.

Sami's eyes and hands are still learning how to work together to be careful when playing with toys like her Lego blocks and putting together puzzles. While playing today, Sami used her hands to hold and manipulate toys but did not use her thumb and index finger to pick up and manipulate small items or crayons. Mom typically reads with Sami before nap time. Sami's interest in books is growing, though she prefers to control the book, often turning the pages quickly. She is not yet examining the pictures, nor copying Mom when Mom points to pictures. When Dad takes Sami to the library's story time, Sami sits next to the other children for a minute or two. She typically stands up and runs around the room after two or three pages into the book. Sami also enjoys scribbling with her crayons, especially her bath crayons while in the tub.

Sami uses a few words on her own during the day, but mostly communicates through sounds. She is not yet using words to name her toys, like her baby doll or her drum, though she imitated "baby" while playing, today. Sami jabbars throughout the day, using a variety of sounds, though she does not yet imitate sounds back and forth. When Mom and Dad try to get Sami to copy what they say, she either laughs or does not respond. Sami used to imitate silly sounds with her lips but stopped about a month ago. She also used to say "duck" all the time, as she lives right next to the water and frequently sees ducks walking by but stopped saying it a few months ago too. Sami follows simple directions like "come here" or "put this in the trash" more for Mom than Dad, though she is not yet consistently retrieving familiar items, like a book or her monkey when asked by anyone.

How the child assessment information was acquired does not need to be stated within the summaries. The description at the beginning of this section indicates that the information was acquired through observation, family interview, review of the child's records, and the information the family shared about their child's participation in family activities and routines.

The child assessment introduction also contains a hyperlink to an infographic that breaks down the skill make up of each of the [Three Child Outcomes](#). This information should be utilized by the assessment team to ensure all the needed assessment information is gathered about the child's functional skills and participation in family activities and routines and then recorded in the correct COS areas within the IFSP. This link can also be shared with families to help them understand Similar information can also be found in the [COS Cheat Sheet](#) found on the Ohio EI website.

More information on the Child Outcome Summary Process can be found in this [COS Quick Reference Guide](#).



### Using Appropriate Action to Meet Needs

This is a summary of how your child moves purposefully, helps to take care of themselves, and communicates what they want and need. This includes how they (1) move from place to place, (2) eat and drink, (3) participate in dressing and undressing, (4) sleep during their nap and overnight, (5) participate in bathing, diapering, and toileting, (6) follow directions about safety, and (7) communicate their wants and needs to others.

Sami is a very active little girl who likes exploring her home. She runs everywhere and likes climbing up on the couch to get to things she wants. Sami enjoys rough house play with Dad and likes to stack up the pillows from the couch, climb onto the couch, and then jump onto the pillows. She uses both her hands to play with toys and enjoys throwing balls out of her ball pit. When it is time for a bath, Sami walks up the stairs, placing one foot on each step. She prefers to hold on to the wall or rail, rather than hold Mom or Dad's hand.

Sami is starting to help with dressing by pushing her arms through her shirt, pulling her pants and shirt off, and undoing her diaper. Sami loves the bath and leans her head back to wash her hair when Mom grabs a cup of water, taps on the back of Sami's head, and asks her to lean back. At night, Sami sleeps in her toddler bed, in her and her sister's room. She takes a 2-3-hour nap in the afternoon, and almost always sleeps through the night. If Sami is only wearing a diaper, she removes the diaper when it is dirty. If she is wearing clothes and has a dirty diaper, Sami continues to run around her home. She is not yet alerting Mom and Dad when she has a dirty diaper. When Mom or Dad place Sami on her little potty, she sits on it for 2-3 minutes before getting up and running away. She has not yet successfully gone in the potty.

During meals, Sami typically sits in her booster seat at the table. She is often fed at the same time as her younger sister, typically before her parents sit down to eat. Sami is a good but picky eater and prefers to graze throughout the day. She likes noodles, mac and cheese, ravioli, chicken nuggets, French fries, dry cheerios, and yogurt melts. When eating yogurt melts, Sami always tries to stuff as many yogurt melts as she can in her mouth. She sometimes tries to overstuff her mouth with other foods. Recently, Mom has attempted to figure out why Sami only eats certain foods. She has noticed that Sami typically prefers softer foods. When given meats or other foods that require more chewing, Sami often spits them out. However, she enjoys eating a specific baked cheese-stuffed chicken dish that Mom makes. When the family has time, Sami feeds herself with her hands. Typically, she picks up food with her whole hand. She may become frustrated if her cheerios break apart when she attempts to pick them up. When given a utensil, Sami typically bangs with and shakes the spoon or fork on and around the table. Sometimes she will try to stick the utensils in Mom or Dad's glass. She is not yet using a spoon or fork to feed herself. Sami's mom or dad typically feed her to get through a meal. Sami drinks 20oz of milk each day, from a sippy cup. She drinks from an open cup or water bottle if her parents help to hold the container steady.

Sami touches buttons on a phone or computer with her pointer finger but is not yet pointing to things she wants or pointing to things she finds interesting to show her parents. Sami often makes sounds (i.e. "uhh") while standing in front of her parents when she wants something. Sami is not yet consistently using words or pointing to objects to get her needs met during the day. Sami's mom and dad typically anticipate what she wants throughout the day and often provide her with items she may want before giving her an opportunity to ask for them. When Sami is being watched once a week by Mom's friend, Maggie, she often fusses and whines, like she does at home, when she wants something. However, her babysitter is attempting to teach Sami to sign "more," when she wants more to eat. Sami allows Maggie to grab her hands and help her sign, but she has not yet signed "more" without any help.

FORMATTING NOTE: As stated on page 5, if you utilize the Microsoft Word version of this form, then each COS section will expand as needed. If the section expands, it may push the COS rating statements onto an additional page. Alternatively, you are able to adjust the font size within these sections if you prefer. If you adjust the font size, please ensure that the font is still large enough for the family to read. If you utilize the PDF version of this form, the COS sections will not expand if you need to exceed the allotted space. Instead, the font size will decrease to ensure your entire summary will fit.

## Child Outcome Summary Rating Statements

The COS rating process provides a consistent way for teams to rate a child's functioning relative to age-expected behavior at a specific point in time. Using the [Decision Tree](#) and an age anchoring tool, like the [Age Expected Snapshots](#), the team discusses information about a child's functioning in the three outcome areas, resulting in a rating on a 7-point scale for each of the three outcomes. The team synthesizes all the information they have gathered about a child. This includes what they have learned from assessment tools as well as from other sources.

Teams have this conversation and document the appropriate statement for each of the three functional areas prior to developing IFSP outcomes. COS rating statements are determined at the initial IFSP, annual IFSP, and at exit (unless the child never had an initial IFSP or was exited due to loss of contact with the family or death of the child) [5123-10-02(N)(12)].

All team members must be able to understand, explain the COS process, and answer any questions the family has. It is the responsibility of the EI Service Coordinator to ensure that the information gathering, and documentation of the child outcomes summary statements is completed by the assessment team. Either the EISC or a member of the child assessment team can lead the conversation through the *Decision Tree*. Parents and those who conducted the assessment of the child are best suited to provide examples of how the child's functioning compares with same-age peers when prompted by the *Decision Tree*. Parent involvement and input for choosing the appropriate COS statement is critical.

Over time, these statements assist the team in determining whether the EI program is meeting the child and family needs and how well the child is developing and participating in activities at home and in the community.

**It is the responsibility of the full EI team to complete the COS information at the initial and annual IFSP meetings, and also at the time of the child's exit from EI. The EI Service Coordinator is responsible for providing the IFSP meeting notice (Form EI-13) to required and needed participants in enough time for them to make arrangements to participate.**

**For annual IFSP and at exit** - Has your child shown any new skills or behaviors related to developing positive social-emotional skills since the most recent Child Outcome Summary rating?

☐ Yes ☐ No

**Child Outcome Summary (COS) Rating Statement** - Relative to same age peers, your child:

- |   |   |
|---|---|
| <input type="checkbox"/> Uses the skills expected of a much younger child in this area.   | <input checked="" type="checkbox"/> Occasionally uses age-expected skills. They have more skills of a younger child in this area. |
| <input type="checkbox"/> Uses some early skills that are necessary for developing age expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses many age-expected skills. They have some skills of a younger child in this area.                    |
| <input type="checkbox"/> Uses many early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses the skills that we would expect in this area. However, there is potential for concern.              |
|   | <input type="checkbox"/> Uses all the skills that we would expect in this area.   |



## Process for Determining COS Ratings

- Review the child assessment summary with the family.
- Ask the family if anything has changed since the assessment was completed or needs to be re-worded/added.
- Share [age-expectations](#) for skills summarized within the child assessment summary.
- Work through each step of the [Decision Tree](#), citing examples of the child's skills after each question, to determine the child's Child Outcome Summary (COS) Rating Statement as a team.

At the **annual IFSP** meeting and when the child is preparing to exit EI, the following question is answered by the IFSP team prior to determining each COS rating statement: **"Has our child shown any new skills or behaviors related to [global childhood outcome]"?**

The team discusses what family members, caregivers, service providers, and others have seen during the past year based on ongoing assessment that will lead to an answer of "yes" or "no." Answering "yes" does not necessarily mean that the "score" or rating statement has changed, but that the child demonstrated at least one new skill or behavior. This question notes the child's progress, even if the rating did not change or the rating decreased due to developmental age-expectations.

## Exit COS Ratings

When determining a child's COS Rating at exit, the team should follow the same process used to determine COS ratings at the initial and annual IFSPs. In order to do so, provider(s) should use the [Optional COS Exit Form](#) and *Decision Tree* to make the determination. When completing the *Optional COS Exit Form*, a complete flowing narrative is not needed; a few bullet points of the child's skills in each area should be sufficient enough to use the *Decision Tree* to determine an exit rating. Additional assessment is not necessary to complete the *Optional COS Exit Form*, although a few parental inquiries about the child's skills unrelated to their outcomes may be needed for an accurate rating determination. A provider's ongoing assessment should be sufficient to complete this activity. If the child's exit from EI is planned, reviewing the progress that the child has made and determining their exit rating with the family at the final visit is encouraged.

## Additional COS Resources

Visit the [Ohio EI website](#) and [ECTA's COS Resource Guide](#) for additional resources and information related to the child outcome summary process, as well as additional age anchoring tools. Additionally, if your team struggles with answering the first question on the *Decision Tree*, an advanced resource containing the key points and practice scenarios for team decision-making in difficult situations can be found [here](#).

## Family-Directed Assessment (FDA) Summary

FDA Conducted by: Henry Davidson

The information obtained via the FDA process is **summarized** in this section (OAC 5123-10-02 (I)(5)) and is used to develop both child and family-focused outcomes.

Record the names of the individuals who conducted the FDA in the “**FDA Conducted by**” field. If the family did not consent to the FDA, then record “N/A” in the **FDA Conducted by**” field. The remaining FDA fields can be left blank.

### Concerns

Summarize what family members stated when asked about their current worries or concerns related to their child’s development (delays in walking or talking, low muscle tone, difficulties feeding, referral reasons, etc.), finances, safety, community activities, and family stressors.

#### Family Concerns

This is a summary of the concerns, difficulties, or challenges that your child and/or family experience during daily routines and activities that would be helpful for the EI team to address.

Mom and Dad are concerned with Sami’s difficulties communicating what she wants and how picky she is at meals. They also find it difficult to take Sami out in public, as she does not like to be constrained in her stroller and will run away from Mom and Dad if they let her walk on her own.

### Resources

Summarize the family’s formal and informal supports identified during the FDA. Make sure to include people, activities, programs/ organizations, and resources that the family has access to, as well as those the family does not currently have but want or could benefit from.

#### Family Resources

This is a summary of the resources that your child/family has for support, including people, activities, programs, or organizations, as well as resources that you do not currently have but want or could benefit from.

The Long family is supported by their friends and family. Both sets of grandparents live within 30 miles and often help with childcare. Mom works full-time and is employed by the Ohio State University. Dad works part-time and cares for the children when he isn’t working. Sami and her younger sister spend one day a week, from 8am-5pm with a family friend who also has two children of similar ages. Dad would like Sami to have the opportunity to consistently interact with her peers in a full-day childcare setting. The family is interested in finding an affordable and quality childcare for every weekday. The family has transportation and stable housing. Mom and Dad currently rent a townhouse, but they would like to purchase a home. They are having difficulty finding a home that is the right size, in a good neighborhood with quality schools, and in their price range.

## Priorities

Summarize what the family identified as child and family priorities. These may be what they would like to see the child do as a result of intervention and/or family needs such as obtaining a GED, finding childcare, or seeking resources about their child's delay or disability. A family's priorities should serve as a steppingstone between their concerns and child and family outcomes.

### **Family Priorities**

This is a summary of the specific skills, activities, and/or resources that you would like your child and/or family to acquire as a result of early intervention services.

Sami's family would like to see her point and use words to tell them what she wants. They would also like to see her use utensils, eat a larger variety of foods, and not overstuff her mouth. They are interested in learning about teaching Sami signs since her babysitter is trying to teach Sami to sign, "more."

## Section 4: Your Child and Family Outcomes

Once the eligibility and assessment processes are completed, teams move into the development of IFSP outcomes, strategies, and decisions about EI services.

This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome. The outcome is based on the information you shared about your family's daily life during the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and with enough detail so the entire team will know when it is accomplished. Outcomes should be based on what you would like to see happen within your family's activities as a result of EI supports and services.

The IFSP is an agreement about the focus of intervention and how services and supports will be provided. This means there must be a clear connection between the information the evaluation team, assessment team, and family have provided and how the outcomes support the child's ability to participate in daily routines and activities.

### Outcome Number

Outcome number: 2	This <b>child</b> outcome addresses:	<input type="checkbox"/> Developing positive social relationships	<input type="checkbox"/> Acquiring and using new skills and knowledge	<input checked="" type="checkbox"/> Taking action to meet own needs	This <b>family</b> outcome addresses:	<input type="checkbox"/> Family well-being, family participation, or information
Date outcome added: 4/1/2024						

Number each outcome starting with the number one. Add a separate outcome page for each outcome developed. The number assigned to an outcome will follow it continuously until it is completed or discontinued. Do not reuse numbers throughout a child's journey in EI.

### Date Outcome Added

Outcome number: 2	This <b>child</b> outcome addresses:	<input type="checkbox"/> Developing positive social relationships	<input type="checkbox"/> Acquiring and using new skills and knowledge	<input checked="" type="checkbox"/> Taking action to meet own needs	This <b>family</b> outcome addresses:	<input type="checkbox"/> Family well-being, family participation, or information
Date outcome added: 4/1/2024						

This field contains the date in which the outcome was originally added to the IFSP. If the outcome is continued or revised at subsequent IFSP reviews, this date will not change.

### This Child Outcome Addresses

Outcome number: 2	This <b>child</b> outcome addresses:	<input type="checkbox"/> Developing positive social relationships	<input type="checkbox"/> Acquiring and using new skills and knowledge	<input checked="" type="checkbox"/> Taking action to meet own needs	This <b>family</b> outcome addresses:	<input type="checkbox"/> Family well-being, family participation, or information
Date outcome added: 4/1/2024						

The IFSP team determines if an outcome is child-focused or family-focused. You will check one or more of the child outcomes boxes **OR** the family outcome box. Do **not** check "child outcome addresses" box(es) and the "family outcome addresses" box for the same outcome. If the outcome is child-focused, indicate which global child outcomes align by checking the corresponding box(es). You may check more than one box within the child outcome section if the outcome overlaps between multiple outcome areas. These boxes are checked to link the child assessment summary to the outcomes and then to the services.

## This Family Outcome Addresses

Outcome number: 2	This <b>child</b> outcome addresses:	<input type="checkbox"/> Developing positive social relationships	<input type="checkbox"/> Acquiring and using new skills and knowledge	<input checked="" type="checkbox"/> Taking action to meet own needs	This <b>family</b> outcome addresses:	<input type="checkbox"/> Family well-being, family participation, or information
Date outcome added: 4/1/2024						

The fourth box is checked to indicate the outcome addresses family-participation, family well-being, or information. Do not check this box if any of the three “this child outcome addresses” boxes are checked.

### Outcome

#### Outcome:

When Sami wants food from the pantry at snack time, she will point to the pantry and tell Dad, “eat.”

Record the specific outcome that the team develops in this box. Outcomes follow the six-step criteria. If multiple outcomes are developed, use a separate page for each. Within the IFSP form there are three blank outcomes pages. If [additional outcome pages](#) are needed, you may need to complete them separately and then add them into the document (see page 5 for additional instructions).

Place new pages on top of the previously developed pages and incorporate into the current IFSP (EI-04). Parents and other IFSP team members must receive copies of the revised or new pages.

### The Six-Step Criteria for Writing Outcomes

**Outcomes must be necessary and functional for the child’s and family’s life.** The outcome focuses on ways to support the child and family’s participation in community life and family activities that are important to them.

**Outcomes must reflect real-life, contextualized settings.** The outcome should include everyday activity settings and routines that are specific to the child and family. For example, snack time, bathing, and riding in the car are all real-life contextual settings.

**Outcomes must integrate developmental domains and are discipline free.** The outcome is written with the family or child as the actor. It is written to describe the child’s or family’s participation in routines and everyday activity settings, promoting skill development across multiple domains which can be addressed by any member of a child’s IFSP team.

**Outcomes must be clear, simple, and jargon free.** The outcome should be understandable by the family and the general public. A “clear” outcome minimizes the number of interpretations. Be careful not to be too ambiguous. Avoid using phrases that are subjective, like “will enjoy,” “attempt to,” and “participate in.” A “simple” outcome is concise and does not require multiple readings to be understood. Words and phrases such as “range of motion,” “oral motor,” and “pincer grasp” are examples of professional jargon. It’s important to avoid such words and rephrase the outcome so it is understandable to all team members.

**Outcomes must emphasize the positive.** The focus of the whole outcome statement is positive, and states what the child and/or family will do, rather than what they will not do or stop doing. Words and phrases such as “instead of,” “rather than,” and “without” are negative and will create a negative outcome.

**Outcomes must use active words rather than passive words.** Outcomes should contain words that encourage a child and/or family’s active participation or engagement in an activity or routine. Active words

include eat, play, talk, walk, etc. and indicate what the child or family will do. Passive words are typically descriptors of activities done to a child. Words and phrases such as "be able to," "tolerate," "receive," "increase" or "decrease," "improve," and "maintain" are passive and should be avoided. Beginning outcomes with the phrase, "We would like..." often leads to passive outcomes. Instead, **outcomes should contain the phrasing, "(name) will (verb/action)."**

## What's happening now with respect to this outcome?

### **What's happening now with respect to this outcome?**

When Sami wants something out of reach or behind a door, she is not yet pointing to what she wants. She typically repeats, "uhh" until Mom or Dad gives her what she wants. If Mom or Dad cannot figure out what Sami wants, then Sami typically has a meltdown. Mom and Dad typically anticipate what she wants throughout the day and often provide her with items she may want before giving her an opportunity to ask for them.

This section includes a brief description of a child's present level of development related to the outcome. Examples include how much help a child currently needs to participate in a routine or a family's current level of knowledge related to a topic about which they would like more information. This box will serve as baseline criteria for measuring progress toward outcome achievement.

## Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?

### **Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?**

The EI providers will coach the family on ways the family/caregivers can offer snack choices to Sami. The providers and family will help Sami use her index finger to touch the item that they think she wants. Family will show Sami that the snacks come from the pantry. Family and provider will explore use of signs, pictures, and verbal modeling to help Sami communicate. Mom and Dad will coach Maggie and Grandparents to use the same strategies when Sami is with them.

The team documents specifically what will occur to help the child and family achieve the outcome. These steps support how children learn and build on child and family interests, familiar activities, and routines.

Strategies answer the question "Who is doing what to help the family achieve the outcome?" and are written with enough detail so that if a family's provider changes, the new provider can read the IFSP and know exactly how to support the family.

If the EI Service Coordinator is completing specific steps and activities to support an outcome, list those steps and activities in this area. For example, if the

EI Service Coordinator is helping the family access publicly funded childcare, a strategy might be, "Jane will help the family gather verification documents to complete a publicly funded childcare application over the next two weeks." Steps and activities related to transition at age 3 need to clearly identify how the team will help a child and family adjust to a new setting (e.g., helping parents understand program options and examining the need for assistive technology within the new environment).

Note: As providers offer intervention and conduct ongoing assessment, it is expected that strategies may change frequently. It is not expected that IFSP revisions occur each time a strategy changes. New strategies used should be captured within the provider's case notes. When an IFSP review occurs, the updated strategies will be summarized.

### Characteristics of High-Quality Strategies

- Describe what each IFSP team member, including the family, will begin doing to reach outcome achievement.
- Adapt an existing activity to help the child be more involved in the activity.
- Include assistive technology and supplementary aids and supports as needed.
- Focus on something the family is interested in doing or learning.
- Are developmentally appropriate.
- Are relevant to the outcome.
- Are clear, specific, and concrete.
- Include peer and sibling interactions and/ or parent and child interactions.
- Are informal, natural, and community- based.

## Supports that we currently have available to help us with this outcome (formal and natural, including services not provided by EI).

**Supports that we currently have available to help with this outcome (formal and natural, including services not provided by EI).**  
Maggie (babysitter) and grandparents will practice the same steps to establish the same expectation at home and at other frequently visited homes.

This section captures supports which might help to achieve this specific outcome. The family may be reminded of formal and informal supports they identified during the FDA.



## Review of the Outcomes

**Review of this outcome:** A review of the IFSP must occur at least every six months but may occur sooner. You may request an IFSP review at any time.

**Result of review:**

**Date of review:** 8/1/2024

☐ Outcome met    ☒ Continue outcome    ☐ Revise outcome    ☐ Outcome no longer a priority

**New concerns or events that affect this outcome:**

**Progress made toward meeting this outcome:**

Sami now touches the snack that she wants. Sometimes she will touch with her whole hand and other times she will touch with her index finger.

**Updated strategies:**

The family will now move the snack options farther away from Sami and help her point instead of touching the option she wants. The family will model the sign and say, "eat," then grab Sami's hands and quickly help her sign, "eat" immediately before handing Sami foods.

Complete this section at each periodic IFSP review. All reviews will be documented in this box. This section is completed whether or not there is a modification to the outcome(s) or services.

**Date of review:** Documenting the date of the current review will allow for easier comprehension of how the outcomes evolved over multiple reviews.

**Result of review:** Check one of the four options.

**Outcome met:** If the outcome is met, check this box. Develop a new outcome as needed based on ongoing assessment.

**Continue outcome:** If progress has been made and the team will continue with the current outcome, check this box. The strategies and services associated with this outcome may or may not change.

**Revise outcome:** In this case, rewrite the outcome on a **new outcome page** and keep the original outcome number and date outcome added. Record revised strategies or services on the new outcome page. Place the new outcome page in front of the original outcome page within the IFSP.

**Outcome no longer a priority:** The child's EI team will no longer work towards meeting this outcome. Additional outcomes may need to be developed. This outcome number will no longer be included on the grid page.

**New concerns or events that affect this outcome:** Record new child or family information which may impact the status of this outcome.

**Progress made toward meeting this outcome:** Record the progress the child and family have made toward meeting this outcome.

**Updated strategies:** Record the new strategies the provider(s) and family will work on to achieve the outcome.



## Section 5: Your Child and Family Transition Plan

The IFSP transition plan is specific to the transition from EI to preschool and/or other community supports by the child's third birthday. The requirements for the transition plan are found in OAC 5123-10-02 (L)(2).

The EI service coordinator will begin this conversation when the child enters the program, during the explanation of what EI is and when it ends. More detailed conversations about transition at age 3 will occur as the parents have questions and after the child turns two years of age.

Your plan will be developed between **9 months** ( 7/28/2024 ) and **90 days** ( 1/28/2025 ) before your child's third birthday.

Date                      Date

At or before the **initial IFSP meeting**, the EI Service Coordinator will use a [date calculator](#) to determine the date range that transition planning must occur. When developing an annual IFSP, ensure that these dates are re-entered. The remaining information in this section will be completed at the IFSP meeting in which the transition plan is developed.

While the IFSP transition plan and the transition planning conference serve different purposes, both must occur within this time frame. The purpose of transition planning (documented within this IFSP section) is reviewed with the parent. The information used to develop child and family transition outcomes from ongoing child and family assessments, including conversations with the family.

This planning process will include:

- Discussion with you about your child and family's future needs, potential future services and placements, and details you may need about those service options.
- Procedures to prepare your child for changes in service delivery, including steps to help your child adjust to and function in a new setting. This may include anything from learning to get on a school bus, to separating from family members, to acquiring and using a communication or other assistive technology device in a new setting.
- Identifying the transition steps, activities, and any services that the IFSP team determines necessary to support the transition.
- With your consent (on the EI-07 Consent for Transition Planning Conference), a Transition Planning Conference (TPC) with any community service providers you have identified as potential resources.

While your child's name, date of birth, and your contact info has already been shared with your school district, the TPC is a time for you to share and learn additional information. If your child may be eligible for preschool special education services at age three, this planning process will also include conversations with you about the role of the school district and the process for obtaining your consent for sharing copies with your school district of the most recent evaluations, assessments and IFSP, and inviting the school district representative to a Transition Planning Conference.

Use [this transition checklist](#) as a tool to assist tracking transition-related activities (note: *some elements of this checklist need to be updated to align with OAC 5123-10-02 effective July 4, 2024*).

## Child and Family Transition Outcomes

The type and number of outcomes will depend on the child and family needs and preferences. There must be at least one transition outcome (child or family), but there may be one or multiple of both types of transition outcomes. If more than one child or more than one family outcome is developed, use a separate page for these additional outcomes. If the team thinks a previously developed child or family outcome would make a sufficient transition outcome, the outcome must meet the transition outcome criteria. If a child or family outcome is used as a transition outcome, use the same outcome number for both outcomes, but the steps/strategies in Section 5 must include any relevant transition activities.

<b>Date transition outcome with steps and services developed:</b> 8/1/2024			
<b>Potential future resources, placements, and/or services:</b> Preschool special education classroom (½ day), childcare (when located), local library story time (Monday and Thursday a.m.)			
<b>Child transition outcome: What will your child need to make a smooth transition?</b>			Outcome number: 4
Sami will sit in her spot for an entire book at story time at the library.			
<b>What steps and activities, including who and when, will help us meet this outcome?</b> The DS and OT will support Mom and Dad at library story time and reading time at home/babysitter's. The family, Maggie, and providers will work on ways to engage Sami and maintain her attention while reading, including sensory rich items, seats, or activities.			
This transition outcome addresses:	<input type="checkbox"/> Developing positive social relationships	<input checked="" type="checkbox"/> Acquiring and using new skills and knowledge	<input type="checkbox"/> Taking action to meet own needs
<b>Family transition outcome: What will you need to support your child in this transition?</b>			Outcome number: 5
Dad will find available quality childcare, within 10 miles of his office, for Sami and her sister.			
<b>What steps and activities, including who and when, will help us meet this outcome?</b> Dad will research childcare options near his office. He will reach out to coworkers with kids and employee support at his office. The EISC will provide support and resources to help the family with their search, including the link to the childcare search engine and the EI Resource Directory, as needed.			

The child outcomes that populate the "regular" outcome pages of the IFSP are specifically related to supporting the development of the child within family daily routines and activities.

The child outcomes related to transition (child transition outcomes) are those specifically derived from assessing what the child may have difficulty with or may need additional services in order to thrive in future setting(s) and routines.

Examples of these kinds of skills include getting on and off a school bus, adjusting to being away from a parent or other family member, communicating in a way that is understandable to someone other than an immediate family member, obtaining and learning to use an augmentative communication device, their comfort in close proximity to other children, and any need for assistive technology to achieve success in a new environment.

Family transition outcomes are likely to be more similar than different from "regular" family outcomes but should be related to supports that the parent particularly needs to support their child in a new setting, practice for a new setting, or learn about a new setting. Family needs and priorities may also include considerations about personal and professional connections that can be established before EI services end. Additionally, parents may be particularly concerned about "gaps" in the child's services, like waiting for an opening in a

childcare or determining what services are available in between the time their child turns three and the start of a “school year.” Family transition outcomes should address a family’s desire to fill those gaps.

Part of the reason that transition planning (and outcome development) begins as early as 9 months before the child’s third birthday is to plan for and address these specific types of needs and priorities – ones that the parent may not have even considered, having had no experience with the new setting, or the “abrupt” end to EI services.

The process for determining the specific services that are needed to address a transition outcome is the same as any other outcome. The child will still have the same EI service coordinator and primary service provider (PSP). The EISC will coordinate EI services along with the many mandated transition timelines and requirements. Those mandated transition activities are documented in case notes and are not considered IFSP transition outcomes. The EISC may support family outcomes for scheduling observations of other settings or researching family/peer/disability community or online support systems. The PSP and/or secondary service provider (SSP) should provide any intervention services needed to address child transition outcomes and may also assist with family transition outcomes.

When the child and the family first encounter the EI system and experience, there is a flurry of mandated activities which much be completed quickly in order to meet timelines and procedural safeguards.

The Transition Planning process should not be chaotic or occur at the last minute. The parents and other family members should be as prepared as possible for what their lives will be like when EI ends, and whatever services the child/family have following the child’s exit from EI.

## **Date Transition Plan Developed**

Record the date the plan is developed.

## **Potential Future Resources, Placements, and/or Services**

This information comes from the full EI team and includes parent preferences. Resources may include information, links to contacts. Placements and services are those programs that may be available and of interest to the family when the child turns three. The time between when the transition plan is developed and when the child exits EI will be used to make contacts and explore availability and “fit.”

## **Outcome Number**

The transition outcome number follows the last outcome number used in Section 4. The number assigned to an outcome will follow it continuously until it is completed or discontinued. Do not reuse numbers.

## **Child Transition Outcome: What will your child need to make a smooth transition?**

Child transition outcomes are meant to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting. This may include anything from learning to get on a school bus, to separating from family members, to acquiring and using a communication or other assistive technology device in a new setting.

## **What steps and activities, including who and when, will help us meet this outcome?**

Identify the steps/activities and transition services that the IFSP team determines are necessary to support the transition outcome. Then indicate which global child outcomes align by checking the corresponding box(es).

### **Outcome Number**

If a child transition outcome was not developed, the family transition outcome number follows the last outcome number used in Section 4. The number assigned to an outcome will follow it continuously until it is completed or discontinued. Do not reuse numbers.

## **Family Transition Outcome: What will your family need to support your child in this transition?**

Develop a family outcome to address supports the parent needs to prepare for the transition. This may include assistance with transportation needed to visit programs, program contact information, assistance with applications, practice opportunities to separate from the child for short to longer periods, future supports for family well-being, information, or participation.

This is the time to also explain and discuss with the parents the "Transition Planning Conference" and determine the parent interest in inclusion of the child's school district and/or other community service providers.

## **What steps and activities, including who and when, will help us meet this outcome?**

Identify the steps/activities and transition services that the IFSP team determines are necessary to support the transition outcome.

## Review of the Transition Outcome(s)

**Review of transition outcome(s):** A review of the IFSP must occur at least every six months but may occur sooner. You may request an IFSP review at any time.

**Result of review for child transition outcome:**

**Date of review:** \_\_\_\_\_

☐ Outcome met    ☐ Continue outcome    ☐ Revise outcome    ☐ Outcome no longer a priority

**Result of review for family transition outcome:**

☐ Outcome met    ☐ Continue outcome    ☐ Revise outcome    ☐ Outcome no longer a priority

**New concerns or events that affect these outcomes:**

**Progress made toward meeting these outcomes:**

**Updated strategies, steps, and activities:**

This section will only be completed if there is an IFSP review after the transition outcome was added to the plan. Completion of this section is not mandatory if no additional IFSP reviews are held before the child exits.

**Date of review:** Documenting the date of the current review will allow for easier comprehension of how the outcomes evolved over multiple reviews.

**Result of review for child transition outcome:** Check one of the four options.

**Result of review for family transition outcome:** Check one of the four options.

**Outcome met:** If the outcome is met, check this box. Develop a new outcome as needed based on ongoing assessment.

**Continue outcome:** If progress has been made and the team will continue with the current outcome. The strategies and services associated with this outcome may or may not change.

**Revise outcome:** In this case, rewrite the outcome on a **new outcome page** and keep the original outcome number and date outcome added. Record revised strategies or services on the new outcome page. Place the new outcome page in front of the original outcome page within the IFSP.

**Outcome no longer a priority:** The child's EI team will no longer work towards meeting this outcome. Additional outcomes may need to be developed. This outcome number will no longer be included on the grid page.

**New concerns or events that affect these outcomes:** Record new child or family information which may impact the status of the transition outcomes.

**Progress made toward meeting these outcomes:** Record the progress the child and family have made toward meeting these outcomes.

**Updated strategies, steps, and activities:** Record the new strategies the provider(s) and family will work on to achieve the outcome. Additionally, update the transitions steps and activities, as needed.

## Section 6: Early Intervention Services

The table found within this section is often referred to as "the grid."

Decisions about needed services and supports are based upon what the team has learned about the child's interests, independence, and participation in daily life, as well as the parents' resources, priorities, and concerns.

Services strengthen the family's capacity to use resources available to them. Services also assist families in seeing their routines and everyday activities as opportunities for their child to learn and practice. The goal is to improve the child's development and participation in family and community activities that are important to the family.

EI services should also help families and caregivers feel confident about making adaptations to help their child become successful during challenging activities. Services for children birth through age 2 are determined based on what is necessary for the child and family to achieve each functional outcome.

Determine the services based on what the team decides is needed to assist the family to meet the IFSP outcome, rather than what is available or easiest to access.

Early Intervention services may be provided by a primary service provider (PSP) or a secondary service provider (SSP). The PSP directly assists/serves the family at all visits to support the outcomes and promote child learning and development. SSPs periodically support the PSP and family with the IFSP outcomes through joint visits. Joint visits occur as often as necessary based on the needs of the PSP and family. In addition to your provider(s), you always have access to a full team of EI providers available to support your family.

**Using all the information available, the IFSP team has identified the following EI services to support our outcomes:**

Date of IFSP: 8/1/2024

EI Service Type	Method	Location	Frequency	Session Length	Provider Agency	Funding Source	Projected Start Date	Projected End Date	Outcome Number(s)
Special Instruction <input checked="" type="checkbox"/> PSP <input type="checkbox"/> SSP	P	H/C	24x/180 days	60 minutes	CBDD	CBDD	4/15/2024 <input type="checkbox"/> New Service	1/28/2025	2, 3, 4
Occupational Therapy <input type="checkbox"/> PSP <input checked="" type="checkbox"/> SSP	P/T	H/C	6x/180 days	60 minutes	ABC Therapy	DCP	8/7/2024 <input checked="" type="checkbox"/> New Service	1/28/2025	2, 3, 4
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		

Method: In-person (P); Technology (T)

Location: Home (H); Community (C); Other (O)

\*Prior written notice is required when a new service is added or the method, location, frequency, session length, provider agency, or funding source of a service is changed. If the new or changed service plans to be provided within 10 days of this IFSP meeting, see the "Waiver of Timeline" within Section 8 of the IFSP.

### Date of IFSP

Document the date of the current IFSP meeting. As additional IFSP meetings occur and the new Section 6 pages stack, this field will ensure it is clear which page corresponds to which meeting.

## El Service Type

Document the service type needed to meet the outcome(s). [Appendix A](#) of OAC 5123-10-02 provides a list of service types and definitions. Within this box, mark if the service will be provided by the family's PSP or SSP. Typically, only one service should be provided by the PSP. There may be situations in which the PSP box is checked within two rows, like when the child receives assistive tech that the PSP will introduce to the family in addition to their other service. Multiple services may be provided by SSPs. As described in the introduction above the grid, SSPs periodically support the PSP and family with the IFSP outcomes through joint visits.

## Method

Use the key listed below the grid to indicate the service delivery method.

- **In-person (P):** The interventionist is face-to-face with the parent and child.
- **Technology (T):** The interventionist provides direct or joint visit interventions to the parents but does so remotely using technology that allows the interventionist and parents to see one another and provide the same interventions that would be provided if the interventionist were in the home or other community setting.

## Location

Use the key listed below the grid to indicate where the service will be delivered.

- **Home (H):** Service will be delivered at the home of the parent or other caregiver where the child typically spends time.
- **Community (C):** Service will be delivered at a store, restaurant, childcare center, park, library, etc.
- **Other (O):** Service will be delivered at a county board of developmental disabilities, hospital, clinic, or other setting specifically for children with disabilities or specific diagnoses.

**When implementing the primary service provider (PSP) approach to teaming, the family has access to the entire team without having to revise the IFSP for a consultation. If a secondary service provider (SSP) needs to accompany the PSP for a one-time visit, this is considered part of ongoing assessment. However, if ongoing assessment indicates a need for a new EI service, an IFSP review will need to be held to add the new service.**

**Home** and **Community** are the only two settings that are considered natural learning environments, so services should be provided in home or community settings, where typically developing children would also spend time, to the fullest extent possible. **Other** should only be used when there are circumstances where a needed service must be provided in a specific location that is not the home or a community setting (e.g. an ABA provider when no ABA providers that provide services in the home or community are available in a county). If this occurs, an explanation of why the service could not be provided in a home or community setting and the steps the EISC and family will take, including a projected date, to move the service into a natural environment are required in the fields below the grid.

## Frequency

List the number of sessions that will be provided within a specific time to meet the outcome(s) of focus for the PSP or SSP, as determined by the IFSP team. All timelines will be 180 days from the date of the IFSP, unless a shorter timeline is more appropriate, if the annual IFSP review is due sooner, or if the child will reach the age of 3 within the six-month time period.



## Session Length

Record the total amount of time the provider plans to spend addressing the outcome(s) during each visit.

If a service will be provided by an SSP, the session length for the SSP may be the same or less than the PSP's depending on the amount of time needed to address the outcome(s). When a service is provided by an SSP, their services should be provided concurrently with the services provided by the PSP. For example, if the session length for both the PSP and SSP is 60 minutes, then both providers should provide their services jointly in a single 60-minute period.

## Provider Agency

Document the agency that employs or contracts with the provider.

## Funding Source

It is the responsibility of the EISC to coordinate the funding source and to follow all procedures and safeguards included in OAC 5123-10-03, EI System of Payments.

Record the funding source (OAC 5123-10-03 (C)) from one of the five possible funding sources:

- **CBDD** (County Board of Developmental Disabilities)
- **Private Insurance** (of the child or parent)
- **Public Insurance** (of the child or parent/Medicaid or Children's Health Insurance Program (CHIP))
- **PCP** (Parent Cost Participation)
- **DCP** (department contracted provider)

Title XX funding falls within a CBDD funding source. There is no need to write in Title XX funding in addition to CBDD.

## Projected Start Date\*

For services added to the grid during the current IFSP meeting, record the date the provider plans to begin services. All services must be provided

- after the IFSP is developed, prior written notice has been provided, and the parent has consented to the IFSP,
- after the 10-day prior written notice period (unless the parent waives that timeline) and as soon as possible but no later than within 30 days of the date the parent consents,
- and at the frequency, session length, etc., specified in the IFSP.

The team, including the provider, determines the projected start date, which may be the same day as the IFSP meeting, or any date prior to 30 days elapsing.

Within the projected start date box, there is a checkbox labeled, "**New Service**." This box will be checked for any services added to the "grid" during the current IFSP meeting. Any services added during the current IFSP meeting will have a projected start date within 30 days of the IFSP meeting and the EISC will need to confirm timely receipt of services (TRS).

If this box is not checked then the projected start date will not be changed from the service's original start date. To reiterate, services that were listed on the grid at the previous IFSP meeting **do not** need a new projected start date.

**\*Prior written notice is required when a new service is added or the method, location, frequency, session length, provider agency, or funding source of a service is changed. If the new or changed service is expected to be provided within 10 days of this IFSP meeting, see the "Waiver of Timeline" within Section 8 of the IFSP.**

If the method, location, frequency, session length, provider agency, and/or funding service source associated with a service that was added at a previous IFSP is changed during the current review and the provider and family agree to provide and receive that service within 10 days of the "Date of the IFSP," the service can only be provided on that date if the parent consents to the PWN timeline waiver within Section 8 of the IFSP.

There may be situations when the projected start date is determined to be more than 10 days from the IFSP meeting, but after the IFSP meeting the provider and parent schedule their first visit to occur within 10 days of the IFSP meeting. If this occurs, the provider must ensure that the parent initials the waiver within Section 8. The provider is then responsible for sending the new Section 8 to the EISC to be included in the child's file.

## Example:

Date of IFSP: 4/1/2024									
El Service Type	Method	Location	Frequency	Session Length	Provider Agency	Funding Source	Projected Start Date*	Projected End Date	Outcome Number(s)
Special Instruction <input checked="" type="checkbox"/> PSP <input type="checkbox"/> SSP	P	H/C	18x/180 days	60 minutes	CBDD	CBDD	4/15/2024 <input checked="" type="checkbox"/> New Service	1/28/2025	1, 2
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		

The grid above is from Sami's initial IFSP and is dated 4/1/24. Since special instruction was proposed and added to Sami's grid at her initial IFSP, the **Projected Start Date** must be within 30 days of 4/1/24. Since the Projected Start Date is more than 10 days after 4/1/24, the waiver box in Section 8 should **not** be initialed by the parent. The **New Service** box is checked because the service was added to the grid for the first time at the 4/1/24 IFSP meeting.

The grid below is from Sami's first periodic review and is dated 8/1/24. Occupational therapy was added to the grid and the frequency for special instruction changed from 18x/180 days to 24x/180 days. Since occupational therapy was added to the grid at this IFSP meeting, the **New Service** box is checked, and the **Projected Start Date** is within 30 days of the IFSP meeting. Since special instruction was listed on the grid of the previous IFSP, the New Service box is not checked, and the Projected Start Date remains unchanged.

In this example, the **Frequency** of the special instruction services increased from 18x/180 days to 24x/180 days. The DS, OT, and family agreed to have their next **joint visit** on 8/7/24, so, in order to deliver both services on this date, the waiver within Section 8 must be initialed by a parent since 8/7/24 is within 10 days of the IFSP date (8/1/24). If the next special instruction visit occurs on 8/7/24, but the first OT visit does not occur until 8/20/24, the waiver would still be needed because the special instruction frequency changed at this IFSP review. If the special instruction frequency did not change and the first OT visit did not occur until 8/20/24 then the waiver would not be needed.

Date of IFSP: 8/1/2024									
El Service Type	Method	Location	Frequency	Session Length	Provider Agency	Funding Source	Projected Start Date	Projected End Date	Outcome Number(s)
Special Instruction <input checked="" type="checkbox"/> PSP <input type="checkbox"/> SSP	P	H/C	24x/180 days	60 minutes	CBDD	CBDD	4/15/2024 <input type="checkbox"/> New Service	1/28/2025	2, 3, 4
Occupational Therapy <input type="checkbox"/> PSP <input checked="" type="checkbox"/> SSP	P/T	H/C	6x/180 days	60 minutes	ABC Therapy	DCP	8/7/2024 <input checked="" type="checkbox"/> New Service	1/28/2025	2, 3, 4
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		

Method: In-person (P); Technology (T)      Location: Home (H); Community (C); Other (O)

\*Prior written notice is required when a new service is added or the method, location, frequency, session length, provider agency, or funding source of a service is changed. If the new or changed service plans to be provided within 10 days of this IFSP meeting, see the "Waiver of Timeline" within Section 8 of the IFSP.

## **Projected End Date**

List the date when the service is estimated to end (no later than 180 days from the date of the IFSP meeting or by the child's third birthday), when the next IFSP review/annual is required, or when outcomes are anticipated to be completed.

## **Outcome Number**

List the outcome number(s) from Section 4 and 5 with which the service provider will be assisting the family.

If a service will be addressing each outcome at different frequencies and/or session lengths, a separate line on the grid needs to be completed for each.

**Complete a new Section 6 at each IFSP meeting and embed it into the document for the current IFSP year.**

## **Explanation of why the outcome(s) cannot be achieved in a natural environment.**

For each service located in "Other (O)", the IFSP team is required to provide an explanation as to why the service is not being provided in the home or community. If all services are provided in the home or community, write "N/A."

## **Steps the Service Coordinator and family will take, including projected date, for moving the service into a natural environment.**

For each service located in "Other (O)," list the steps the EI Service Coordinator and family will take to move the service to the home or community. If all services are provided in the home or community, write "N/A."

## **Any Early Intervention service that is needed, but not yet coordinated.**

Document services that are identified to meet an outcome but are not currently available or for which the location has not yet been identified. For example, if a provider has not yet agreed to take part in the IFSP process, list the service here. If all needed services have been coordinated, write "N/A."

## **Steps that the Service Coordinator will take to coordinate the needed EI service(s).**

Document the steps that the EI Service Coordinator will take to coordinate the service(s), such as researching department contracted providers in the area. If none, write "N/A."

## **Timely Receipt of Services (TRS) Due by**

Record the date by which services newly added to the IFSP grid must be initiated. The date is calculated as 30 calendar days from the date the parent consents to the EI service(s) being added. For IFSPs where no new services are added, record "N/A."

## Section 7: Team Participation

This section provides the family with a list of all team members and participants that contributed to the development of the current IFSP. This includes the EI service coordinator and providers, as well as any school personnel, family members other than the parents, family friends, childcare personnel, and students conducting clinicals or fellowships.

In addition to your valuable contributions to the development of this IFSP, the following individuals participated in the eligibility determination, assessment, and/or IFSP development:

**EI Service Coordinator name:**

**Henry Davidson**

Phone: 614-555-5555

Email: [Henry.davidson@cbdd.gov](mailto:Henry.davidson@cbdd.gov)

**Name: Melissa Rodriguez**

Phone: 614-555-5555

Email: [melissa.rodriguez@cbdd.gov](mailto:melissa.rodriguez@cbdd.gov)

Role: ☐ Evaluator/Assessor ☒ Provider

**Discipline:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator                    | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker                       | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist                   | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist                  | <input type="checkbox"/> Other:                      |

**Name: Anna Hurley**

Phone: 614-555-5555

Email: [anna.hurley@cbdd.gov](mailto:anna.hurley@cbdd.gov)

Role: ☐ Evaluator/Assessor ☒ Provider

**Discipline:**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist       |
| <input type="checkbox"/> Pre-K/K Educator         | <input checked="" type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist                |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                             |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other:                            |

**Name:**

Phone:

Email:

Role: ☐ Evaluator/Assessor ☐ Provider

**Discipline:**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other:                      |

**Name:**

Phone:

Email:

Role: ☐ Evaluator/Assessor ☐ Provider

**Discipline:**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other:                      |

**Other participant names**

[Maggie Smith](#)

**Role/Relationship to family**

[Family friend/babysitter](#)

The EISC's name will be at the top of this section. The EISCs contact information is included within this section so the family will have all the relevant contact information in one spot. If using the Word or PDF version of the IFSP, the EISC name and contact information should auto-populate onto this page once added to page 1 of the IFSP.

Within the EI team portion, EI personnel will list their name, phone number, email address, and indicate if they served as an evaluator/assessor and/or are a provider of EI services listed on the grid. The evaluator/assessor box should only be checked for initial and annual IFSPs. **No signatures are needed within this section.**

If any additional EI personnel attended the IFSP meeting (non-evaluators/assessors or providers not listed on the “grid”), they should be listed in the bottom section for “other participants.” LEA representatives that attend the TPC are recorded in the other participant section.

For initial IFSPs, the evaluator and assessors, as well as any future providers should be listed on this page.

<b>EI Service Coordinator name:</b> <b>Henry Davidson</b> Phone: 614-555-5555      Email: Henry.davidson@cbdd.gov	
<b>Name: Melissa Rodriguez</b> Phone: 614-555-5555 Email: melissa.rodriguez@cbdd.gov Role: <input checked="" type="checkbox"/> Evaluator/Assessor <input checked="" type="checkbox"/> Provider	<b>Discipline:</b> <input checked="" type="checkbox"/> Developmental Specialist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> Pre-K/K Educator <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Social Worker <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Vision Specialist <input type="checkbox"/> Nurse <input type="checkbox"/> Hearing Specialist <input type="checkbox"/> Other
<b>Name: Henry Davidson</b> Phone: 614-555-5555 Email: henry.davidson@cbdd.gov Role: <input checked="" type="checkbox"/> Evaluator/Assessor <input type="checkbox"/> Provider	<b>Discipline:</b> <input type="checkbox"/> Developmental Specialist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> Pre-K/K Educator <input type="checkbox"/> Occupational Therapist <input checked="" type="checkbox"/> Social Worker <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Vision Specialist <input type="checkbox"/> Nurse <input type="checkbox"/> Hearing Specialist <input type="checkbox"/> Other

For annual IFSPs, the assessors and any providers should be listed on this page. For periodic reviews, providers on the plan should be listed in this section.

## Discipline

EI evaluators/assessors and providers will check the box that indicates the discipline that makes them qualified personnel to conduct E/A and provide services, as defined within OAC 5123-10-02 [Appendix B](#).

<b>Name: Rebecca Jones</b> Phone: 740-555-5555 Email: Rebecca.jones@therapy.org Role: <input type="checkbox"/> Evaluator/Assessor <input checked="" type="checkbox"/> Provider	<b>Discipline:</b> <input type="checkbox"/> Developmental Specialist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> Pre-K/K Educator <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Social Worker <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Vision Specialist <input type="checkbox"/> Nurse <input type="checkbox"/> Hearing Specialist <input checked="" type="checkbox"/> Other <b>Psychologist</b>
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The check box options include the most frequent disciplines found on IFSPs. Not every potential discipline is listed. If a provider’s discipline is not listed, please check the “other” box, and then write in the discipline in the space provided.

## Section 8: Prior Written Notice and Consent for EI Services

Prior written notice (PWN) is required whenever an EI service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to a family and child. Prior to July 1, 2024, all PWN after an IFSP meeting was provided via form EI-11 to the family. **As of July 1, 2024, EI-11 is no longer required for providing PWN to families for services that were added or changed during an IFSP meeting.** Instead, the IFSP now includes prior written notice about the proposed Early Intervention services as the details of the proposed initiation or change of services are described within Section 6 of the IFSP.

For children who have an IFSP developed prior to July 4, 2024, continue to use the previous IFSP until their annual IFSP. As always, you can hold a child's annual IFSP at any time within 90 days of the annual IFSP due date. While continuing to use the old IFSP until the annual IFSP, a PDF of only the [new signature page](#) is available to use with the "old" IFSP; this ensures that the requirements for PWN are included in the IFSP.

**Replace the signature page from the "old" IFSP with the new temporary signature page until the child's annual IFSP occurs and the new IFSP is utilized.**

After the EI Service Coordinator has fully informed the parents of all information related to the provision of EI services (including answering all questions), the Service Coordinator requests that the parents provide consent to implement the IFSP.

### Parent Consent

I agree to the provision of these Early Intervention services described in this IFSP. I participated in the development of this IFSP and have been fully informed and understand all information related to the provision of Early Intervention services described in this IFSP. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint.

I understand that when any Ohio Early Intervention (EI) service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to my family and child, I must receive prior written notice at least ten calendar days before beginning or changing that EI service. I understand that this IFSP constitutes prior written notice about the proposed Early Intervention services and the details of the proposed initiation or change of services are described within Section 6 of the IFSP.

### Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning an EI service.

NL

Initials of parent(s)

8/1/2024

Date

Nathan Long

Parent name

Nathan Long

Parent signature

8/1/2024

Date

Estelle Long

Parent name

Estelle Long

Parent signature

8/1/2024

Date

**\*A new projected start date is required when a new service is added or the method, location, frequency, session length, provider agency, or funding source is changed. If the new projected start date is within 10 days of this IFSP meeting, see the "Waiver of Timeline" within Section 8 of the IFSP.**



If the parent(s) provide consent, they will print their first and last name on the “parent name” line(s) and sign their first and last name on the parent signature line(s). If you are using the Microsoft Word version of the IFSP, you will need to save the document as a PDF and then acquire signatures on the PDF.

For example, a periodic review was conducted on August 14, 2024, via a video conference. During the review, the parent(s) typed in the chat that they consent to provision of the services described within the IFSP. After the call, the EI Service Coordinator emailed the parent a copy of the IFSP. The parent signed the IFSP form and mailed it back to the EI Service Coordinator on August 17, 2024. Even though the EISC received the signed form on 8/17/24, the IFSP date and the date next to the parent's signature should be 8/14/24.

El Service Coordinators must ensure that parents sign and accurately date the IFSP if they agree to implementation of the IFSP.

A new Form EI-04 is completed for annual reviews.

We acknowledge that the outcomes reflect the family's priorities and concerns, and the EI services support those outcomes. We agree to implement this IFSP in a manner that supports the family's ability to help their child participate in and learn from their everyday activities whenever possible.

Electronic signatures are acceptable. On the next line, the participants type or print first and last names and roles of the team, such as DS, OT, PT, SLP, Service Coordinator, etc.

40



participants who are not providing EI services are listed in Section 7. A signature is not required for participants who will not be providing an EI service (e.g. a family member, LEA representative, etc.).

By signing the IFSP, the providers are agreeing to provide the services **exactly** as they are written on the grid and described to the family. **This includes the frequency and session length of all services.** If the session length of a provided service does not match the session length written on the grid, a brief explanation of why this occurred is required within the documentation of that service.

If The EI Service Coordinator (or authorized representative of a provider) may fill out all of the participant information (name, role, agency, participation method, and date) except the signature for.

If an IFSP meeting participant has agreed to provide an EI service is not present at the IFSP meeting or is participating virtually, the EISC (or authorized representative of a provider) may fill in all the providers information (name, role, agency, participation method, and date) except for their signature. The IFSP will then be sent to the provider for an electronic signature. Alternatively, the provider may print the signature page, sign, scan, and then return it as quickly as possible to the EI Service Coordinator. If the EI Service Coordinator receives separate signed signature pages from providers, the EI Service Coordinator will document "signature on file" on the providers' signature line within the original IFSP. The EI Service Coordinator will maintain all signatures for the IFSP in the child's record.

## Date

The providers' signature dates should match the date of the IFSP meeting

## Citations

Pretti-Frontczak, K., Lyons, A. N., & Travers, K. (2015). Five steps to functional assessment: Evaluation and assessment base training and coaching content [PowerPoint developed for Ohio Department of Developmental Disabilities and Ohio Department of Health (DODD/ODH)]. Brooklyn, NY: B2K Solutions, Ltd.

## Long Family Scenario

The following scenario depicts documentation on EI-04 of a periodic review where a transition outcome was added.

# Form EI-04 Individualized Family Service Plan (IFSP)



Department of  
Children & Youth

Help Me Grow Early Intervention

IFSP type ☐ Initial 4/1/2024 ☒ Periodic 8/1/2024 ☐ Periodic \_\_\_\_\_  
and date ☐ Annual \_\_\_\_\_ ☐ Periodic \_\_\_\_\_ ☐ TPC \_\_\_\_\_

ETID number  
0000000001

## Section 1: Child and Family Information

Child's first name <u>Samantha</u>	Last name <u>Long</u>	Nickname <u>Sami</u>	Date of birth <u>4/10/2022</u>
Languages spoken with child <u>English</u>	Interpreter needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Child's race and ethnicity <u>White/Hispanic</u>	Child's school district of residence <u>Columbus Public</u>
Parent name <u>Nathan Long</u>	Address <u>123 Fake Ave, Columbus, OH 43205</u>		Child lives with? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child if not biological or adoptive parent		Phone: Cell (C); Home (H); Work (W) <u>(C) 614-555-5555</u>	
Email address <u>Nathan.long@gmail.com</u>	Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input checked="" type="checkbox"/> Text	Preferred contact times <u>9am-8pm</u>	
Parent name <u>Estelle Long</u>	Address <u>123 Fake Ave, Columbus, OH 43205</u>		Child lives with? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to child if not biological or adoptive parent		Phone: Cell (C); Home (H); Work (W) <u>(C) 614-555-5555</u>	
Email address <u>Estelle.long@gmail.com</u>	Preferred contact method <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Text	Preferred contact times <u>9am-8pm</u>	

### Other important family information

(anything you want your team to know about your family's culture, spiritual beliefs, or living arrangements)

Please, remove your shoes at the door. We have two dogs.

## Section 2: Early Intervention Service Coordinator Information

Your Early Intervention (EI) Service Coordinator serves as the single point of contact for carrying out the following activities during your participation in EI. This includes -

- Explaining and ensuring your rights in EI
- Coordinating your child's initial eligibility
- Coordinating Individualized Family Service Plan (IFSP) meetings within required timelines including those requested by you
- Assisting the IFSP team with developing outcomes that are functional and reflect your concerns and priorities
- Assisting you in identifying, obtaining, funding, and monitoring needed EI services
- Assisting you with locating and connecting to other supports and resources that you need and want
- Facilitating the development of a transition plan before age three

Name of EI Service Coordinator <u>Henry Davidson</u>	Phone <u>614-555-5555</u>	Email <u>Henry.davidson@cbdd.gov</u>
Agency name <u>County Board Department of Disabilities</u>	Supervisor name and contact information <u>Katrina Hoffman; 614-355-5555; Katrina.hoffman@cbdd.gov</u>	

Section 3: Child and Family Assessment

Completion date of:

3/21/2024

Child Assessment

3/21/2024

Family-Directed Assessment

During the assessments of your child and family, the assessment team gathered information from a variety of sources. This information is summarized in the following pages and will be the basis for the development of outcomes and identification of strategies and activities to address the needs of your child and family.

The following child assessment activities must have been conducted or reviewed	Completion date
• Review of the eligibility documents	3/21/2024
• Review of child's history via medical/educational/other records	3/18/2024
• Review of child's history via parent/family interview	3/21/2024
• Gathering information from caregivers, family members, and/or others to understand full scope of the child's unique strengths and needs	3/21/2024
• Identification of child's level of functioning within your family's daily routines and activities	3/21/2024
• Hearing Checklist	3/21/2024
• Vision Checklist	3/21/2024
• Other (optional):	

Child's History Summary

This is a summary of the relevant information acquired through parent interview and medical, educational, or other records, including birth history, gestational age, medical conditions or diagnoses, illnesses, hospitalizations, medications, vision and hearing status/screenings, feeding/nutrition needs, and other developmental information.

Sami was born at 37 weeks and five days gestation. She spent five days in the NICU for meconium in her lungs. Sami was seen by her pediatrician, Dr. Winston, who had concerns for her speech and language development. Sami was seen by Dr. DeDino, optometrist, and vision was in normal limits. Sami has a history of chronic ear infections. She has had four ear infections since January. She has a hearing evaluation scheduled for 8/24/24. Medical records showed that Sami's weight and height were both 45th percentile for children her age.

## Daily Activities and Routines Summary

### The Easiest or Most Enjoyable Times of Day with Your Child

Activity/Routine	Who is involved?	What makes the activity/routine go well?
Snack time	Dad	Typically, Sami is not as hungry during snack time, so she is more patient while Dad tries to figure out what she wants.
Bathtime	Mom or Dad	Sami knows and loves the bathtime routine. During her bath, she is full of laughter and follows all of Mom/Dad's directions.
Nap/bedtime	Mom or Dad, and Sissy	Sami quickly falls asleep when she is tired. She easily gets tired. Dad reads with Sami before nap. Mom reads with Sami before bed.

### The Most Challenging or Frustrating Times of Day with Your Child

Activity/Routine	Who is involved?	What makes the activity/routine challenging?
Lunch during the weekdays	Dad and Sissy	Sami typically refuses to eat what Dad offers. When Dad asks her to choose a food, she does not appear to understand him. When Dad gives Sami a fork at lunch, she sometimes throws it at her sister.
Grocery Store	Mom or Dad	Sami gets upset when she is confined in the stroller or grocery cart for more than 5 minutes. If she is not in a stroller or cart, she attempts to run away in the store.
Potty Training	Mom or Dad	Sami does not let Mom or Dad know if she has a dirty diaper. She will sit on the potty for a minute or two, but Mom and Dad do not think she knows what to do.

## Summary of Your Child's Development

Children develop skills in three functional areas, known as the Three Child Outcomes: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet their needs. Your team has compiled information through observation, family interview, review of your child's records, and the information you shared about your child's participation in family activities and routines. These summaries of your child's present levels of development represent your child's individual strengths and needs in relation to same age peers. This link provides more information on the functional skill breakdown for each of the [Three Child Outcomes](#).

## Developing Positive Social-Emotional Skills

This is a summary of how your child interacts and plays with the family, other adults, and other children. This includes how they (1) show affection to family members, (2) understand and use their name and the names of others, (3) communicate greetings and goodbyes, (4) play with familiar and unfamiliar adults and peers, (5) express ownership of toys and share with others, (6) show their feelings and calm when upset, and (7) participate in social rules and games, such as playing peek-a-boo, singing songs, dancing, pretend play, and taking turns.

Sami lives at home and spends most of her time with her mom, dad, big brother, and her baby sister. Sami is often happy and enjoys playing peek-a-boo with Mom and Dad. She is typically easy-going and has not yet shown signs of stranger anxiety. She appears to have some awareness of strangers, as when the family goes to the grocery store and a stranger says "hi," she may hide her face.

Sami calls for her parents, using "Mama" and "Dada." She often waves and says, "hi" and "bye-bye" to others, and sometimes says, "bye-bye Mama," when she leaves for work in the mornings. Dad modeled "bye-bye Mama," when Mom left for work for months before Sami began to imitate him. She also likes to say, "Hi, Sissy," to her baby sister. Sometimes, it seems as if Sami does not always hear her parents when they call her name, even though she quickly turns towards Mom's phone when she hears a familiar song. Sami loves to give kisses and snuggles to her family and to new people who visit the house. Sami often helps care for her baby sister by giving her a blanket, snuggles, and kisses. She also frequently tries to hold her hand, give her toys, and occasionally tries to give her a bottle when she cries.

Sometimes Sami spins in circles when listening to music. Dad and Sami's older brother like to sing during bath time. When they sing, Sami often laughs, but she is not yet attempting to sing along to any nursery rhymes with them. Sami is not yet making consistent eye contact when she plays with her family. Although, when she sits on Dad's lap facing him, she often looks at his face when he speaks to her and likes to reach out and grab his lips. When something scares Sami, she immediately looks to Mom and Dad to see their reaction. Sami loves dogs but sometimes gets scared when they bark, like her dogs do every day at 2pm when the mail is delivered.

Sami often becomes upset after coming up to Mom or Dad and making "uhh" sounds, unless they give her what she wants. Mom and Dad do not often know what she wants and if they offer the wrong item, a tantrum follows. Sami typically needs 30 or more minutes to calm down when this happens. Sometimes Mom thinks she figures out what Sami wanted, but she still does not calm down when Mom offers what she thinks was the desired item. Additionally, Sami becomes upset if her big brother or another child takes an item she is playing with. She is not yet telling other children, "mine," to claim items.

**For annual IFSP and at exit** - Has your child shown any new skills or behaviors related to developing positive social-emotional skills since the most recent Child Outcome Summary rating?

☐ Yes ☐ No

**Child Outcome Summary (COS) Rating Statement** - Relative to same age peers, your child:

- |   |   |
|---|---|
| <input type="checkbox"/> Uses the skills expected of a much younger child in this area.   | <input checked="" type="checkbox"/> Occasionally uses age-expected skills. They have more skills of a younger child in this area. |
| <input type="checkbox"/> Uses some early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses many age-expected skills. They have some skills of a younger child in this area.                    |
| <input type="checkbox"/> Uses many early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses the skills that we would expect in this area. However, there is potential for concern.              |
|   | <input type="checkbox"/> Uses all the skills that we would expect in this area.   |

## Acquiring and Using Knowledge and Skills

This is a summary of how your child plays, learns new things, and communicates what they know to others. This includes how they (1) observe and learn from others, (2) problem-solve, (3) analyze new information, (4) engage in purposeful play, (5) "read" books, (6) understand directions, and (7) use gestures, words, or signs to tell others about the world and answer questions.

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Sami learns all about her world through play and self-exploration. She often likes to investigate new toys and items on her own. Sami's favorite toy right now is her activity cube. She loves to use the hammer to bang on the buttons on the top and side. She also likes to push the buttons on her dancing dogs, which makes them light up and plays music. Sometimes Sami watches her older brother play. Over the summer, she would sit and watch him play in his play kitchen every day before nap. Recently, she has started to show interest in the toys found in the kitchen, but she is not yet pretending to play with those toys like her brother. She may become frustrated and walk away when someone else attempts to join in her kitchen play, even her big brother.

Sami's eyes and hands are still learning how to work together to be careful when playing with toys like her Lego blocks and putting together puzzles. While playing today, Sami used her hands to hold and manipulate toys but did not use her thumb and index finger to pick up and manipulate small items or crayons. Dad typically reads with Sami before nap time. Sami's interest in books is growing, though she prefers to control the book, often turning the pages quickly. She is not yet examining the pictures, nor copying Mom when Mom points to pictures. When Dad takes Sami to the library's story time, Sami sits next to the other children for a minute or two. She typically stands up and runs around the room after two or three pages into the book. Sami also enjoys scribbling with her crayons, especially her bath crayons while in the tub.

Sami uses a few words on her own during the day, but mostly communicates through sounds. She is not yet using words to name her toys, like her baby doll or her drum, though she imitated "baby" while playing, today. Sami jabbars throughout the day, using a variety of sounds, though she does not yet imitate sounds back and forth. When Mom and Dad try to get Sami to copy what they say, she either laughs or does not respond. Sami used to imitate silly sounds with her lips but stopped about a month ago. She also used to say "duck" all the time, as she lives right next to the water and frequently sees ducks walking by but stopped saying it a few months ago too. Sami follows simple directions like "come here" or "put this in the trash" more for Mom than Dad, though she is not yet consistently retrieving familiar items, like a book or her monkey when asked by anyone.

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**For annual IFSP and at exit** - Has your child shown any new skills or behaviors related to acquiring and using knowledge and skills since the most recent Child Outcome Summary rating?

☐ Yes ☐ No

**Child Outcome Summary (COS) Rating Statement** - Relative to same age peers, your child:

- |  |  |
|--|--|
| <input type="checkbox"/> Uses the skills expected of a much younger child in this area.  | <input type="checkbox"/> Occasionally uses age-expected skills. They have more skills of a younger child in this area. |
| <input checked="" type="checkbox"/> Uses some early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses many age-expected skills. They have some skills of a younger child in this area.         |
| <input type="checkbox"/> Uses many early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area.            | <input type="checkbox"/> Uses the skills that we would expect in this area. However, there is potential for concern.   |
|  | <input type="checkbox"/> Uses all the skills that we would expect in this area.  |
-

## Using Appropriate Action to Meet Needs

This is a summary of how your child moves purposefully, helps to take care of themselves, and communicates what they want and need. This includes how they (1) move from place to place, (2) eat and drink, (3) participate in dressing and undressing, (4) sleep during their nap and overnight, (5) participate in bathing, diapering, and toileting, (6) follow directions about safety, and (7) communicate their wants and needs to others.

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Sami is a very active little girl who likes exploring her home. She runs everywhere and likes climbing up on the couch to get to things she wants. Sami enjoys rough house play with Dad and likes to stack up the pillows from the couch, climb onto the couch, and then jump onto the pillows. She uses both her hands to play with toys and enjoys throwing balls out of her ball pit. When it is time for a bath, Sami walks up the stairs, placing one foot on each step. She prefers to hold on to the wall or rail, rather than hold Mom or Dad's hand.

Sami is starting to help with dressing by pushing her arms through her shirt, pulling her pants and shirt off, and undoing her diaper. Sami loves the bath and leans her head back to wash her hair when Mom grabs a cup of water, taps on the back of Sami's head, and asks her to lean back. At night, Sami sleeps in her toddler bed, in her and her sister's room. She takes a 2-3-hour nap in the afternoon, and almost always sleeps through the night. If Sami is only wearing a diaper, she removes the diaper when it is dirty. If she is wearing clothes and has a dirty diaper, Sami continues to run around her home. She is not yet alerting Mom and Dad when she has a dirty diaper. When Mom or Dad place Sami on her little potty, she sits on it for 2-3 minutes before getting up and running away. She has not yet successfully gone in the potty.

During meals, Sami typically sits in her booster seat at the table. She is often fed at the same time as her younger sister, typically before her parents sit down to eat. Sami is a good but picky eater and prefers to graze throughout the day. She likes noodles, mac and cheese, ravioli, chicken nuggets, French fries, dry cheerios, and yogurt melts. When eating yogurt melts, Sami always tries to stuff as many yogurt melts as she can in her mouth. She sometimes tries to overstuff her mouth with other foods. Recently, Mom has attempted to figure out why Sami only eats certain foods. She has noticed that Sami typically prefers softer foods. When given meats or other foods that require more chewing, Sami often spits them out. However, she enjoys eating a specific baked cheese-stuffed chicken dish that Mom makes. When the family has time, Sami feeds herself with her hands. Typically, she picks up food with her whole hand. She may become frustrated if her cheerios break apart when she attempts to pick them up. When given a utensil, Sami typically bangs with and shakes the spoon or fork on and around the table. Sometimes she will try to stick the utensils in Mom or Dad's glass or throw them at her sister. She is not yet using a spoon or fork to feed herself. Sami's mom or dad typically feed her to get through a meal. Sami drinks 20oz of milk each day, from a sippy cup. She drinks from an open cup or water bottle if her parents help to hold the container steady.

Sami touches buttons on a phone or computer with her pointer finger but is not yet pointing to things she wants or pointing to things she finds interesting to show her parents. Sami often makes sounds (i.e. "uhh") while standing in front of her parents when she wants something. Sami is not yet consistently using words or pointing to objects to get her needs met during the day. Sami's mom and dad typically anticipate what she wants throughout the day and often provide her with items she may want before giving her an opportunity to ask for them. When Sami is being watched once a week by Mom's friend, Maggie, she often fusses and whines, like she does at home, when she wants something. However, her babysitter is attempting to teach Sami to sign "more," when she wants more to eat. Sami allows Maggie to grab her hands and help her sign, but she has not yet signed "more" without any help.

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**For annual IFSP and at exit** - Has your child shown any new skills or behaviors related to using appropriate action to meet needs since the most recent Child Outcome Summary rating?

☐ Yes ☐ No



Child's name: Samantha Long

Date of birth: 4/10/2022

ETID number: 000000001

**Child Outcome Summary (COS) Rating Statement** - Relative to same age peers, your child:

- |   |   |
|---|---|
| <input type="checkbox"/> Uses the skills expected of a much younger child in this area.   | <input checked="" type="checkbox"/> Occasionally uses age-expected skills. They have more skills of a younger child in this area. |
| <input type="checkbox"/> Uses some early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses many age-expected skills. They have some skills of a younger child in this area.                    |
| <input type="checkbox"/> Uses many early skills that are necessary for developing age-expected skills. They are not yet using age-expected skills in this area. | <input type="checkbox"/> Uses the skills that we would expect in this area. However, there is potential for concern.              |
|   | <input type="checkbox"/> Uses all the skills that we would expect in this area.   |
-

## Family-Directed Assessment (FDA) Summary

**FDA Conducted by:** Henry Davidson

### Family Concerns

This is a summary of the concerns, difficulties, or challenges that your child and/or family experience during daily routines and activities that would be helpful for the EI team to address.

Mom and Dad are concerned with Sami's difficulties communicating what she wants and how picky she is at meals. They also find it difficult to take Sami out in public, as she does not like to be constrained in her stroller and will run away from Mom and Dad if they let her walk on her own.

### Family Resources

This is a summary of the resources that your child/family has for support, including people, activities, programs, or organizations, as well as resources that you do not currently have but want or could benefit from.

The Long family is supported by their friends and family. Both sets of grandparents live within 30 miles and often help with childcare. Mom works full-time and is employed by the Ohio State University. Dad works part-time and cares for the children when he isn't working. Sami and her younger sister spend one day a week, from 8am-5pm with a family friend who also has two children of similar ages. Dad would like Sami to have the opportunity to consistently interact with her peers in a full-day childcare setting. The family is interested in finding an affordable and quality childcare for every weekday. The family has transportation and stable housing. Mom and Dad currently rent a townhouse, but they would like to purchase a home. They are having difficulty finding a home that is the right size, in a good neighborhood with quality schools, and in their price range.

### Family Priorities

This is a summary of the specific skills, activities, and/or resources that you would like your child and/or family to acquire as a result of early intervention services.

Sami's family would like to see her point and use words to tell them what she wants. They would also like to see her use utensils, eat a larger variety of foods, and not overstuff her mouth. They are interested in learning about teaching Sami signs since her babysitter is trying to teach Sami to sign, "more."

Section 4: Your Child and Family Outcomes

This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome. The outcome is based on the information you shared about your family's daily life during the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and with enough detail so the entire team will know when it is accomplished. Outcomes should be based on what you would like to see happen within your family's activities as a result of EI supports and services.

Outcome number: 1	This <b>child</b> outcome addresses: <div><input type="checkbox"/> Developing positive social relationships</div> <div><input type="checkbox"/> Acquiring and using new skills and knowledge</div> <div><input checked="" type="checkbox"/> Taking action to meet own needs</div>	This <b>family</b> outcome addresses: <div><input type="checkbox"/> Family well-being, family participation, or information</div>
Date outcome added: 4/1/2024		

**Outcome:**  
When Sami finishes the yogurt bites on her highchair during breakfast and wants more, she will sign "more" to Dad.

**What's happening now with respect to this outcome?**  
Sami typically repeats, "uhh" until Mom or Dad gives her what she wants. If they do not give her more of the desired item quickly, Sami throws a tantrum. Maggie (babysitter) is attempting to teach Sami to sign "more," when she wants more to eat. Sami allows Maggie to grab her hands and help her sign, but she has not yet signed "more" without any help. Additionally, Sami always overstuffs her mouth with yogurt melts if she is given a full container of melts.

**Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?**  
EI provider will model and coach during visits to encourage signing and assist caregivers with ways to motivate Sami to request 'more'. Dad/Mom/Maggie/Grandparents should only give Sami three yogurt bites at a time. When she is finished with the yogurt bites, they will sign, "more," in front of Sami, then grab Sami's hands and quickly help her sign, "more." They will then give Sami three more yogurt bites as quickly as possible and praise all attempts Sami makes. Caregivers and EI provider will explore using this strategy in other activities with toys, fun games, drinks, and other preferred foods.

**Supports that we currently have available to help with this outcome (formal and natural, including services not provided by EI).**  
Maggie (babysitter) and grandparents will practice the same steps to establish the same expectation at home and at other frequently visited homes.

**Review of this outcome:** A review of the IFSP must occur at least every six months but may occur sooner. You may request an IFSP review at any time.

Result of review:

Date of review: 8/1/2024

☒ Outcome met    ☐ Continue outcome    ☐ Revise outcome    ☐ Outcome no longer a priority

**New concerns or events that affect this outcome:**

**Progress made toward meeting this outcome:**  
Sami is now signing, "more," to request more yogurt melts at breakfast and at snack without being prompted by Mom, Dad, and Maggie. Sometimes, she makes a /mo/ sound when signing, "more." Additionally, she occasionally signs, "more" to request other foods when prompted.

**Updated strategies:**

Section 4: Your Child and Family Outcomes

This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome. The outcome is based on the information you shared about your family's daily life during the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and with enough detail so the entire team will know when it is accomplished. Outcomes should be based on what you would like to see happen within your family's activities as a result of EI supports and services.

Outcome number: 2	This <b>child</b> outcome addresses: <div><input type="checkbox"/> Developing positive social relationships</div> <div><input type="checkbox"/> Acquiring and using new skills and knowledge</div> <div><input checked="" type="checkbox"/> Taking action to meet own needs</div>	This <b>family</b> outcome addresses: <div><input type="checkbox"/> Family well-being, family participation, or information</div>
Date outcome added: 4/1/2024		

**Outcome:**  
When Sami wants food from the pantry at snack time, she will point to the pantry and tell Dad, "eat."

**What's happening now with respect to this outcome?**  
When Sami wants something out of reach or behind a door, she is not yet pointing to what she wants. She typically repeats, "uhh" until Mom or Dad gives her what she wants. If Mom or Dad cannot figure out what Sami wants, then Sami typically has a meltdown. Mom and Dad typically anticipate what she wants throughout the day and often provide her with items she may want before giving her an opportunity to ask for them.

**Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?**  
The EI providers will coach the family on ways the family/caregivers can offer snack choices to Sami. The providers and family will help Sami use her index finger to touch the item that they think she wants. Family will show Sami that the snacks come from the pantry. Family and provider will explore use of signs, pictures, and verbal modeling to help Sami communicate. Mom and Dad will coach Maggie and Grandparents to use the same strategies when Sami is with them.

**Supports that we currently have available to help with this outcome (formal and natural, including services not provided by EI).**  
Maggie (babysitter) and grandparents will practice the same steps to establish the same expectation at home and at other frequently visited homes.

**Review of this outcome:** A review of the IFSP must occur at least every six months but may occur sooner. You may request an IFSP review at any time.

**Result of review:**

☐ Outcome met☒ Continue outcome☐ Revise outcome☐ Outcome no longer a priority

**Date of review:** 8/1/2024

**New concerns or events that affect this outcome:**

**Progress made toward meeting this outcome:**  
Sami now touches the snack that she wants. Sometimes she will touch with her whole hand and other times she will touch with her index finger.

**Updated strategies:**  
The family will now move the snack options farther away from Sami and help her point instead of touching the option she wants. The family will model the sign and say, "eat," then grab Sami's hands and quickly help her sign, "eat" immediately before handing Sami foods.

Section 4: Your Child and Family Outcomes

This section identifies a child or family outcome based on what you want to accomplish, as well as the steps to meet your outcome. The outcome is based on the information you shared about your family's daily life during the child and family assessment(s). Each IFSP outcome must be written in words easily understandable by everyone and with enough detail so the entire team will know when it is accomplished. Outcomes should be based on what you would like to see happen within your family's activities as a result of EI supports and services.

Outcome number: 3	This <b>child</b> outcome addresses: <div><input type="checkbox"/> Developing positive social relationships</div> <div><input type="checkbox"/> Acquiring and using new skills and knowledge</div> <div><input checked="" type="checkbox"/> Taking action to meet own needs</div>	This <b>family</b> outcome addresses: <div><input type="checkbox"/> Family well-being, family participation, or information</div>
Date outcome added: 8/1/2024		

**Outcome:**  
Sami will scoop yogurt with a spoon and bring it to her mouth to feed herself during lunch.

**What's happening now with respect to this outcome?**  
Sami's mom or dad typically feeds her to get through a meal. When the family has time, Sami feeds herself with her hands. Typically, she picks up food with her whole hand. When given a utensil, Sami typically bangs with and shakes the spoon or fork on and around the table. Sometimes she will try to stick the utensils in Mom or Dad's glass. She has just started to show some interest in stabbing and scooping food.

**Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?**  
EI providers will coach and model hand over hand support and will explore sticky food options to allow success. Family and providers will trial different spoons and Mom and Dad will work on guiding Sami's hand to scoop yogurt then slowly provide less support.

**Supports that we currently have available to help with this outcome (formal and natural, including services not provided by EI).**  
Maggie (babysitter) and grandparents will practice the same steps to establish the same expectation at home and at other frequently visited homes.

**Review of this outcome:** A review of the IFSP must occur at least every six months but may occur sooner. You may request an IFSP review at any time.

**Result of review:**

Date of review:

☐ Outcome met    ☐ Continue outcome    ☐ Revise outcome    ☐ Outcome no longer a priority

**New concerns or events that affect this outcome:**

**Progress made toward meeting this outcome:**

**Updated strategies:**

Section 5: Your Child and Family Transition Plan

The supports and services provided through Early Intervention end when the child turns three. This section serves as your transition plan and identifies the child and family transition needs and the steps and activities needed to make this transition from EI as smooth as possible. Your team will work with you to develop a plan and assist you to identify potential community supports or services that may be beneficial to your child and family.

Your plan will be developed between 9 months ( 7/28/2024 ) and 90 days ( 1/28/2025 ) before your child's third birthday.

DateDate

If your child was referred to EI within 90 days of their third birthday, your transition plan will be developed at your initial IFSP meeting.

- This planning process will include:
- Discussion with you about your child and family's future needs, potential future services and placements, and details you may need about those service options.
  - Procedures to prepare your child for changes in service delivery, including steps to help your child adjust to and function in a new setting. This may include anything from learning to get on a school bus, to separating from family members, to acquiring and using a communication or other assistive technology device in a new setting.
  - Identifying the transition steps, activities, and any services that the IFSP team determines necessary to support the transition.
  - With your consent (on the EI-07 Consent for Transition Planning Conference), a Transition Planning Conference (TPC) with any community service providers you have identified as potential resources.

While your child's name, date of birth, and your contact info has already been shared with your school district, the TPC is a time for you to share and learn additional information. If your child may be eligible for preschool special education services at age three, this planning process will also include conversations with you about the role of the school district and the process for obtaining your consent for sharing copies with your school district of the most recent evaluations, assessments and IFSP, and inviting the school district representative to a Transition Planning Conference.

Date transition outcome with steps and services developed: 8/1/2024

Potential future resources, placements, and/or services:

Preschool special education classroom (½ day), childcare (when located), local library story time (Monday and Thursday a.m.)

Child transition outcome: What will your child need to make a smooth transition?

Outcome number: 4

Sami will sit in her spot for an entire book at story time at the library.

What steps and activities, including who and when, will help us meet this outcome?

The DS and OT will support Mom and Dad at library story time and reading time at home/babysitter's. The family, Maggie, and providers will work on ways to engage Sami and maintain her attention while reading, including sensory rich items, seats, or activities.

This transition outcome addresses:

☐ Developing positive social relationships

☒ Acquiring and using new skills and knowledge

☐ Taking action to meet own needs

Family transition outcome: What will you need to support your child in this transition?

Outcome number: 5

Dad will find available quality childcare, within 10 miles of his office, for Sami and her sister.

What steps and activities, including who and when, will help us meet this outcome?

Dad will research childcare options near his office. He will reach out to coworkers with kids and employee support at his office. The EISC will provide support and resources to help the family with their search, including the link to the childcare search engine and the EI Resource Directory, as needed.

Child's name: [Samantha Long](#)

Date of birth: [4/10/2022](#)

ETID number: [000000001](#)

**Review of transition outcome(s):** A review of the IFSP must occur at least every six months but may occur sooner. You may request an IFSP review at any time.

**Result of review for child transition outcome:**

**Date of review:** \_\_\_\_\_

☐ Outcome met    ☐ Continue outcome    ☐ Revise outcome    ☐ Outcome no longer a priority

**Result of review for family transition outcome:**

☐ Outcome met    ☐ Continue outcome    ☐ Revise outcome    ☐ Outcome no longer a priority

**New concerns or events that affect these outcomes:**

**Progress made toward meeting these outcomes:**

**Updated strategies, steps, and activities:**



Section 6: Early Intervention Services

Early Intervention services may be provided by a primary service provider (PSP) or a secondary service provider (SSP). The PSP directly assists/serves the family at all visits to support the outcomes and promote child learning and development. SSPs periodically support the PSP and family with the IFSP outcomes through joint visits. Joint visits occur as often as necessary based on the needs of the PSP and family. In addition to your provider(s), you always have access to a full team of EI providers available to support your family.

Using all the information available, the IFSP team has identified the following EI services to support our outcomes:

Date of IFSP: 8/1/2024

EI Service Type	Method	Location	Frequency	Session Length	Provider Agency	Funding Source	Projected Start Date*	Projected End Date	Outcome Number(s)
Special Instruction <input checked="" type="checkbox"/> PSP <input type="checkbox"/> SSP	P	H/C	24X/180 days	60 minutes	CBDD	CBDD	4/15/2024 <input type="checkbox"/> New Service	1/28/2025	2, 3, 4
Occupational Therapy <input type="checkbox"/> PSP <input checked="" type="checkbox"/> SSP	P/T	H/C	6x/180 days	60 minutes	ABC Therapy	DCP	8/7/2024 <input checked="" type="checkbox"/> New Service	1/28/2025	2, 3, 4
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		

Method: In-person (P); Technology (T)

Location: Home (H); Community (C); Other (O)

\*If any new or changed service is projected to occur within 10 days of this IFSP meeting, see the "Waiver of Timeline" within Section 8 of the IFSP

Explanation of why any EI service(s) cannot be provided in a natural environment:

N/A

Steps that the EI Service Coordinator and family will take, including projected date, for moving the service(s) into a natural environment:

N/A

EI services that are needed, but not yet coordinated:

N/A

Steps that your EI Service Coordinator will take to coordinate the needed EI service(s):

N/A

Timely receipt of services (TRS) due by: 8/31/2024

Section 6: Early Intervention Services

Early Intervention services may be provided by a primary service provider (PSP) or a secondary service provider (SSP). The PSP directly assists/serves the family at all visits to support the outcomes and promote child learning and development. SSPs periodically support the PSP and family with the IFSP outcomes through joint visits. Joint visits occur as often as necessary based on the needs of the PSP and family. In addition to your provider(s), you always have access to a full team of EI providers available to support your family.

Using all the information available, the IFSP team has identified the following EI services to support our outcomes:

Date of IFSP: 4/1/2024

EI Service Type	Method	Location	Frequency	Session Length	Provider Agency	Funding Source	Projected Start Date*	Projected End Date	Outcome Number(s)
Special Instruction <input checked="" type="checkbox"/> PSP <input type="checkbox"/> SSP	P	H/C	18X/180 days	60 minutes	CBDD	CBDD	4/15/2024 <input checked="" type="checkbox"/> New Service	9/28/2024	1, 2
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		
<input type="checkbox"/> PSP <input type="checkbox"/> SSP							<input type="checkbox"/> New Service		

Method: In-person (P); Technology (T)

Location: Home (H); Community (C); Other (O)

\*If any new or changed service is projected to occur within 10 days of this IFSP meeting, see the "Waiver of Timeline" within Section 8 of the IFSP

Explanation of why any EI service(s) cannot be provided in a natural environment:

N/A

Steps that the EI Service Coordinator and family will take, including projected date, for moving the service(s) into a natural environment:

N/A

EI services that are needed, but not yet coordinated:

N/A

Steps that your EI Service Coordinator will take to coordinate the needed EI service(s):

N/A

Timely receipt of services (TRS) due by: 5/1/2024

## Section 7: Team Participation

In addition to your valuable contributions to the development of this IFSP, the following individuals participated in the eligibility determination, assessment, and/or IFSP development:

**EI Service Coordinator name:**[Henry Davidson](#)Phone: [614-555-5555](#)Email: [Henry.davidson@cbdd.gov](mailto:Henry.davidson@cbdd.gov)**Name: [Melissa Rodriguez](#)**Phone: [614-555-5555](#)Email: [melissa.rodriguez@cbdd.gov](mailto:melissa.rodriguez@cbdd.gov)Role: ☐ Evaluator/Assessor ☒ Provider**Discipline:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator                    | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker                       | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist                   | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist                  | <input type="checkbox"/> Other:                      |

**Name: [Anna Hurley](#)**Phone: [614-555-5555](#)Email: [anna.hurley@cbdd.gov](mailto:anna.hurley@cbdd.gov)Role: ☐ Evaluator/Assessor ☒ Provider**Discipline:**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist       |
| <input type="checkbox"/> Pre-K/K Educator         | <input checked="" type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist                |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                             |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other:                            |

**Name:**

Phone:

Email:

Role: ☐ Evaluator/Assessor ☐ Provider**Discipline:**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other:                      |

**Name:**

Phone:

Email:

Role: ☐ Evaluator/Assessor ☐ Provider**Discipline:**

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other:                      |

**Other participant names**[Maggie Smith](#)**Role/Relationship to family**[Family friend/babysitter](#)

Section 8: Prior Written Notice and Consent for EI Services

Parent Consent

I agree to the provision of these Early Intervention services described in this IFSP. I participated in the development of this IFSP and have been fully informed and understand all information related to the provision of Early Intervention services described in this IFSP. I have a copy of the Ohio Early Intervention Parent Rights brochure and understand my rights for giving consent. I understand that I have dispute resolution options if I have an Early Intervention complaint.

I understand that when any Ohio Early Intervention (EI) service provider recommends or proposes to begin (initiate) or change the EI services that will be provided to my family and child, I must receive prior written notice at least ten calendar days before beginning or changing that EI service. I understand that this IFSP constitutes prior written notice about the proposed Early Intervention services and the details of the proposed initiation or change of services are described within Section 6 of the IFSP. Additional prior written notice is not needed for a service that was proposed to end using form EI-11 prior to this IFSP meeting.

Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning an EI service.

NL

8/1/2024

Initials of parent(s)

Date

<u>Nathan Long</u>	<u>Nathan Long</u>	<u>8/1/2024</u>
Parent name	Parent signature	Date
<u>Estelle Long</u>	<u>Estelle Long</u>	<u>8/1/2024</u>
Parent name	Parent signature	Date

EI Service Coordinator and Provider Consent

We acknowledge that the outcomes reflect the family's priorities and concerns, and the EI services support those outcomes. We agree to implement this IFSP in a manner that supports the family's ability to help their child participate in and learn from their everyday activities whenever possible.

Name	Discipline	Signature	Date
<u>Henry Davidson</u>	<u>EI Service Coordinator</u>	<u>Henry Davidson</u>	<u>8/1/2024</u>
<u>Melissa Rodriguez</u>	<u>DS</u>	<u>Melissa Rodriguez</u>	<u>8/1/2024</u>
<u>Anna Hurley</u>	<u>OT</u>	<u>Anna Hurley</u>	<u>8/1/2024</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

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Waiver of Timeline (optional)

I understand and agree to waive my right to receive written notice 10 calendar days prior to changing or beginning an EI service.

Initials of parent(s)

Date

Nathan Long

Parent name

Nathan Long

Parent signature

4/1/2024

Date

Estelle Long

Parent name

Estelle Long

Parent signature

4/1/2024

Date

EI Service Coordinator and Provider Consent

We acknowledge that the outcomes reflect the family's priorities and concerns, and the EI services support those outcomes. We agree to implement this IFSP in a manner that supports the family's ability to help their child participate in and learn from their everyday activities whenever possible.

Name

Discipline

Signature

Date

Henry Davidson

EI Service  
Coordinator

Henry Davidson

4/1/2024

Melissa Rodriguez

DS

Melissa Rodriguez

4/1/2024