Instructions for Completion

The Individualized Family Service Plan (IFSP) describes how the BabyNet Early Intervention System will assist each family in helping their young child with a disability or developmental delay to grow and develop. The information that follows is intended to assist families, service coordinators, service providers, and all others involved in the consideration of the content and completion of the IFSP form to ensure that all agreed upon goals and services are documented for each eligible child and family.

The IFSP form is divided into several sections. Each section has specific instructions for its completion.

Heading, p. 1:

Enter child's name in space for '_____'s Individualized Family Service Plan'

Date of Referral: enter date of referral to BabyNet

Date of Plan: enter date of IFSP Team meeting (Initial or Annual) on which the plan was signed by the family

Footer, all pages: space for a label is included, that may be used to include the following information

Child's Name (Last, First, MI)

Child's DOB:

BabyTrac #

Medicaid #

CARES # (DHEC only)

Section 1: Child Information

Child's name: Record the child's legal name.

Date Of Birth: Record the month, date and year of the child's birth.

Home Address: Record the street address, city, and zip code where the child is residing. Note that the street address for the child may be different from the address of the parent. See policy for Referral to BabyNet for specific instructions for families and children who are homeless.

Gender: Identify the child as male or female

Race: Enter race of child: American Indian/Alaskan Native, Asian , Black/African American (Not Hispanic), Native Hawaiian or Other Pacific Islander, Hispanic/Latino, White (Not Hispanic), or two or more races.

Name of School District: This will be the school district or local Head Start program in which the child resides in at the time of the IFSP meeting.

Social Security #: Record the Social Security number of the child. If the child does not have Social Security # at the time of the plan, leave blank and complete once the number has been given.

Medicaid #: Record the child's South Carolina State Medicaid number, if applicable.

Private Insurance Company Name and Policy #: Record the company name and policy number of any third party/private insurance if applicable.

Section 2: General Contact Information

Parent/Guardian: List the name of the individual who will be the primary contact for this child. The parent/guardian is the individual who has physical custody of the child.

Relationship to Child: Indicate the relationship of the parent/guardian to the child. Use one of the following choices:

Mother, Grandmother, Aunt, Step Mother, Foster Mother

Father, Grandfather, Uncle, Step Father, Foster Father

Legal Guardian, DSS Caseworker

In the case where parents live separately and the parents share legal custody, the name of the parent who has physical custody of the child is recorded first. In the 'other contact information' section, list the other parent. If both parents have legal

custody, they both <u>must</u> receive written prior notice/meeting notification and both are decision-makers in the IFSP process. In this situation, the mailing addresses of both parents must be on record.

Home Address: Complete this only if different from that of the child.

Directions: Complete the directions to the home from the SPOE office for the initial IFSP or the ongoing BabyNet Service Coordination agency for the annual IFSP.

Phone: Record the Parent/Guardians' home phone number and work phone number if applicable. 'Other' can be used for the family's cell phone or any other number the Parent/Guardian would like to be included.

E-Mail: Enter the family's e-mail address if available and family indicates they would like to communicate via email.

Primary Language/Mode of Communication: Federal regulations require that families participate in development of the IFSP in their primary language or mode of communication, including foreign language and sign language. Ask the family what their primary language/mode of communication is and record in this section. Indicate if an Interpreter is needed in order to communicate with the family by checking Y (yes) or N (no).

Surrogate Parent Needed: If it is determined that a surrogate parent is needed, document the name of the individual and the date of the appointment. See Appendix 6 of the BabyNet Policies for specific conditions for appointment of surrogate parents.

Other Contact Information: Use this section to list any other contact individual/s for the child, including the relationship of the contact person/s to the child and the other contact's phone number/s.

Section 3: Service Coordination Provider
BabyNet Service Coordinator (Intake): Record the SPOE Intake Coordinator's name and phone number.

BabyNet Service Coordinator (Ongoing): Record the name and contact information (name of BabyNet Service Coordinator, agency, primary phone number, other phone if applicable, and e-mail address) of the individual who has been assigned as the family's ongoing BabyNet Service Coordinator.

Section 4: IFSP Tracking
IFSP Date: Record the date (m/d/y) the IFSP team met and the plan was completed. If it takes more that one meeting to complete the IFSP, record the date of the meeting on which the IFSP was signed by the family.

Type of IFSP: Indicate what type of IFSP meeting was held by checking the box for either initial or annual IFSP.

Projected Dates:
6-month review: Must take place no more than 6-months after the current IFSP meeting. The date will be projected and recorded. For example, if the IFSP date is 6/5/07 the six-month review must be completed no later than 12/5/07.

Annual IFSP: Must be completed within 180 days of the most recent 6-month review of the plan, **not to exceed 365 days from the previous initial or annual IFSP.** The date recorded will be projected 364 days from the date of the current IFSP meeting. For example, if the initial IFSP meeting is taking place on 6/5/07 the annual IFSP must be completed by 6/4/08. **EXCEPTION:** If the 6-month review is held on any date before the scheduled review, this will change the date for the annual evaluation of the IFSP. For example, the initial IFSP date is 6/5/07 and the 6-month is completed on 11/21/07, the annual IFSP is due on 5/20/08. However, if the six-month review is held on any date after the scheduled review, the annual date does not change.

Transition: The transition notification must be sent on the child's second birthday (see Section 11 of the IFSP). Record the date the child will turn two years of age in this section. For example, if the child was born on 6/5/05, the date entered would be 6/05/07. If the transition notification is mailed on 6/6/07, the transition process is late and out of compliance.

Date IFSP mailed to the: Record the date the IFSP was mailed or delivered to the Parent, all other IFSP Team Members, and with family's consent, the child's Primary Health Care Provider.

Section 5A: Family's View of Child's Current Health

Primary Healthcare Provider: Indicate whether the child has a primary health care provider checking the appropriate box. If the child does not have a primary health care provider, the service coordinator should assist the family in locating a primary health care provider and indicate this as a Service Coordination goal in the IFSP. If the child has a Primary Healthcare Provider, indicate the provider's name, phone number, address, and fax number.

General Health: Ask the parent/guardian if there is anything about their child's current health that the other members of the IFSP team should know to better plan to meet the priorities and concerns of the family.

Current Medications: Record any medication the child is currently receiving and the reason the medication was prescribed.

Allergies: Inquire if the child has any allergies of which the parent/guardian is aware. If yes, list the allergy and the child's reaction.

Specialized Medical Equipment: List any specialized medical equipment the child uses. Examples include, g-tube, oxygen, ventilator, ankle-foot orthotics (AFO), Pulse Ox, etc.

Hearing (To be completed at Initial and each Annual IFSP): Indicate whether the child has had a hearing evaluation within the last 6 months by checking No or Yes. If yes, list the date of the appointment and the doctor's name. If the child has not had a hearing evaluation in the last six months, the *Family Hearing and Vision Questionnaire* must be completed and the results recorded here as 'pass,' 'monitor,' or 'refer.' . If the child needs to be referred to an Audiologist as a result of the screening, document the name of the Physician to which the referral was made, the date of the appointment, and the results of the appointment when available.

Other comments by family or IFSP team members: If the parent or any other members of the IFSP team have additional comments about the child's hearing, record these here.

Vision (To be completed at Initial and each Annual IFSP): Indicate whether the child has had a vision examination within the last 6 months by checking No or Yes. If yes, list the date of the appointment and the doctor's name. If the child has not had a vision exam in the last six months, the *Family Hearing and Vision Questionnaire* must be completed and the results recorded here as 'pass,' 'monitor,' or 'refer.' . If the child needs to be referred to an Ophthalmologist as a result of the screening, document the name of the Physician to which the referral was made, the date of the appointment, and the results of the appointment when available.

Other comments by family or IFSP team members: If the parent or any other members of the IFSP team have additional comments about the child's vision, record these here.

Nutrition: Indicate if the parent/guardian has any concerns about their child's eating, general nutrition, or growth by checking either No or Yes. Check any of the listed descriptors if the parent/guardian indicates a concern.

Other comments by family or IFSP team members: If the parent or any other members of the IFSP team have additional comments about the child's nutritional status, record these here.

Oral health: Indicate if the child has seen a dentist or has received dental care from his or her primary health care provider by checking No or Yes. If so, record the date and the name of the dentist or physician seen. Inquire how long the child has used or did use a bottle and/or pacifier. Check the appropriate box/es if the parent answers yes to the child having been prescribed anticonvulsant/s and/or antibiotics for 3 months or more. **If the child has been on the bottle/pacifier past age 2, or as had to take anticonvulsants and/or antibiotics for extended periods of time, and the child has not yet received dental care, it may be appropriate to discuss referral to a Pediatric Dentist.**

Section 5B: Health Care Providers
List the name, specialty, address, and phone number of any medical specialists the child currently sees. **BE SURE TO GET CONSENT TO RELEASEESE/OBTAIN INFORMATION FOR EACH SPECIALIST LISTED.**

Section 6:
Section 6 of the IFSP is divided into three sections: the family's view of how the child is developing and learning, the results of a curriculum-based assessment to measure the child's current levels of development and function, and an area to capture the views of all IFSP team members regarding the child's present level of function.

A: Family View of Child's Present Level of Function

This section must be completed prior to the IFSP meeting, then reviewed and expanded by the full IFSP team at the first review of the plan and annually thereafter. If a screening was conducted as part of the orientation and intake visit, **the information from the screening should be used in completing this section for the initial IFSP**. The family should be assisted in completing this section to develop, in their own words, a statement of their child's current knowledge, behaviors, and skills in all areas (domains) of development.

Each section includes current knowledge, behaviors, and skills that the child may or may not currently display. These developmental milestones are conversation points for the family and Intake/Service Coordinator. Check all the items that the child <u>can</u> do at this time and list family concerns about this area of development in the 'other comments' section. In crafting the language for this section, it is important to be positive, emphasizing the current knowledge, behaviors, and skills the child has, and how these are used in the family's home and community routines and activities. **Age equivalents, percent of delay, or standard deviations should not be included in Section 6A of the IFSP.**

The developmental domains are: social/emotional skills (including how the child gets along with others), language and communication, cognition (thinking and problem solving), self-help (skills such as eating, dressing and bathing), and physical (fine and gross motor) skills.

Section 6B: Assessment of Child's Present Level of Function (Curriculum-Based Assessment Report)
Each child will receive a curriculum-based assessment across all domains of development prior to the Initial and each Annual IFSP, and more frequently if needed.

IFSP Date: Complete at the IFSP team meeting in which the parent signed the plan.

Child's Name: Record child's first and last name on each page of Section 6B

Age: Indicate the child's chronological or, if premature, adjusted age (up to the child's second birthday) at the time the CBA was conducted.

CBA Tool: Indicate which CBA tool was utilized to assess the child's present level of function. CBA tools approved for use are listed in Appendix 12 of the BabyNet Policies.

CBA Provider: Printed or typed name and agency of CBA provider

Overall strengths, assessment strategies, and factors affecting the assessment process: provide a brief narrative of the assessment situation, and participants. Include unique strengths the child demonstrated in performing assessment items, skill quality, strategies found to be successful with the child in conducting the CBA, and any factors that may have affected the child's performance during the assessment process.

CBA Results
<u>All</u> **domains must be assessed and reported for development of the Initial and Annual IFSP.**
For each domain of development, the following must be reported:
1. Skills the child currently demonstrates: List 3-5 CBA items representing the highest level of development across all appropriate strands within this domain *(e.g., AEPS: 2s, HELP: +s)*.
2. Skills newly learned or emerging:: List 3-5 CBA items representing newly learned skills that appear within 3 months on either side of current level of development, across all appropriate strands within this domain *(e.g., AEPS: 1s, HELP: +/-s)*.
3. Skills not yet learned: List 3-5 CBA items representing skills/behaviors the child has not yet learned within 3 months on either side of the current level of development, across all appropriate strands within this domain *(e.g., AEPS: 0s, HELP: -s)*.

Percentage of Delay: Record the percentage of delay or Area Goal Score as measured by the CBA for each domain of development

Signature of CBA Provider: Each page of Section 6B of the IFSP must have the date the CBA was conducted and the original signature of the CBA Provider.

Section 6C: Other Team Members' View of Child's Present Level of Function:
To be completed at the first IFSP Team's review of the plan and each annual IFSP Team meeting (may be left blank at Initial IFSP and at subsequent meetings if no comments are noted). Section 6 may be used to record the discussion of the IFSP Team about the family's view of the child's development, and findings of the CBA. Document any emerging skills and interests, skill quality, and intent. Comments related to quality and intentions of communication movement are helpful once the basic skills are defined and discussed. To extent possible, identify how child uses knowledge, behaviors, and skills the context of the family's home and community routines and activities.

Section 7: Family's Resources, Priorities, and Concerns

State and Federal regulations require that, *with the family's consent*, an assessment of family resources, priorities, and concerns (RPCs) are conducted prior to the IFSP meeting. For those families who chose to participate in the assessment, this IFSP section provides a standard method to document/summarize the information gathered during the assessment.

In the first field, indicate whether the family gave their consent to participate in the family assessment. If the family does *not* consent to participate, the parent/guardian must initial to indicate they have chosen to decline. The remainder of the page should be left blank.

If the family gives consent to complete the family assessment, review the examples of questions to determine the family's concerns and priorities they may have about their child, themselves or other family members. In the left-hand column, check all topics that are appropriate; in the right-hand column, record the family's remarks including any concerns or priorities not listed. For 'Linking with a parent network to meet other families or share information,' P2P represents any parent-to-parent support organization (such as disability-specific support groups, or Family Connection), PTIC represents Parent Training and Information Center (in South Carolina, this is PRO-Parents), and CRS represents the Parent Resource Specialists within Children's Rehabilitative Services.

At the bottom of this section, ask the family to describe what they view as their strengths and/or resources necessary to support meeting their child's/family's needs. This must include a statement of the family's routines and activities in their home and community as opportunities and settings for delivery of BabyNet services in natural environments.

Section 8: Eligibility

Eligibility for Part C will be, with parental consent, determined upon referral to BabyNet and annually thereafter (enter date for the appropriate option). Once an eligibility determination has been made, indicate whether the child is eligible for Part C services under IDEA. If eligible, the appropriate eligibility category must also be checked.

For the Initial IFSP, the child must be found eligible on the basis of:
1. Established Risk: check appropriate option, and enter diagnos/es:
    a. **Established risk:** Written documentation is on record confirming the child has a condition or diagnosis with known etiology and developmental consequences, and listed in the BabyNet Manual (Appendix 3); or,
    b. **Established risk (not otherwise specified):** Written confirmation by BabyNet pediatric consultant that child's condition or diagnosis meets eligibility criteria.
2. **Developmental Delay: check appropriate option:**
    a. **Developmental delay:** curriculum-based assessment (CBA) provides documentation that child meets state eligibility criteria as documented below; or,
    b. **Developmental delay:** eligibility determination team provides documentation that upon review of written materials and reports gathered during the intake process from service providers and others familiar with the child's development; reported and direct observation of child's behaviors, abilities, and emerging skills; and family concerns and priorities, the findings of the CBA are invalid, and how the use of other developmental data including current health status, medical history, physician concerns, and observations of the child in his/her daily routine were used to reach the eligibility decision.

For the Annual IFSP, the IFSP team will review information that has been gathered throughout the past year to determine if the child continues to be eligible for BabyNet. T**he child's continuing eligibility must be based on either:**
    a) Established risk: condition previously documented continues; or,
    b) Established risk, not otherwise specified: condition previously documented continues; or
    c) Developmental Delay:
        Curriculum-based assessment (CBA) reveals delay greater than 15% <u>in any one domain of development</u>. (ANNUAL IFSP only. Eligibility continues unless present level of performance in <u>all</u> domains has progressed to within normal limits [i.e., delays are equal to or less than 15% in <u>all</u> domains]). Check one of the options under 'IDEA Part C (BabyNet) services are continued in order to:
        i. Prevent regression (developmental losses), or
        ii. Continue developmental gains, or
        iii. Help child reach developmental status of same-aged peers.

Curriculum-based Assessment: Enter the name of the Curriculum-Based Assessment tool that was used to establish or re-determine the child's Part C eligibility.

Delay by Developmental Domain: for each domain of development, enter either the percentage of delay or Area Goal Score.

The Eligibility Determination Team: For initial eligibility determination only, record the EDT member's name and, agency. Indicate by checking the appropriate column if the method of participation for the meeting is on- or off-site. If participation is on-site, the EDT member's signature is required.

Eligibility Review Notes: If there are any comments and/or concerns in reference to Eligibility, they will be located in the service notes of the child's early intervention educational record.

Section 9: Other Services
An 'other service' is a service necessary or desired to assure optimal child and/or family functioning but is not required or eligible for payment under Part C. Arranging provision of services meeting this definition are intended to be responsive to overall child and family needs (i.e. Housing, Food Stamps, Clothing, MR/RD Waiver Services, CLTC (PCA), etc., and include services in place at the time BabyNet eligibility is established, or added during implementation of the IFSP. These services may include those identified through the family assessment of resources, priorities and concerns, or reflect services that support the family in areas beyond the BabyNet System.

Resources/Service: Enter the name of the service or resource

Provider: Enter the name of the person or agency that will provide this service.

Amount/Frequency/Intensity: Include how much, how often, and over what period of time the service is expected to be needed.

Funding Source: Record the source of funding for each service.

Section 10A: Child/Family Centered Goal
This section provides the format for defining individual goals related to the child and family's needs. It includes the specific objectives and strategies for addressing and achieving the goal. If the family completes the resources, priorities ad concerns section of the IFSP the IFSP Team must consider this information when developing goals. The entire IFSP Team participates in completing this step of the IFSP process. All team members should come to the IFSP meeting with an idea of the family's routines, concerns, and priorities so they are prepared to offer suggested strategies to the family. Unless the family wishes otherwise, the team should address each of the family's priorities and concerns with a goal. The service providers should not create any goals that are not directly related to a family priority or concern. Goals do not come from the evaluation and assessment process but from family priorities and concerns. There will only be one goal per page.

Goal #: Each Goal will be numbered consecutively.

Date of Goal: Record the date the goal was developed.

Target Date: The date in which the IFSP Team feels the goal may be achieved. The goal cannot exceed 365 days.

Goal Statement: What knowledge, skill, or behavior would we like to see accomplished? The "we" in this statement refers to the family. Describe the change family wants to occur. The team may need to talk about the desired change so they can develop a statement that includes enough detail that the family and the IFSP team will know when the goal has been achieved. The goal should directly relate to a family priority or concern.

Measuring Progress: What difference will this make for our child and/or family? Describe how acquisition of the knowledge, skill, or behavior will make a difference for the child and/or family.

How will we know when the Goal has been met? List specific knowledge, skills, and/or behaviors from the child's CBA that are components of this goal. These will likely be items scored in the CBA as 'newly learned/emerging' or 'not yet learned.'

Natural Supports: Ideas and Strategies to achieve this Goal within the family's home and community routines and activities/child's everyday routines, activities, and places (Natural Supports): It is important that the team discusses information gathered from the family about the daily routines of the child and family and the environments in which it makes sense to embed the learning strategies. Consider the goals that are developed within the context of natural environments and routines identified by this family, and document ideas for addressing the goals within those routines. What are some strategies for using materials and resources that are already available within those environments, and helping find ways to address the identified needs using those naturally occurring resources and supports? Using the child and family's home and

community routines and activities as identified in the family assessment of resources, priorities, and concerns, the following questions should guide the IFSP team's discussion of natural supports:

    1. What are the routines or activities within the family's home or community in which attaining this goal will make a difference?

    2. What are the knowledge, skills, or behaviors needed to work on this goal?

        a. What's already working?

        b. What skills does the child need to work on this goal?

        c. What skills or support does the family need to work on this goal?

    3. Possible learning opportunities and activities:

        a. What are the routines or activities within the family's home or community that offer natural opportunities for learning the needed knowledge, skills, and/or behaviors?

        b. In what ways could BabyNet service providers support the family's ability to maximize natural learning opportunities for their child?

    4. Who are the family members, professionals/providers, and others who can help child/family achieve this goal?

    5. Where could child/family work on this goal?

Adaptations and/or Modifications: Discuss what environmental supports/adaptations would enhance this goal? Indicate whether or not any adaptations and/or modifications will need to take place in order to support the attainment of this Goal. INITIAL IFSP ONLY: if adaptations/modifications cannot be identified until discipline-specific evaluations are completed, this section should be addressed at the review of the plan to add the ongoing frequency, intensity, duration, location, and method of the service.

Services to Consider: After goals, natural supports, and adaptations/modifications are determined, the IFSP team should discuss which service/s is most appropriate to support the family for each goal. The IFSP team first reviews the family's current informal and formal supports and services, and considers if any of these supports can address (partially or wholly) the goals, or if additional supports are needed. Every effort should be made to eliminate duplication of services. Teams should determine a team configuration of the minimum number of people to address all goals. Only those persons necessary to support a family-defined goal, which has derived from a family-defined priority or concern, should be listed in this field (e.g., child has delays in communication and motor development. The family is not concerned about the child's communication development. Services to address the communication delay are not needed). List the members of the team that will work on that particular goal (e.g., mother, father, physical therapist).

If the IFSP team does not feel that a service is needed to help the family help the child attain the goal, the team must discontinue the service. If the parent/guardian does not agree with this decision, they may follow the procedure safeguards complaint process, and they have the right to a fair hearing. If the IFSP Team consists of the family and the SC/SI, the SC should discuss this with the SC Supervisor and then proceed with what is recommended. Justification for Part C Services outside of the natural environment (i.e., the child's naturally occurring routines, activities and places): State and federal regulations require that, to the maximum extent appropriate, Part C Early Intervention services must be provided in natural environments (e.g., the family's home and community routines and activities, such as early care and education programs or other community settings). Natural environments are defined as those settings that are natural or normal for the child's same-age peers who have no disabilities. BabyNet will refer to Natural Environments as the child's everyday Routines, Activities, and Places (RAPs). For most infants and toddlers, services will be provided in the child's RAPs. For some infants and toddlers, the appropriate location of services might be another setting— for example, a hospital during the period in which they require extensive medical interventions or a clinic. If the IFSP team determines a service will need to be provided <u>outside</u> of the child's naturally occurring routines, activities, and places, the team will need to state the following for each goal:

a. the service proposed for delivery outside the family's home and community routines and activities,

b. the justification for delivery of services outside the natural environment (i.e., the developmental, medical, or other conditions present),

c. Documentation of any interventions and/or efforts to provide services in everyday routines, activities, and places (RAPs) that were conducted and why these have been determined by the team to be unsuccessful, and

d. A plan for how services provided in any specialized setting will be generalized into the child's RAPs.

Any justification for provision of early intervention services outside the natural environment must be reviewed by the IFSP team every six months.

Section 10B: Periodic Review of Goal

Section 10B allows for up to 3 reviews of each goal; additional copies of this page may be inserted into the plan as needed. Indicate the date and type of review (change, 6-month, or annual evaluation). Use the Goal Attainment Scale to indicate the degree of progress made by the child and/or family progress toward this goal.

If the goal was developed with a justification to deliver services outside the family's home and community routines and activities, the review of the goal must include an update to the original plan as to how services provided in any specialized setting have been generalized into the child's RAPs since the last review or evaluation of the IFSP.

Record the IFSP Team members' comments as appropriate.

Section 11: Service Coordination Goals

While IDEA requires specific procedures for transition in relation to the changes that occur for the child and the family at the child's third birthday, it is also good practice to consider other transitions that occur not only as the child moves from the system, but also into and within the system (hospitalizations, changes of service provider, family moves, movement from the hospital to home, the anticipation of surgery for the young child, the addition of new medications or assistive technology). Planning for these other transitions should be documented in this section of the IFSP. As these types of transitions occur, they may not be of the nature or consequence that the family or remainder of the IFSP Team feels will influence the successful implementation of the IFSP. For example, the termination of a service for one family may not require any transition planning; for another family, it may be important to plan for the gradual reduction of services depending upon the individual child and family needs. Teams should use good judgment in delineating the significance of transitions on an individualized basis and incorporate these issues into the IFSP appropriately. Several service coordination goals have been included only as prompters, and are to be used only as necessary. Additional copies of Section 11 may be used as needed.

#: Indicate the number of each service coordination goal,

Family-Identified Need: may be based on family's assessment of resources, priorities and concerns or as needs arise

Actions Taken: by family and service coordinator, may include providers of Other Services and involve teaming, advocacy, and linkages as appropriate. This may include referral to parent resources and supports, such as parent-to-parent support services, the Parent Training and Information Center for South Carolina, or Parent Resource Specialists with the Children's Rehabilitative Services (CRS) program.

Date Initiated/Date Completed: indicate the dates each service coordination goal was identified and addressed.

Section 12: Transition Planning

Transition planning is a component of each IFSP development, review or evaluation activity, and it is conducted to ensure that services continue to be provided without unnecessary interruption. Transition planning also helps to ensure that the child and/or family will experience success and benefit from the planned services by preparing them appropriately for any changes. State and federal regulations require that IFSP teams plan for a child's Transition out of the Part C (BabyNet) system at age three. Each IFSP must include documentation of the steps to be taken to support that transition, whether that transition will be to preschool services under Part B (Early Childhood Special Education) or to other Services that may be available, such as Parents as Teachers, Head Start, etc.

Specific Transition Issues: The transition tasks in Section 12 serve as reminders or "prompts" to the family and IFSP Team as to:

1. the variety of transitions that may occur for a child and family,
2. the **required transition tasks** to be addressed,
3. the IFSP review and/or age of the child at which the transition step must occur, and
4. the date the step was completed.

Items would be completed, as appropriate, to facilitate the child's transition to Part B or other programs at age three, with the parent's consent.

Transition planning steps identified as required by age 2, the IFSP closest to age 2, or no later than age 2 must be completed at the initial IFSP team meeting if child is two years of age or older at the time Part C eligibility is established.

Who is Responsible: The IFSP team member assigned to follow-through on the specific issue should be identified here. Effective practice is for transition needs to be incorporated into the IFSP as relevant to the provision of IFSP service(s) or if the transition is defined by the parent as significant. Under these circumstances, transition-planning needs may be extended into at least one (1) goal statement in the IFSP, with detail provided as to the strategies and activities planned to achieve successful transition OR these needs may be incorporated as a strategy or activity within an existing goal.

Section 13: BabyNet Services

This page should be completed only **after** the goals and strategies/ activities are identified. The IFSP Team will identify those services necessary to meet the identified goals, and will strive to establish the delivery of these services in a natural environment for the child and family. It is the responsibility of the IFSP Team to ensure that each family is fully informed of the services that are **available** under Part C and that those services **identified to be provided** are **allowable** services under Part C and those services are based upon documented need.

Service Status: Check box indicating the addition, continuance or discontinuance of each service.

BN Service Code: Enter the corresponding BN Service code to the service and enter here.

IFSP Date Linked to Service: Record the current IFSP date here.

Parent requests discontinuation of this service: Parent initials and date if they wish to discontinue a service that is already occurring and the IFSP team feels the child would still benefit from receiving. **Update BabyTrac with the change.**

BN Service Name: List the identified service(s) that have been agreed upon to address this goal. Part C services may include:

        Assistive Technology Physical Therapy
        Audiological Services Psychological Services
        Health Services Service Coordination
        Medical Services Social Work
        Nursing Services Special Instruction
        Nutrition Services Speech/Language Therapy
        Occupational Therapy Transportation
        Orientation and Mobility Vision Services

IFSP Goals to Address: Record the goal number(s) following #. There may be more than one service per goal and more than one goal per service.

Provider: Enter the name of the provider agency here.

Planned start date: This is the date the service is added to the IFSP. Planned end date: This is the anticipated end date of the service. The end date may not exceed the annual IFSP date or the day before the child's third birthday.

Actual start date: Record (m/d/y) of the date of the first scheduled appointment for receipt of the service as the actual start date. The date must be within the effective dates of the IFSP.

Actual end date: Record the end date (m/d/y) for the service, not to exceed the annual IFSP date or go beyond the day before the child's third birthday.

SERVICE DELIVERY METHOD CODES

1. Consultation/Facilitation with Others.

2. Family Education, Training, and Support.

3. Direct Child Service.

4. Evaluation/Assessment.

Fund Code (s): Insert the funding source which is to be billed for the service.
1. INS/BNPA
2. BNPA
3. Medicaid (Med)

Use the following information to complete Section 13 of the IFSP:

LOCATION CODES

Children are counted according to the type of program being received at a location (environment), not the type of location. For example, children in a program designed for children with developmental delays or disabilities operated at a hospital should be counted under "program designed for developmental delays or disabilities. Children receiving physical therapy at a hospital on an outpatient basis should be counted under "location code".

COM - Community Activity or Place - Activities in the community that are typically engaged in by the family, such as grocery store, ball games, church, park, etc.

FCC - Family Child Care - Child care provided by a relative or non-relative in a home setting.

HOM - Home - Services are provided in the principal residence of the child's family or caregivers.

HOS - Hospital (Inpatient) - Hospital refers to a residential medical facility. Child must be receiving services on an inpatient basis.

PDD - Program Designed for Children with Developmental Delays or Disabilities - This setting refers to an organized program of at least 1 hour in duration provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental areas. Examples include early intervention classrooms/centers and developmental child care programs.

PTC - Program Designed for Typically Developing Children - Services are provided in an organized program regularly attended by a group of children. Most of the children in this setting do not have disabilities. For example, this includes children served in regular nursery schools and child care centers.

RES - Residential Facility - Residential facility refers to a treatment facility which is not primarily medical in nature, where the infant or toddler currently resides.

SPL - Service Provider Location - Provider location services are provided at an office, clinic, or hospital where the infant or toddler comes for short periods of time to receive services.

Visit Duration in minutes: Record the length of time that the service is to be provided (i.e. 60 minutes). Do not use descriptors such as "as needed" or "to be determined".

Number of visits: Record the agreed upon number of visits and indicate whether this frequency is by the Week Month Every Other Month Quarterly by checking the appropriate one.

Travel only:
If BabyNet Service Funds will be used to pay travel, check yes and enter travel code. If not, check no.

Natural Environment Justification required? If the team feels the service is needed outside of the child's naturally occurring routines, activities, and places check yes. If the service is to take place in the child's naturally occurring routines, activities, and place check no.

SERVICE DELAY REASON CODES

EVAL – Waiting for Evaluation/Assessment (e.g., appointment scheduled but >30 days away.

NC – Unable to Contact Family

PR – Parent Request (parent request for specific provider, child hospitalized, child ill, parent ill, family scheduling conflict, death in family, etc.).

PRO – Provider Not Available (Child cannot receive services because there are no BN contracted providers.

Section 14: Initial and Annual IFSP Consent and Team Signatures
(ADD ADDITIONAL SIGNATURE PAGE FOR EACH IFSP TEAM MEETING)
IFSP Meeting Notes:
Meeting Notes are to be used to capture the general discussion of the IFSP Team meeting process, and in particular to note needs identified by the family, CBA provider, and/or service providers that have **not been addressed in goals, and why.**

Accepting BabyNet Part C Services Recommended by the IFSP Team
Review the procedural safeguards with the family. The family will both check yes or no to their participation in the development of, and consent to, the plan. The parent will sign and date the plan. **If the plan is not signed and dated by the parent/guardian, it is not complete and services may not be initiated.**

(Signature of) IFSP Team Members
All other members of the IFSP Team that are present will sign, list their agency (if applicable), complete the method code of their attendance, and enter the date of participation in plan development, review or evaluation. If an IFSP team member participated in a manner other than face-to-face, the BNSC will print the team member's name and fill in the appropriate code for method of participation.

Section 15: Medical/Therapy Updates:
This section is included in order to document medical/therapy updates throughout the year. In the 'Date' column, record the date the information is entered The narrative of the entry should include the date of the appointment, name of the physician and/or therapist, and actions or treatment by the provider relevant to the child's developmental status and/or IFSP goals and services. Finally, each entry should include initial and title of the Intake/Service Coordinator. Additional copies of this page may be used as needed.