# Required Elements for the IFSP

## Instructions

Left Column: Required elements for the IFSP are listed in the left column of this chart. Each required element must be printed on the IFSP form as written, and in the order presented. Please note that some of the required elements are instructions and prompts that will guide the team as they develop the IFSP.

Right Column: Instructions for completing the elements and technical assistance for the IFSP are in the right column. Refer to the sample form for more clarity on how the required elements fit together.

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| **Required Element** | **Instructions for Completing the Elements** |
| **Child and Family Information:** Child’s name, child’s date of birth, IFSP date, and parent or guardian name | Complete all information; client ID may be used for local or TKIDS case ID. Enter the date the current IFSP is developed. |
| Child’s name and date of IFSP on each page | Both pieces of information must be on each page. |
| Transition occurs at different times depending on the needs and circumstances of the family. It can occur when you move to another service area within Texas or out of state, when your child no longer meets eligibility requirements for ECI, or when your child turns 3. Your service coordinator will help you plan for any of these transitions and develop goals and procedures to address them. | The discussion about transition is completed at the beginning of the IFSP process. Transitions may occur for families at any time. Awareness that services will end can help the team to develop goals that are more specific and functional. |
| **Functional Abilities, Strengths, and Needs**  *Present Levels of Development* |  |
| Physical Development: Describe the child’s current health status and pertinent medical history. Include any medical diagnoses, concerns about the child’s health, and any relevant nutrition information. | Record any pertinent health and medical history, including information from the child’s medical history that is relevant, diagnostic testing that the child has undergone, and the child’s current health status. |
| Medications: | List all medications the child is taking. |
| Date of Last Physical: | Enter the date of the child’s last well child physical exam. |
| Premature? Check boxes for yes and no. If yes, provide gestational age in weeks. | Enter gestational age as calculated at the time of eligibility determination. |

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| Hearing: Describe in functional terms and include any concerns about the child’s hearing. | Describe hearing in functional terms. The functional statements will reflect how the child is able to use his or her hearing within the context of everyday activities. Staff will also record information regarding hearing evaluations and/or concerns here. |
| Vision: Describe in functional terms and include any concerns about the child’s vision. | Describe vision in functional terms. The functional statements will reflect how the child is able to use his or her vision within the context of everyday activities. Staff will also record information regarding vision evaluations and/or concerns here. |
| Describe the child’s functional abilities in familiar activities in terms of the three Global Child Outcomes: positive social-emotional skills, acquiring and using knowledge and skills, and ability to take appropriate actions to get his or her needs met. A summary of how a child uses skills to function in his or her daily life helps the team (including the parents) to develop functional IFSP goals and procedures to meet these goals so progress can be monitored over time.  a. Check a box to note whether the behavior described is a strength, a need or concern, and a priority.  b. Identify the child’s functional abilities below with the following codes\*:  A = Age-appropriate  O = Occasionally age-appropriate  I = Immediate foundational skills  N = Not age-appropriate or immediate foundational skills | These instructions appear on the form to assist staff in completing the required elements. |
| Columns or boxes must be included on the form with an -X- (as shown on the sample form) to indicate one or more of the following for each routine: | An -X- in the box indicates that the routine should have information related to the Child Outcomes area. For each outcome area, the team can use the following questions to help guide the discussion with the family. |
| * Positive social-emotional skills | Positive social-emotional skills, including development and relationships How does the child:   * Communicate his or her feelings? * Interact with parents or caregivers? * Interact with familiar adults and with strangers? * Interact with other children? * Respond to transitions, outings, and separations? * Make eye-contact, share, and respond to limits? |
| * Acquiring and using knowledge and skills | Acquiring and using knowledge and skills  How does the child:   * Use the words and skills he or she has in everyday settings? * Understand and respond to directions and requests? * Problem-solve and imitate? * Explore or show imagination and creativity in play? Interact with books, pictures, and print? * Engage in daily learning activities? * Show an awareness of differences in the size, function, and characteristics between objects? |
| * Taking appropriate actions to meet needs | Taking appropriate actions to meet needs  How does the child:   * Meet self-care needs such as feeding, dressing, toileting, bathing, etc.? * Move from place to place to participate in daily activities? * Seek help when needing comfort or assistance in getting needs met? * Display preferences for certain toys or people? * Show awareness of dangerous situations, people, or animals? * Use and manipulate objects, such as spoons, crayons, or blocks, and pick up small items? |
| Columns or boxes must be included on the form to indicate the following for each routine:   * Strength * Need or Concern * Priority | Place a check next to every routine or behavior that is considered by the parent and team to be a strength.  Place a check next to every routine or behavior that is considered by the parent and team to be an area of need or concern. Include documentation of what the parent wants the child to be doing.  While interviewing the family, it’s appropriate for the team to suggest to a family that a behavior seems like a concern or strength. A family may consider a behavior to be both a strength and a concern, and both may be checked.  For behaviors that are a need/concern, place a check or a priority number next to every routine or behavior that is considered by the family to be a priority.  After completing a description of all routines, ask the parent which of the needs or concerns he or she would like to address (parents may find something difficult but may not wish to address it with a goal). Each area the parent would like to address is assigned a number according to the parent’s level of priority. Example: If the parent’s main concern is the child’s language, it is given priority #1. If the next most important area the parent needs help with is the child’s behavior, it is given priority #2, etc. Each priority listed will then have a corresponding goal developed to address it (see goals and procedures section). |
| A column or box must be included on the form to indicate the “Code” for each routine | This step must be completed as part of the IFSP process in a discussion with the family. Teams may use age-expected functioning milestone charts or other materials as needed to determine codes. The coded information will be used to answer the questions on the Decision Tree for Summary Child Outcomes Rating Discussions.  A: Skills are **always** **or almost always** age-appropriate across settings and situations.  O: Skills are age-appropriate only **occasionally or in some** settings and situations.  I: Skills are considered to be those **just below** the child’s age level and can be considered as emerging skills.  N: Skills are **well below** the child’s age level, but are considered to be skills that could be built upon to help the child make progress in a particular area. |
| Optional Page: **Decision Guidelines for Child Outcomes Ratings** | Contractors can attach a page to document the team’s decision process for child outcomes ratings. A sample page is provided at the end of this document. Contractors may also continue to the team’s decision process and the child outcomes ratings (1-7 for the three outcomes) on the Child Outcomes Summary Form. |
| **Routines**  (All of the routines and prompt questions must be included on the IFSP form.)  How your day starts   * How does your child let you know he or she is awake? (cognitive, communication, and social-emotional) * How does your child get out of bed? (adaptive/self-help and motor) * Is your child happy or sad when he or she wakes up? (social-emotional and communication)   Bathing, dressing, diapering, and toileting   * How does your child help with dressing? (communication, adaptive/self-help, and motor) * What does bath time look like for you and your child? Is bath time a fun or stressful time of day? (adaptive/self-help, cognitive, communication, motor, and social-emotional) * How does your child let you know that he or she needs a diaper change or needs to use the toilet? (adaptive/self-help and communication)   Mealtime   * What do meal times look like for your child? Is anything difficult or special about meal times? (adaptive/self-help, communication, motor, and social-emotional) * How does your child let you know when he or she is hungry or thirsty, what he wants to eat, and when he is finished? (communication, adaptive/self-help, and cognitive) * What are your child’s food-related likes or dislikes? How do you know? (communication and nutrition)   Playtime and other daily activities   * How does your child play? What does he or she like to play with? Are there times that are easier or more frustrating than others? (cognitive, communication, motor, and social-emotional) * Does your child have the opportunity to be around other children and adults? If yes, how and where does your child interact with them? (cognitive and social-emotional) * How does your child act when you take him or her out in public? How does your child respond to separations and transitions? (motor, social-emotional, and communication) * How does your child follow directions? Respond to limits? (cognitive, communication, and social-emotional) * Are there certain days when the routine is different? If yes, how does your child respond to the changes? (social-emotional)   Bedtime and naptime   * How do you prepare your child for bed time and nap time? How does your child let you know he or she is sleepy? (adaptive/self-help, cognitive, communication, and social-emotional) * How does your child fall asleep? How long does he or she sleep? (adaptive/self-help and social-emotional) | The description of the child is written in terms of the three child outcomes. This meets requirements for the Individuals with Disabilities Education Act (IDEA) and Texas Administrative Code (TAC), and supporting documentation for the Child Outcomes Summary Form (COSF).   * Gather the information by interviewing the parent about the child’s participation in the family’s typical routines and other daily activities. * Interview the family to determine and document the child’s functional abilities in typical routines. The questions on the form will guide the discussion with the family; however, a parent may provide other relevant information that will also be recorded. * The prompts include developmental domains that should be addressed when discussing the family routine. The domains must be documented on the IFSP as required by IDEA. * This information is recorded in descriptive, parent-friendly language. Example: “When he gets upset during meals, he tends to throw his food and scream.” or “During bath time, he likes to help with washing and pours water on his head.” |
| Describe the resources the parent has available to meet the developmental concerns and priorities identified above. | Document resources available to the family that will help them meet the developmental concerns and priorities of the child. This information may have been collected in the development of an Eco Map and includes extended family, preschools, childcare, neighbors, resources within the home (toys, books, etc.), and neighborhood resources. Example: If the parent is concerned about the child’s social skills, a resource may be “The child has an opportunity to be around other children his or her age at home and at daycare.” Completion of the checklist (Child and Family Case Management Needs section) is not sufficient to document family resources (this is on the next page of the sample IFSP). |
| Child and Family Resources and Case Management Needs | This is the section of the IFSP where planning for case management is documented. Document any case management resources the family currently has as well as any additional case management needs that have been identified. |
| Your service coordinator must monitor the implementation of the IFSP and follow up with you to ensure that your child’s needs are being adequately addressed.  Your assigned service coordinator must   * talk with you on a regular basis to determine if services are being provided in accordance with the IFSP and if your child’s goals are being met; * contact your child’s service providers or other entities or individuals who can provide information related to your child’s needs and related services, as needed; and * determine if there are changes in your child’s needs or status.   Your family may have additional concerns related to your child’s medical, social, educational, or other needs that have not already been identified. We will identify resources and supports to help you address these concerns. You may choose to identify and address these needs now, at the initial IFSP, or at another time. As new needs are identified, your service coordinator will add them to this plan. | The entire statement must be included in the IFSP. The service coordinator must explain the components of the statement to the family before proceeding with the Case Management section of the form, listed below.  Review this information with the family during the initial IFSP development. Talk to the family about the importance of service coordination to access services and ensure quality services that meet the family’s needs.  Families might not share all of their needs at an initial IFSP.  The IFSP is the plan for both developmental services and case management services. It includes the services necessary to enhance the family’s capacity to meet the child’s needs. |
| Columns or boxes must be included on the form to indicate the following:   * Need identified, goal developed * Needs identified, goal declined * No needs initially identified * Resources identified   Check appropriate box for each. | Place a check in every appropriate box. |

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| The following must be listed on the form and labeled as **Areas of Need and Family Resources Related to the** **Family’s Ability to Enhance the Child’s Development:**  Medical   * Medical insurance (private, Medicaid, CHIP, etc.) * Well child check * Primary care physician * Other medical and dental providers * Medical equipment and supplies * Medicaid waivers * Prescriptions * Immunizations * Other medical resources or needs (specify)   Educational   * Child care or Head Start * Private therapy * Transition * Other educational resources or needs (specify)   Social   * Translation * Transportation * Diapers for the ECI child * WIC * SNAP (food stamps) * TANF * Clothing for the ECI child * Food pantry * Other social resources or needs (specify)   Other | Review each of the case management areas (medical, educational, social, and other).  Ask the family about their resources in each area and check the box identifying that the family currently has this resource. Check the fourth box, “resource identified”, if you identify this resource. Include any services the child is receiving from other agencies. Ask the family about their needs and check the box as indicated below.  This list is not all inclusive and is only a guide to meet the federal requirement. Needs are divided into three categories:   * Needs for which goals are written   + for each individual need, or   + combined into an area of need (for example, medical, social, educational, or other) * Needs for which parents decline to develop a goal * Needs that don’t apply to the family   Each item on this list will have a check in a box beside it.  If needs are identified at any other time during service delivery, document the need either on this form or in a progress note. Develop later goals according to family choice using a goal page (the back page of the sample IFSP is an example) and attach it to the IFSP. Document the date that these needs and goals are developed.  A formal transition plan with specific steps, strategies, and timelines must be developed between the ages of 27 and 33 months to support the child and family to effectively transition from early childhood intervention services to activities, places, or programs the family would like the child to participate in after exiting ECI.  Transition occurs at different times depending on the needs and circumstances of the family. It can occur when a family moves to another service area within Texas or out of state, when a child no longer meets ECI eligibility requirements, or when a child turns 3. Awareness that services will end can help the team to develop goals that are more specific and functional.  Contractors can add columns to the form to track completion of case management activities. |
| Notes | Document details such as names, dates, and contact information. |
| **Child and Family IFSP Goals**   * Only one goal per page is permitted. * Goals must be written before planning services. | Document developmental goals **and** case management goals. With concurrence of the parent, address all priorities identified by the parent. Team members should discuss any additional concerns with the parent and include goals if the parent agrees. Write goals at any time. There is no need to wait for another IFSP review. Contractors can add elements to the form to track progress and achievement of goals. |
| A check box to indicate the parent does not want this goal to be sent to other agencies | Explain to the parent that the IFSP can be sent to other agencies, providers, or professionals with his or her consent. The parent may choose to not include a particular goal with the rest of the document when it is sent to other agencies (for example, if the parent has a personal family issue that is unrelated to the child’s development). Check the box if the parent does not want the goal shared. |
| Goal number, date added, and target date | Assign a number to each goal for continued tracking in progress notes. Document the date the goal was written. Discuss with the parent and determine a target date for completion of the goal. |
| Columns or boxes must be included on the form to indicate the following:   * Developmental * Educational * Medical * Social * Other | Check the box that corresponds to the area of need addressed by the goal. |
| Measurable goal and criteria  What do we want to happen, in which routines or activities, and how we will measure success? | Write a measurable functional goal to address each priority item in the IFSP. Describe the routines or activities that provide natural learning opportunities for the child. Include criteria that will be used to determine the degree to which progress toward achieving the goal is being made. |

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| Procedures and activities to achieve this goal  In what ways will your family and team work toward achieving this goal? Who will help, and what will they do? | Write applicable procedures for each developmental goal:   * Describe in general terms what will be done in the coming months, and by whom, to help the child meet a developmental goal. * Provide the parent with a picture of what services will look like by describing: * How the family and staff will work together to achieve the goal, * What learning opportunities may be built on, and * What methods may be used for coaching and teaching. * Procedures describe how change and progress will be continually assessed. * Procedures are individualized to the child and family. * Procedures are written to address meaningful family activities and routines, and to reinforce to the family that they will provide the intervention for their child between sessions. * Procedures take into account everything currently known about the family’s preferences, activities, and daily life. * Procedures describe how the team and family will work together to imbed the intervention in the family’s daily life. |
| The [Form 4207](https://hhs.texas.gov/laws-regulations/forms/4000-4999/form-4207-individualized-family-service-plan-ifsp-services-pages), IFSP Services Pages is a standardized form and must be used as printed. | ECI services cannot be planned until IFSP goals have been developed.  ECI services must be planned to   * Reach the identified goals * Enhance the child’s functional abilities, behaviors, and routines * Strengthen the capacity of the family to meet the child’s unique needs |
| Parents must be provided with a copy of the entire IFSP. |  |

**Decision Guidelines for Child Outcomes Ratings**

ECI gathers information that we call Child Outcomes. The information helps us determine how a child is progressing and helps us make ourprograms and services better for families. The questions below refer back to the discussion above about your child’s daily activities and will help your IFSP team gather the needed information.

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|  | **Child Outcome #1 Positive Social-Emotional Skills** | **Child Outcome #2 Acquiring and Using Knowledge and Skills** | **Child Outcome #3 Taking Appropriate Actions to Meet Needs** |
| **Q1**. Does the child function in ways that would be considered age-appropriate for the child outcome?  If yes to Q1, answer Q2. If no to Q1, answer Q3. | No  Yes | No  Yes | No  Yes |
| **Q2**. Is the child’s functioning age-appropriate across all or almost all settings and situations?  If yes to Q2, answer Q2a. If no to Q2, answer Q2b. | No  Yes | No  Yes | No  Yes |
| **Q2a**. Does anyone have concerns about the child’s functioning in the outcome area?  If no, consider a rating of 7. If yes, consider a rating of 6. | No  Yes | No  Yes | No  Yes |
| **Q2b**. To what extent is the child’s functioning age-appropriate across all or almost all settings and situations?  If all/most, consider a rating of 5. If mixed, consider a rating of 4. | All/most  Mixed | All/most  Mixed | All/most  Mixed |
| **Q3**. Does the child use any immediate foundational skills related to this outcome area upon which to build age-appropriate functioning?  If yes to Q3, answer Q4. If no to Q3, consider a rating of 1. | No  Yes | No  Yes | No  Yes |
| **Q4.** To what extent is the child using immediate foundational skills across settings and situations?  If all/most, consider a rating of 3. If mixed, consider a rating of 2. | All/most  Mixed | All/most  Mixed | All/most  Mixed |