

# Anatomy of an IFSP

An Individualized Family Service Plan (IFSP) guides and supports a family's efforts to boost a young child's development. Available for kids up to age 3, the early intervention services in an IFSP are tailored to meet the child's unique needs. Most plans have common elements. Below are the most important things you'll find in most IFSPs.



## Individualized Family Service Plan

### Child information

Child's Name: Billy Hay	Date of Birth: 01/21/2013
Date of Birth: 01/21/2018	Home Address: 11454 Pruder Street Fargo, SD
Chronological Age: 18 mos.	

Primary Family Contact: Debbie Hay	Relationship to Child: Mother
Daytime Phone: 555-2358	
Email Address: dhay@email.com	

Secondary Family Contact: John Hay	Relationship to Child: Father
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IFSP Meeting Type: Annual	Meeting Date: 07/11/19
IFSP Start Date: 07/12/19	IFSP End Date: 07/13/20

### Child and family information

This first section lists the child's name, date of birth, and other basic details. It also includes contact information for the child's family. The date of the IFSP meeting may be noted, too.

## Service coordinator information

Name: Annie Lee	Agency: South County Early Intervention
Work Phone: 555-3535	
Email Address: annielee@southcountyei.com	

## IFSP team

Name / Position	Phone #
Annie Lee / Service Coordinator	555-3535
Agency: South County Early Intervention	
Sally Foo, OTR / Occupational Therapist	555-5397
Agency: Foo Rehab	
Debbie & John Hay / Parents	555-2358
Agency: N/A	
Connie Kemp, SLP/CCC / Speech Therapist	555-3434
Agency: Kemp Language, Inc	

## Service coordinator information

The service coordinator is the person responsible for making sure the IFSP is carried out. Other members of the IFSP team may be listed here or at the end of the plan.

## Physical skills

Billy has low muscle tone, which keeps him from reaching milestones like crawling and sitting independently as quickly as his same-age peers. He moves by pulling himself with his arms while positioned on his belly. He is not yet crawling or walking, but can bear some weight on his legs for short periods of time and will pull himself up to a standing position if he is near enough to an object. Building his physical strength and balance as well as further investigating his fine motor skills like his grasp and lip/mouth/tongue coordination will help to get him moving more independently and help provide him access to interacting with toys, people, and his environment.

## Cognitive skills

Billy's low muscle tone is impacting his cognitive abilities. He is unable to obtain, hold, and activate age-appropriate toys. He is not demonstrating...

## Communication skills

Billy is not able to consistently follow simple one-step directions, such as "give me." He also does not demonstrate an understanding of age-appropriate language. Expressively he...

## Self-help or adaptive skills

Billy has general overall low muscle tone, which is impacting his ability to support himself in a seated position and maintain head control. He needs support to learn to transition from...

## Social or emotional skills

Based on the H.E.L.P. assessment, Billy is demonstrating a greater than 25% delay in the social/emotional area. He does initiate interaction by vocalizing when he sees someone...

## Present levels of development

This describes the child's current abilities and skills. These can include:

- Physical skills (reaching, crawling, walking, drawing, building)
- Cognitive skills (thinking, learning, solving problems)
- Communication skills (talking, listening, understanding others)
- Self-help or adaptive skills (eating, dressing)
- Social/emotional skills (playing, interacting with others)

## Statement of family resources, concerns, and priorities

### Strengths and resources

- Billy's parents both have college degrees and have worked in computer programming positions, but his mother recently lost her job. She is working part time now, but she was the main breadwinner for the family. As a result, the family is experiencing some financial stress.
- Billy typically spends the day at home, and his grandmother watches him while his parents work, either in the office or from home.
- Because the family lives in a major city, there are many resources available nearby for early intervention services.
- The family has a small home with little space for movement activities.

### Family concerns

- Billy's low muscle tone doesn't seem to be improving as he gets older.
- Several times a day, Billy cries and fusses because his family doesn't understand what he wants or needs.

### Family priorities

- Would like Billy to get stronger and be able to sit up.
- Would like Billy's mobility and independence to improve so that his grandmother and parents won't need to pick him up and put him down as often.
- Would like to help Billy's grandmother feel more confident and able to lift and carry Billy safely.

## Family resources, concerns, and priorities

The child's family will help create this statement of their strengths and challenges.

Any concerns the family has, as well as what the family believes is important, will be noted here.

## Outcome #1

Billy will improve head and trunk control, allowing him to crawl on all fours.

### Strategies and activities

- The family will work with Billy to improve his lower body strength. The occupational therapist (OT) will consult with Billy's family to help address this.
- Billy's mother or father will take him to a park or open-space playdate three times a week to encourage movement.
- Billy's grandmother will get training on strengthening activities so she is better able to pick up Billy and move him from place to place.

### Evaluation

- Billy's parents will observe and take notes on Billy's movement.
- The OT will formally track progress at every therapy session.

## Outcome #2

Billy will learn to understand and use simple words and one-step directions.

### Strategies and activities

- Billy's family will model one-step directions for Billy by pointing and using words or commands.
- Billy's mother will name every piece of clothing each day while she dresses him.

## Measurable results or outcomes

This important section lays out the goals ("outcomes") for the child, how they'll be met, and how the child's progress will be measured. These goals can also help the IFSP team decide if services should be added or changed.

### Early intervention services

<b>Outcome #1</b>	Service: Occupational Therapy
Start Date: 7/12/2019	End Date: 7/11/2020
Provider: Sally Foo	Location: Home 1x, Office 1x
Frequency: 2x monthly	Intensity: 60 minutes
<b>Outcome #2</b>	Service: Speech Pathology
Start Date: 7/12/2019	End Date: 7/11/2020
Provider: Connie Kemp	Location: Home
Frequency: 1x monthly	Intensity: 30 minutes

### Early intervention services

This describes the early intervention services the child and family will get. The plan should specify where the services will be provided, how often they'll be provided, and how long each session will last.

### Natural environments/settings

<b>Outcome #1</b>	Service: Occupational Therapy
Once a month, this service will be provided at the OT office. This is appropriate because the office has a larger area for play and movement. This is intended to help motivate and support Billy in his goal of crawling on all fours.	

### Natural environments/settings

Services in an IFSP should be provided in "natural environments" for the child. This could be at home or in a daycare. If a service is provided in a place where kids of a similar age would not typically be, this section will explain why.

### Other services

Service: Playgroup	Service Type: Family & Child
Responsible Individual: Local Playdate Group	Funding: Parent
Service: Neurologist	Service Type: Child
Responsible Individual: Dr. Sullivan	Funding: Health insurance

### Other services

Some services that the child and family need may not be paid for by early intervention. But they're listed here to give you a complete picture. Potential sources of funding are also noted.

## Parent/guardian consent

I (we) the parent(s)/guardian(s) of  Billy Hay  hereby certify that I (we) have had the opportunity to participate in the development of my (our) child's IFSP. This document accurately reflects my (our) concerns and priorities for my (our) child and family.

I (we) therefore give my (our) permission for this plan to be implemented. .

I/we **give** permission.

I/we **do not give** permission.

\_\_\_\_\_  
Parent/Guardian Signature

## Consent

A parent or guardian's consent is required before early intervention services can be provided. Some IFSPs have a signature line.

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Work Phone: 555-3535	
Email Address: annielee@southcountyei.com	

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Service: Neurologist	Service Type: Child
Responsible Individual: Dr. Sullivan	Funding: Health insurance

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