

**NEW HAMPSHIRE FAMILY CENTERED EARLY SUPPORTS AND SERVICES
EVALUATION
INDIVIDUALIZED FAMILY SUPPORT PLAN (IFSP)**

Child's Name: _____ **Date of Birth:** _____ **Duck #** _____

Address: _____

Primary Language: _____ **Family needs an interpreter.** Yes No **Race/Ethnicity:** _____

Evaluation Date _____ **Initial or Subsequent Chronological Age (at eval)** _____ months

Date of Initial Referral: _____ **If found eligible, date initial IFSP must be completed by:** _____

Start Date of IFSP _____ **End Date of IFSP** _____ **Initial or Annual**

Six Month Review Date: _____ **Addendum Date(s):** _____

Parent/Guardian: _____ **Phone:** _____

Address: _____

Email: _____

Parent/Guardian: _____ **Phone:** _____

Address: _____

Email: _____

Referral Source/How our family heard about FCESS: _____

Primary Service Coordinator: _____

Phone: _____ **Email:** _____

FCESS Program: _____

Address: _____

Program Director: _____

Phone: _____ **Email:** _____

FAMILY ASSESSMENT SUMMARY

Child Strengths: What our child does well. What she/he enjoys doing.

Child Needs: Areas of our child's development we would like help with so we can help our child.

Family Resources: What our family enjoys doing together. What resources our family has (such as family/friends who help; groups that give supports).

Family Concerns: What supports we'd like to know more about.

Family Priorities: What is most important to us right now.

Here is a list of example topics that your Service Coordinator can provide help with. There may be other topics that you would like help with that are not listed. These topics may also be used to help write family outcomes.

- Information about how children grow and develop
- Particular conditions which impact child development
- Activities to do with children
- Appropriate toys for children
- Other places in the community to get help
- Children's behavior and how to handle it
- Healthy meals and nutrition
- Resources for housing
- Resources for employment
- Resources for help with finances
- Other _____

CHILD EVALUATION SUMMARY

(This information comes from all the different reports and information gathered during the evaluation process.)

Current Health Status (any medical concerns)		
Child's primary doctor and phone #		
Child's health status today:		
Health history/concerns:		
Other doctor(s)/provider(s)name	Hospital / Facility	Reason

CHILD EVALUATION SUMMARY cont'd

Area	Age Range (in months)	Developmental Description
Cognitive (Thinking, playing, exploring, and problem solving)		
Communication (Understanding others, expressing myself and use of language)		
Social/Emotional (Showing emotions, feelings, and interacting with others)		
Adaptive/Self Help (Calming self, eating, dressing, toileting and doing things for myself)		

Adopted from MARYLAND INFANTS AND TODDLERS PROGRAM Individualized Family Service Plan (IFSP)
 March 2017 – Family Centered Early Supports and Services NH/Part C

CHILD EVALUATION SUMMARY cont'd

Area	Age Range (in months)	Developmental Description
Fine Motor (Using hands and fingers for feeding, play, and other activities)		
Gross Motor (Moving body to change position, location, and participate in activities)		
Hearing (Response to sound and spoken language)	Has your child's hearing been tested? Yes No Concerns? Yes No Results of testing/screening/observation of functional hearing/concerns:	
Vision (How child uses his/her eyes)	Has your child's vision been tested? Yes No Concerns? Yes No Results of testing/screening/observation of functional vision/concerns:	
Sensory (Response to light, sounds, touch)		

CHILD EVALUATION SUMMARY cont'd

RECOMMENDATIONS / SUMMARY

Empty box for recommendations and summary.

ELIGIBILITY

Eligible for Family Centered Early Supports and Services based on:

Developmental Delay in _____ area(s) of development.

Atypical Behavior _____
(Description)

Established Condition of _____.

At Risk for Substantial Delay based on 5 areas: _____,
_____, _____,
_____, _____.

Informed Clinical Opinion Justification (as needed): _____

Develop an IFSP Parent Declines Services
Skip to Signature Pages

Not Eligible for Family-Centered Early Supports and Services.

Skip to Completing Signature Pages

Child Outcomes Summary (COS) Descriptors/Definitions
(Discussion Tool)

Overall Age Expected	7	Child shows functioning expected for his/her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his/her age. No one has any concerns about the child's functioning in this outcome area.
	6	Child's functioning generally is considered appropriate for his/her age but there are concerns about the child's functioning in the outcome area. These concerns are substantial enough to suggest monitoring or possible additional support. Although age-appropriate, the child's functioning may border on not keeping pace with age expectations.
Some Not Age Expected Some Age Expected	5	Child shows functioning expected for his/her age some of the time and/or in some settings and situations. Child's functioning is a mix of age expectations and below age expected behaviors and skills. Child's functioning might be described as like that of a slightly younger child.
	4	Child shows occasional age expected functioning across settings and situations. More functioning is below age expectations than age expected.
Not Age Expected	3	Child does not yet show functioning expected for a child of his/her age in any situation. Child uses immediate foundational skills, most or all of the time, across settings and situations. Immediate foundational skills are the skills upon which to build age expected functioning. Functioning might be described as like that of a younger child.*
	2	Child occasionally uses immediate foundational skills across settings and situations. More functioning reflects skills that are not immediate foundational than are immediate foundational.
	1	Child does not yet show functioning expected of a child his/her age in any situation. Child's functioning does not yet include immediate foundational skills upon which to build age expected functioning. Child's functioning reflects skills that developmentally come before immediate foundational skills. Child's functioning might be described as like that of a much younger child.*

*The characterization of functioning like a younger child only will apply to some children receiving special services such as children with developmental delays.

STRENGTHS AND NEEDS SUMMARY

Child Outcome Summary (COS) Related to My Child's Development

For children to be active and successful participants at home, in the community, and in places like childcare or preschool programs, they need to develop skills in three functional areas. We use information about your child's present levels of development, your family's concerns, resources and priorities, and your daily routines to understand your child's individual progress in relation to him/herself and to same age peers. This information supports the development of meaningful functional outcomes for your child and family.

HOW DOES MY CHILD....		MY CHILD'S STRENGTHS	MY CHILD'S NEEDS	HOW DOES MY CHILD'S DEVELOPMENT RELATE TO HIS/HER SAME-AGE PEERS?	
		What are some things my child likes to do? What skills does my child demonstrate or is beginning to demonstrate?	What are some skills or behaviors that my child does not do or are difficult for my child? In what activities or skill areas does my child need considerable support and/or practice?	Entry #	Exit #
DEVELOPING POSITIVE SOCIAL-EMOTIONAL SKILLS	<ul style="list-style-type: none"> *Attend to people? *Relate with family members, other adults and children? *Express an array of emotions? *Manage emotions? *Recognize and respond to verbal and nonverbal cues? *Show empathy? *Demonstrate attachment and independence? 				
				Has my child shown any new skills or behaviors related to positive social-emotional development?	
				Check one: Yes (include as strengths) No N/A	
ACQUIRING AND USING KNOWLEDGE AND SKILLS	<ul style="list-style-type: none"> *Understand and respond to basic concepts, directions and/or requests? *Think, remember, reason, problem solve, and communicate? *Interact with books, pictures? *Engage in pretend play? *Manage sensory information? *Use their body? 				
				Has my child shown any new skills or behaviors related to acquiring and using knowledge and skills?	
				Check one: Yes (include as strengths) No N/A	
TAKING APPROPRIATE ACTION TO MEET NEEDS	<ul style="list-style-type: none"> *Take care of his/her basic needs, such as feeding and dressing? *Move his/her body from place to place? *Use his/her hands to play with toys and use crayons? *Communicate wants and needs? *Contribute to his/her own health and safety? 				
				Has my child shown any new skills or behaviors related to taking actions to meet needs?	
				Check one: Yes (include as strengths) No N/A	

IFSP CHILD/FAMILY OUTCOME

Functional Outcome: The child and/or family will be able to...

Measurement: We will know this outcome has been achieved when...

Objectives: Short term goals to reach long term functional outcome.

Strategies that can be included into the child and family's everyday routines and activities:

The family is the lead for implementing these strategies with the support from the IFSP team.

(Responsible provider(s) name and credentials)

will focus on strategies within the natural environment.

The family has identified the natural environment(s) to include: _____

Date originally developed: _____ Expected date of completion: _____

Six Month Review/Updates (e.g. modifications, revisions, completion):

Date: _____

Parent initials: _____

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IFSP SUPPORTS and SERVICES (to help child and family reach outcomes)

Specific FCESS Service to be Provided	How This Will Be Provided (Method)	How Often (Frequency)	How Long Each Time (Intensity/Length)	Where This Will Be Done (Location)	Projected Start Date	Projected End Date	Actual End Date
<p>Service Coordination will be provided at least once a month to assist and enable a child and the child's family to receive services (coordinate services across agency lines) and rights, including procedural safeguards, required under Part C IDEIA, HeM510, and HeM203.</p>							
<p>FUNDING SOURCE: Medicaid Private Insurance FCESS funds (federal/state) (Check all that apply)</p>							

Natural Environment Statement

*Each service is provided to my child in his/her natural environment to the maximum extent appropriate.

Yes No (check one)

*If any support/service cannot take place in our child's natural environment, the reason why and the plan for moving them back to our child's natural environment, including timelines.

Service	Justification	Timeline

Other Supports or Services being accessed by the family: (community services, medical, therapies, etc.)

With whom would you like us to coordinate (e.g. medical specialist, PCP, consultant, childcare)?

Other support or service (characterized as 'non FCESS driven' "Identified by the family")	How will this be funded or how we will attempt to access this support/service through a public or private source

TRANSITION PLAN
Initiated at 27 months and completed by 33 months

Transition Steps and Services	Will we do it? (Yes/No) Check one	Who will do it?	When do we expect to do it?	When did we do it?
Transition plan initiated at IFSP meeting	YES / NO	IFSP Team	27-32 months of age	
Determination of potentially eligible for preschool special education	YES / NO	IFSP Team	27-32 months of age	
Family given option to “opt out” of notification/referral for special education services	YES / NO Families can change their decision at any time	IFSP Team	27-32 months of age	
Family “Opt Out” Family chooses to refer after initial “Opt Out”		YES NO YES NO		
If potentially eligible, written notification/referral made to special education	YES / NO Families can change their decision at any time	FCESS Program	7 days after family given option to “Opt Out”	
If appropriate, referral to community services	YES / NO What would you like to know more about?	Service Coordinator	Continuous Process	
Training opportunities for parents	YES / NO What would you like to know more about?	Service Coordinator	Continuous Process	
Transition Conference with family, FCESS, school, others as appropriate at least 90 days prior to child’s 3rd birthday	YES / NO FCESS will coordinate the Transition Conference	IFSP Team	27-32 months of age	
Submit request to have AA eligibility determined	YES / NO FCESS will coordinate the process	Service Coordinator	33 months of age	
Eligibility for AA services determined	FCESS does not determine eligibility	Area Agency	Before 36 months of age	

Transition Notes:

Written Prior Notice was provided

A copy of the Know Your Rights booklet was provided and explained

PARENT/GUARDIAN CONSENT
Parent/Guardian must initial all that apply

Not Eligible/Not Enrolling

- I received written prior notice of the evaluation and assessment.
- I understand my child was found **not** eligible for FCESS through a multidisciplinary assessment and that I have the right to dispute these findings according to page 7 of the "Know Your Rights!" booklet provided.
- I understand my child was found eligible for FCESS; however I have **declined services** at this time.

Eligible

- I received written prior notice of the evaluation and assessment.
- I received written prior notice of the IFSP team meeting.
- I have taken part in developing this IFSP and understand everything in it. I understand I can accept or refuse any or all of the supports/services in this plan.
- I **accept** the supports/services in this IFSP.
- I **do not accept** the following supports/services in this IFSP (Please list): _____
- _____
- The following supports/services may take place while we discuss our disagreements (Please list): _____
- _____

- At the time of signing this IFSP, I understand and agree that the individual provider(s) are not yet identified on the outcome(s) page(s). The individual provider(s) will contact me within 14 calendar days of signing this IFSP.
- I understand the individual responsible for coordinating the supports and services identified will be the Interim Service Coordinator identified here until a Primary Service Coordinator is identified.
(Provide name and contact information)

- I consent to my private insurance being billed for the services listed in this IFSP.
- I understand that my Medicaid will be billed for services listed in this IFSP.
- "It is the responsibility of the parent to notify FCESS of changes in insurance coverage."**

- I have been given a copy of the Know Your Rights! booklet and my rights have been explained. This booklet includes information about my rights including the use of insurance to pay for FCESS. I understand that I can ask for help with any of the information in the booklet.

Parent/Legal Guardian Signature Date _____

Parent/Legal Guardian Signature Date _____

Team Signatures

Evaluation Tool Completed: _____

Location of Evaluation: _____

Multidisciplinary Team Members

IFSP Team Members (at this meeting or not, who have helped in developing this plan)

Name and Credentials	Signature	Title (Parent, Guardian, Evaluator, Service Coordinator, provider, other)	Mode of Participation (In-person, phone, video, etc.)	Evaluation (Check)	IFSP (Check)

Transition Plan Signatures

I participated in the development of the Transition Plan on _____.
(DATE)

My family's Service Coordinator will enter the "When did we do it dates" as the actions/steps of the Transition Plan are completed.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Service Coordinator Signature _____ Date _____

IFSP Team Member Signature _____ Date _____