

Child: _____

START
HERE

Service Coordinator: _____ Date submitted for review: _____

- Service Coordinator has filed draft as Current IFSP
- Is this an initial or annual IFSP?
 - If yes, verify/change IFSP date on ecWeb registry page
 - If an initial IFSP add p- on registry page if not already done
- EI 6 mo review? If yes change "review date" on registry page to actual date of review

COVER PAGE

Service Coordination

- How often/location/start-stop dates (per ECSE calendar)
- Who will do/who will pay

Specialized Instruction (ECSE)/Early Intervention Svcs (EI)

- How often/location/start-stop dates (per ECSE calendar)
- Who will do/who will pay
- Initial start date entered on SERVICE LOG in ecWeb

Related Services *circle all that apply*

- | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| SLP | PT | OT | ASD | BEH | VI | HI | OI | AUG | RN |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Method (direct/consult)
 - How often/location Who will do/who will pay
 - Start-stop dates.** Service Logs will be checked for accuracy. SCs are responsible to verify log dates are entered & correct.
 - Team Collaboration (ECSE optional)
 - Transportation **Who Will Do:** Transportation **Who will Pay:** District

Other NON-EI/ECSE Services

- Method (direct/consult) WIC OHP SNAP DHS
- How often/location/start-stop Daycare Preschool Head Start
- Who will do/who will pay SCMC OHSU Doernbecher's

Federal Placement

- Private: SLP OT PT
- EI Natural Environment
- ECSE Hours attends early childhood program
- ECSE hours w/typical peers - OR - w/o typical peers
- ECSE justification statement if not w/typical peers
- How will progress be reported (CBA goes here-OR-on Dev Page)

ECSE PAGE

- Supplemental services/adaptations/accommodations
- Modify & support for program personnel
- Consideration of Special Factors

TEAM PAGE - IFSP Required Participants

- Subcontractor Rep.
- Parent/Guardian(s)
- EI/ECSE Specialists SLP PT OT ASD Inclusion
- Service Coordinator VI HI RN Interpreter
- Evaluator
- Elem District Rep *Kindergarten transition year only*
- Head Start or Community Preschool Teacher
- Parent Sign & initials for Procedural Safeguards

ECSE ONLY: Did all required attend? If not, a written agreement must be done

IFSP CHECKLIST

- EI Initial IFSP Annual ECSE Initial
- Revision to current IFSP:** EI 6 mo. review
- Serv. Coord changed Transportation added
- Services changed: _____
- Date of IFSP: _____

DEVELOPMENTAL INFO

- Strengths & interests
- Participation in appropriate activities
- Information considered: AEPS ASQ OTHER
- Health status (as per parent report)
- Hearing Screening Vision screening
- Developmental Areas: Area * Can Do * Needs to Learn**
- Cog - Adapt - Soc/Emo - GM - FM - RecCom - ExpComm**
- PRE-LIT/PRE-NUM Also OK on Family Outcomes Page

EI COMMUNICATION * EI ONLY *

- Receptive and/or Expressive communication needs?
- Spoken Language: **Sign Language** **Assistive Technology**
- Aug Comm Other

GOALS & OBJECTIVES

- Cog - Adapt - Soc/Emo - GM - FM - RecCom - ExpComm**
- Long term goals & short term objectives
- Criteria
- Evaluation procedures

FAMILY OUTCOMES (choose one)

- Family indicates plan is not needed
- 1, 2 & 3 are complete Pe-Lit/Pre-Num can go here

TRANSITION (circle one)

- from EI or from ECSE

PLACEMENT DECISION * ECSE ONLY *

- More than one option considered
- Each column completed
- Reasons given for selected or rejected
- Team members determining placement

OTHER PAGES

- * Medicaid Signed Consent - OR - Annual Notice to parents
- * Initial Provision initial ECSE only - required for Kindergarten
- * Action Notice AT Guide
- * Written Agreement AEPS Graph
- * IFSP Team Meeting Progress Reports
- Program Calendar**

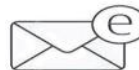
** these forms must be archived separately*

IFSP ROUTING

SC: please complete this section

School Districts and Head Start can view IFSPs on ecWeb

- Send copy to:** Both Parents Mom Only Dad Only
- Foster Parents Comm Preschool/Daycare
- DHS Other: _____



We will email when possible

- Is translation needed?** Yes No

If yes, indicate which pages: Cover Goals Action

This IFSP was checked by: _____ on _____

Updated: 5-29-19

1 _____ **Good Job!** Scan/Upload to ecWeb, Orig back to SC

2 _____ Corrections needed. Return to SC on: _____

3 _____ Date SC returned IFSP to office w/corrections

4 _____ Date corrections verified & routing completed

