

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

- 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 Technolgy**
- 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

3 \_\_\_\_\_ Date SC returned IFSP to office w/corrections

2 \_\_\_\_\_ Corrections needed. Return to SC on: \_\_\_\_\_

4 \_\_\_\_\_ Date corrections verified & routing completed