GUIDANCE DOCUMENT

USING PART C FUNDS FOR CONSULTATIVE SERVICES AND DOCUMENTATION REQUIRED
for OSEP-Required IFSP Reviews

OSEP REQUIREMENT:
The Office of Special Education Programs (OSEP) requires a comprehensive review/update of the IFSP for any child who experienced a gap in IFSP services (or, received services via teletherapy without face to face early intervention services) in order to ensure that the IFSP meets the child's current needs when service provision resumes.

The OSEP-required IFSP reviews are conducted by the full IFSP team. There is a minimum of 3 roles: parent/family, service coordinator, service provider and these roles must be filled by three (or more) different people. When the service coordinator is also the child's/family's service provider, another person must attend the meeting in the role of the provider (evaluation interpreter or a therapy assistant are acceptable substitutes when the service provider is also the service coordinator). Any member of the IFSP team fulfilling two roles (SC/provider) may only receive consultative services for one role for their participation in an IFSP review meeting.

WHICH KIDS NEED A REVIEW?   "GAP IN SERVICES" DEFINED:
These reviews are NOT required for children whose in person IFSP services were not interrupted between March 23, 2020 – August 25, 2020 for 30 (or more) **consecutive calendar days**.

These reviews are required for the family of each child who had an active IFSP as of March 23, 2020 and was not withdrawn from the program (for any reason) AND meets any ONE of the requirements below:
- ☐ Child was receiving services prior to March 23, 2020 but did not receive in person IFSP services for 30 (or more) **consecutive calendar days** (for any reason) between March 23, 2020 and August 25, 2020.
- ☐ Family received IFSP services via teletherapy between March 23, 2020 and August 25, 2020 but in person services were not occurring for a period of 30 or more consecutive days during this time frame.
- ☐ Child's initial IFSP was developed on or before March 23, 2020 but IFSP services had not begun on March 23, 2020 (and child did not receive in person IFSP services).

PURPOSE OF REQUIRED IFSP REVIEWS:
When a child has experienced a gap in services, the full IFSP team meets to review and to update the plan with the parent/family/caregivers to ensure that the IFSP meets the child's / family's current needs. As the IFSP is updated/changed around current needs of the child and family, services on the IFSP may change as the team determines what services are needed to reach the functional goals/objectives on the updated plan, and what mode of service delivery the parent prefers: teletherapy (remote services), home visits or child seen at childcare, or a blend of the two modes of service delivery.

STEPS/PROCESS FOR CONDUCTING REQUIRED IFSP REVIEWS:

1. ***Meetings Convenient for Family:***
   These IFSP review meetings may be conducted remotely at times/places/modes convenient to the parent/family. When conducted remotely, electronic signature on forms/documentation is acceptable.

2. ***Functional Assessment of Child:***
   EI professionals on the IFSP team work with the parent to assess "where the child is at" functionally at that time (the time of the review meeting). Functional assessment involves parent interview about new skills/new things the child is doing, new concerns, any perceived "loss" of skills during a gap in services (or during teletherapy). Functional assessment involves using a functional assessment tool or screening tool with the parent or other caregivers familiar with the child. Some commonly used functional assessment tools include: ASQ-3, ASQ-SE, MEISR, IDA-2, DAYC-2. If the IFSP team uses a different assessment tool to complete this requirement, they would check the "other" box and type in the name of the tool in the space provided on the form. The parent must grant consent for the assessment or screening on the same form that is used to obtain consent for an evaluation.

   The Comprehensive IFSP Reviews required by OSEP do not require a new evaluation.

   > **NOTE: For children whose annual evaluation is past due, and the child has received services on an extension, those evaluations may be conducted as soon as the parent is willing/able and grants consent. No evaluations may be conducted remotely.**

3. ***Using Results of Parent Interview and Functional Assessment / Screening:***
   Using information from parent/caregiver interview and functional assessment, the team ensures that IFSP goals/objectives are developed around current parent priorities and concerns, current child functioning, and what the parent would like for the child to be able to do in order to participate in typical child/family activities.

   > **The Service Coordinator Checklist (form) is required documentation that must be completed by the family's Service Coordinator and uploaded in the child's electronic record in CDS (in addition to other required documentation for IFSP review meetings).**

4. ***IFSP Goals and Objectives are updated using information from parent interview and assessment to meet program requirements.*** Functional IFSP goals support the child in participating in activities that typically occur in the child's daily life. Functional IFSP goals reflect the family's primary concerns and wishes for what the parent would like for the child to do within typical child/family activities.

   > **NOTE: There must be a "Family Goal" on the IFSP recorded in the "concerns" section on the Child and Family Information tab. The family goal is what the adult wants to work on (goal may not be directly related to the child with a disability). The parent sets the start/target date. The goal clearly states what the parent will do. Parent is listed as the "provider of assistance."**

Functional goals/objectives on an updated IFSP:
- use action verbs to clearly state an observable child action
- are clearly linked to a typical child activity (routine)
- make use of familiar people, places, objects/toys/materials (in the wording of the goal)
- are measurable in a "real world" way so that family members, childcare providers, etc.
  know what it "looks like" for the child to reach the goal
- are clearly worded so parents, other family members, childcare providers, etc. know when,
  how, and where to practice IFSP strategies to help their child develop and learn within the
  things they are already doing

5. **The IFSP Team reviews the services on the IFSP and updates them based on functional child/family goals.** The team (which includes the parent) determines what service is needed to reach new, updated goals/objectives on the updated IFSP, knowing that as goals/objectives change, services may change. The team determines frequency/intensity through conversations on how much support and how frequently the parent or other caregiver (and child) will need to work with therapist for the parent/caregiver to gain strategies to help the child learn and develop. The team will measure/assess progress every 3 months at quarterly IFSP reviews.

   ==NOTE: Parents/caregivers must be provided access to IFSP services in a way that "works for them" -- (teletherapy, in person, or a blend of the two). Parents must be offered choice of provider in the area in which the child/family live.==

DOCUMENTATION REQUIRED FOR CONSULTATIVE SERVICES:
Service Coordinator:
   (a) The completed checklist: SERVICE COORDINATOR'S CHECKLIST for OSEP-Required IFSP Reviews
   (b) OSEP-required IFSP review (in CDS) that was completed between 8/25/2020 – 12/30/2020
   (c) IFSP required documentation
   (d) IFSP has functional goals/objectives
   (e) "General Services" are added to the IFSP for the Consultative Services
   (f) Services are provided in the natural environment (home, childcare, teletherapy, or blend)
   (g) PA request using Part C funding for Consultative Services to pay for SC participation in the review
   (h) SC enters a PA request for each EI professional on the IFSP team to issue consultative services payment for their participation. The SC must attach the checklist completed by (and provided to the SC by the Direct Service Provider) to the PA request.
   (i) A case note in the child's record indicating what the General Services PAs are for (Consultative Services for IFSP review and that the SC Checklist and Therapist's Checklists are uploaded in record).

Direct Service Providers on the IFSP Team:
   (a) Complete the form: THERAPIST ON THE IFSP TEAM CHECKLIST for OSEP-Required IFSP Reviews
   (b) Send completed form to the Service Coordinator who facilitated the IFSP Review meeting

   ==This documentation must be completed for each OSEP-Required IFSP Review for a child/family who experienced a gap in services (SEE PAGE 1).==

GUIDANCE: COMPLETING THE **SERVICE COORDINATOR'S** CHECKLIST
for OSEP-Required IFSP Reviews

SERVICE COORDINATOR'S CHECKLIST for OSEP-Required IFSP Reviews

This documentation must be completed for each child/IFSP review facilitated by the family's Service Coordinator and uploaded in the child's electronic record in CDS (in addition to other required documentation for IFSP review meetings).

This document is required to be completed by the Service Coordinator conducting the IFSP Review and must be present in the child's electronic record for any member of the IFSP team to receive payment of Consultative Services for participation in the review. The Service Coordinator is responsible for entering PA requests for IFSP team members when the Service Coordinator receives the completed Therapist Checklist Form from the direct service provider(s) who participated in the meeting. For assistance, see "GUIDANCE DOCUMENT: USING PART C FUNDS FOR CONSULTATIVE SERVICES AND DOCUMENTATION REQUIRED ON THE SERVICE COORDINATOR'S CHECKLIST for OSEP-Required IFSP Reviews"

Name of Service Coordinator: Click or tap here to enter text.

Name of child: Click or tap here to enter text.   Date of IFSP review: Click or tap to enter a date.

Between 3/23/2020-present, this child had a "gap in services" of 30 consecutive days or more? ☐ YES ☐ NO

Between 3/23/2020-present, did this child/family participate in teletherapy? ☐ YES ☐ NO

1. The parent/family shared information with their EI team regarding any new skills the child is doing and reported any perceived "loss" of skill/functioning during the gap in services. ☐ YES ☐ NO

2. A functional assessment of child's current ability to participate in typical child/family activities was completed as part of this review (check one):
   ☐ ASQ-3 ☐ MEISR ☐ IDA-2 ☐ DAYC-2 ☐ other: _____
   (The functional assessment may be completed by any Part C Provider or Service Coordinator on the IFSP team)

3. IFSP Goals and Objectives were updated based on and to reflect:
   (a) What the parent would like for the child to do within typical child/family activities: ☐ YES ☐ NO
   (b) Parent interview information and results of functional assessment: ☐ YES ☐ NO

4. IFSP meets the following Part C program requirements:
   (a) IFSP goals/objectives use action verbs to clearly state an observable child action: ☐ YES ☐ NO
   (b) IFSP goals/objectives are clearly linked to a typical child activity: ☐ YES ☐ NO
   (c) IFSP goals/objectives make use of familiar people, places, objects/toys/materials: ☐ YES ☐ NO
   (d) Parent and other family members can use this plan to help the child learn/develop: ☐ YES ☐ NO

5. Services on the IFSP were updated/determined based on:
   (a) What service(s) is/are needed to reach new goals/objectives on the updated IFSP? ☐ YES ☐ NO
   (b) How frequently the parent or other caregiver (and child) will need to work with therapist for the parent/caregiver to gain strategies to help the child learn and develop? ☐ YES ☐ NO

6. Parent chose method of service delivery: teletherapy, home visit, at childcare, or a blend: ☐ YES ☐ NO

Name of Provider and Service:	Was Provider Present and Participating?	SC Entered PA for 1 Unit / Consultative Services (Part C Funds)
Service: ☐ DT ☐ OT ☐ PT ☐ SP	☐ YES ☐ NO	☐ YES ☐ NO
Name of Provider Present/Participating in Review: Click or tap here to enter text.		
Service: ☐ DT ☐ OT ☐ PT ☐ SP	☐ YES ☐ NO	☐ YES ☐ NO
Name of Provider Present/Participating in Review: Click or tap here to enter text.		
Service: ☐ DT ☐ OT ☐ PT ☐ SP	☐ YES ☐ NO	☐ YES ☐ NO
Name of Provider Present/Participating in Review: Click or tap here to enter text.		
Service: ☐ DT ☐ OT ☐ PT ☐ SP		
Name of Provider Present/Participating in Review: Click or tap here to enter text.		

Service Coordinator must upload this form in CDS for each review completed. Only one SC form is required per review, but each direct service provider must provide the SC with a completed Therapist Checklist Form that the SC attaches to a separate PA Request in CDS for Consultative Services (1 Unit – Part C funds) for each direct service provider identified in the box above who participated in the OSEP-Required IFSP Review for child who did not receive in-person IFSP services for 30 consecutive days or more or who received IFSP services via teletherapy between 3/23/2020– present.

This GUIDANCE DOCUMENT provides step by step instructions for completing the form, *SERVICE COORDINATOR'S CHECKLIST for OSEP-Required IFSP Reviews.*

The Service Coordinator's Checklist Form is a required document that must be completed by the Service Coordinator for each child/IFSP review and uploaded in the child's electronic record in CDS (in addition to other required documentation for IFSP review meetings).

The form must be present in the case notes of a child's electronic record for **any member** of the IFSP team to receive payment of Consultative Services for participation in the review. The Service Coordinator is responsible for entering PA requests for IFSP team members when the Service Coordinator receives the completed Therapist Checklist Form from the direct service provider(s) who participated in the review meeting.

For additional guidance/assistance, see "GUIDANCE DOCUMENT: USING PART C FUNDS FOR CONSULTATIVE SERVICES AND DOCUMENTATION REQUIRED ON THE SERVICE COORDINATOR'S CHECKLIST for OSEP-Required IFSP Reviews"

STEP BY STEP GUIDE TO COMPLETING THE SERVICE COORDINATOR'S CHECKLIST FORM

Name of Service Coordinator: Click or tap here to enter text.

Name of child: Click or tap here to enter text.   Date of IFSP review: Click or tap to enter a d

Between 3/23/2020-present, this child had a "gap in services" of 30 consecutive days or more? ☐

Between 3/23/2020-present, did this child/family participate in teletherapy? ☐ YES ☐ NO

> A child needs a review if <u>in-person</u> IFSP services were not received for 30 or more consecutive days between 3/23/2020 and present, even if teletherapy was received.

SECTION 2: IFSP REVIEW REQUIREMENTS

1. The parent/family shared information with their EI team regarding any new skills the child is doing and reported any perceived "loss" of skill/functioning during the gap in services. ☐ YES ☐ NO

2. A functional assessment of child's current ability to participate in typical child/family activities was completed as part of this review (check one):
   ☐ ASQ-3 ☐ MEISR ☐ IDA-2 ☐ DAYC-2 ☐ other: _____
   (The functional assessment may be completed by any Part C Provider or Service Coordinator on the IFSP team)

#1. The team asks questions to get information from the family about new skills? Any lost skills? New concerns or needs? Through conversation. This is in addition to the assessment of #2.

#2. Either the SC or Direct Service Provider must complete a Functional Assessment. If a different assessment tool is used other than what is listed, the name of the instrument/tool must be typed into the space provided.

SECTION 2: IFSP REVIEW REQUIREMENTS – CONTINUED:

3. **IFSP Goals and Objectives were updated based on and to reflect:**
   (a) What the parent would like for the child to do within typical child/family activities: ☐ YES ☐ NO
   (b) Parent interview information and results of functional assessment: ☐ YES ☐ NO

#3. (a) and (b) The updated IFSP clearly reflects information gathered from the family interview in #1 and the information from the functional assessment in #2 so that all IFSP goals and objectives help the child participate in the things the parent would like the child to be able to do in their daily family life and clearly link to the parent's priorities.

4. **IFSP meets the following Part C program requirements:**
   (a) IFSP goals/objectives use action verbs to clearly state an observable child action: ☐ YES ☐ NO
   (b) IFSP goals/objectives are clearly linked to a typical child activity: ☐ YES ☐ NO
   (c) IFSP goals/objectives make use of familiar people, places, objects/toys/materials: ☐ YES ☐ NO
   (d) Parent and other family members can use this plan to help the child learn/develop: ☐ YES ☐ NO

#4. (a-d) An IFSP meets Part C Program guidelines (regardless of the paysource of the service or services) when goals on the IFSP are "functional" if they can be measured in a "real world" way so that all adults in the child's life can clearly see when the child has mastered the goal. Functional goals meet all 4 criteria in a-d. Objectives (the steps to reach the goal) also meet these criteria so that the parent and other caregivers can take the plan (the IFSP) and know how and when to practice these things with their child to help their child learn and develop within typical child/family activities.

5. **Services on the IFSP were updated/determined based on:**
   (a) What service(s) is/are needed to reach new goals/objectives on the updated IFSP? ☐ YES ☐ NO
   (b) How frequently the parent or other caregiver (and child) will need to work with therapist for the parent/caregiver to gain strategies to help the child learn and develop? ☐ YES ☐ NO

6. **Parent chose method of service delivery: teletherapy, home visit, at childcare, or a blend:** ☐ YES ☐ NO

#5. (a-b) In a Part C Program, Services on an IFSP (regardless of paysource) are selected in this way – after functional IFSP goals/objectives have been developed WITH the parent/caregiver.

Services and service levels change when IFSP goals/objectives change and when parent/caregiver need for support changes. All EIS Providers are required to train, coach, and consult with parents and other caregivers to provide these important adults in the child's life the skills they need to help the child learn and develop even when a therapist is not present, according to 34 CFR §303.12(b)(3).

#6. Parents must have the option to access remote services (teletherapy) if they choose. Parents may access in person home visits (or visits to childcare) or a blend of in person and teletherapy. Parents must be provided choice of provider available in the area in which child/family live.

SECTION 3: SERVICE COORDINATION DOCUMENTATION OF MEETING PARTICIPATION

Name of Provider and Service:	Was Provider Present and Participatory?	SC Entered PA for 1 Unit / Consultative Services (Part C Funds)
Service: ☐ DT ☐ OT ☐ PT ☐ SP Name of Provider Present/Participating in Review: Click or tap here to enter text.	☐ YES ☐ NO	☐ YES ☐ NO
Service: ☐ DT ☐ OT ☐ PT ☐ SP Name of Provider Present/Participating in Review: Click or tap here to enter text.	☐ YES ☐ NO	☐ YES ☐ NO
Service: ☐ DT ☐ OT ☐ PT ☐ SP Name of Provider Present/Participating in Review: Click or tap here to enter text.	☐ YES ☐ NO	☐ YES ☐ NO
Service: ☐ DT ☐ OT ☐ PT ☐ SP Name of Provider Present/Participating in Review: Click or tap here to enter text.		

Column #1: The Service Coordinator documents the direct service providers (therapists) who participated in the IFSP Review meeting by checking the service on the IFSP that this member of the team provides and typing in the name of the therapist.

Column #2: SC checks to document full participation. Being present is NOT the same thing as "Participating." Full participation "looks like" assisting in functional assessment and working with the family to develop functional IFSP goals that represent what the family wants their child to be able to do in typical child/family life and helping the team develop steps to reach these goals (objectives) that are also functional and clear.

Column #3: SC checks to document that a PA was entered (or not). Each therapist must submit a completed Therapist Checklist Form to the SC to attach to the PA request for 1 unit of Consultative Services using Part C funds.

RESOURCES

REQUIRED DOCUMENTATION

Process/Steps

Therapist's Step by Step Guide to Completing Therapist Checklist/Form

Back to main page

STEP BY STEP GUIDE TO COMPLETING THE **THERAPIST'S** CHECKLIST FORM

THERAPIST ON THE IFSP TEAM CHECKLIST for OSEP-Required IFSP Reviews

The Office of Special Education Programs (OSEP) requires a comprehensive review/update of the IFSP for any child who experienced a gap in IFSP services in order to update the plan to ensure that IFSP goals/objectives are developed around current parent priorities and concerns, current child functioning, and what the parent would like for the child to be able to do in order to participate in typical child/family activities and to ensure that the EI services needed to reach updated goals/objectives are provided in a way that works for the child/parent, either via teletherapy or via home visits or at childcare, or a combination of the two.

This documentation must be completed by each therapist attending a child's/family's IFSP review as part of the IFSP team and must be attached by the Service Coordinator to the PA request in CDS in order for receive payment for consultative services.

Name of Provider: Click or tap here to enter text. **Date of IFSP review:** Click or tap to enter a date.
Provider Program: Click or tap here to enter text.
Service: ☐ DT ☐ OT ☐ PT ☐ SP **Were You Present and Participatory in Review?** ☐ YES ☐ NO

Name of child: Click or tap here to enter text.

Between 3/23/2020-present, this child had a "gap in services" of 30 or more consecutive days. ☐ YES ☐ NO
Between 3/23/2020-present, did this child/family participate in teletherapy? ☐ YES ☐ NO

1. Information the parent shared regarding any new skills the child is doing and any perceived "loss" of skill/functioning during the gap in services was used to update the IFSP with the family. ☐ YES ☐ NO

2. A functional assessment of child's current ability to participate in typical child/family activities was completed as part of this review (check one):
   ☐ ASQ-3 ☐ MEISR ☐ IDA-2 ☐ DAYC-2 ☐ other: _____
   (The functional assessment may be completed by any Part C Provider or Service Coordinator on the IFSP team)

3. IFSP Goals and Objectives were updated based on and to reflect:
   (a) What the parent would like for the child to do within typical child/family activities: ☐ YES ☐ NO
   (b) Parent interview information regarding new skills and any perceived loss during gap: ☐ YES ☐ NO
   (c) Results of a functional assessment completed as part of this review: ☐ YES ☐ NO
   (d) Child and family interests: ☐ YES ☐ NO

4. IFSP meets the following Part C program requirements:
   (a) IFSP goals/objectives use action verbs to clearly state an observable child action: ☐ YES ☐ NO
   (b) IFSP goals/objectives are clearly linked to a typical child activity: ☐ YES ☐ NO
   (c) IFSP goals/objectives make use of familiar people, places, objects/toys/materials: ☐ YES ☐ NO
   (d) Parent and other family members can use this plan to help the child learn/develop: ☐ YES ☐ NO

5. Services on the IFSP were updated/determined based on:
   (a) What service(s) is/are needed to reach new goals/objectives on the updated IFSP? ☐ YES ☐ NO
   (b) How frequently the parent or other caregiver (and child) will need to work with therapist for the parent/caregiver to gain strategies to help the child learn and develop? ☐ YES ☐ NO

6. Parent was able to choose service delivery method he/she felt comfortable with ☐ YES ☐ NO

7. IFSP service will be provided: Choose an item. Click or tap here to enter text.

Submit this completed form to SC for a PA/payment of Consultative Services (1 Unit) for Participation in an OSEP-Required IFSP Reviews for child who did not receive in-person IFSP services for 30 consecutive days or more or who received IFSP services via teletherapy between 3/23/2020– present.

This GUIDANCE DOCUMENT provides step by step instructions for completing the form, *THERAPIST ON THE IFSP TEAM CHECKLIST for OSEP-Required IFSP Reviews.*

The Therapist's Checklist Form is a required document that must be completed by the Direct Service Provider (therapist) who participated in a child's IFSP review. The completed form is sent to the Service Coordinator who facilitated the IFSP review meeting to attach to the PA request in CDS to issue PA/payment of Consultative Services (1 Unit, Part C funding).

Federal funding for these activities may be declined for any IFSP that does not meet minimum Part C program requirements (regardless of the paysource for the services on the IFSP).

REQUIRED DOCUMENTATION

SECTION 1: GENERAL

Name of Provider: Click or tap here to enter text. **Date of IFSP review:** Click or tap to enter a date.
Provider Program: Click or tap here to enter text.
Service: ☐ DT ☐ OT ☐ PT ☐ SP **Were You Present and Participatory in Review?** ☐ YES ☐ NO

The name of the Therapist participating in the IFSP review meeting.

The name of the Part C Provider Program.

Check the box for the IFSP service this participant provides.

NOTE: Being present is NOT the same thing as "Participating." Full participation "looks like" assisting in functional assessment and working with the family to develop functional IFSP goals that represent what the family wants their child to be able to do in typical child/family life and helping the team develop steps to reach these goals (objectives) that are also functional and clear.

Submit a completed Therapist's Checklist form to the SC who facilitated the IFSP review meeting for a PA/payment of Consultative Services (1 Unit) for Participation in an OSEP-Required IFSP Reviews for child who did not receive in-person IFSP services for 30 consecutive days or more or who received IFSP services via teletherapy between 3/23/2020– present.

SECTION 2: "GAP IN SERVICES" FOR A CHILD WHOSE IFSP WAS ACTIVE 3/23/2020 AND WHO HAS NOT BEEN WITHDRAWN FROM THE PART C PROGRAM:

Name of child: Click or tap here to enter text.

Between 3/23/2020-present, this child had a "gap in services" of 30 or more consecutive days. ☐ YES

Between 3/23/2020-present, did this child/family participate in teletherapy? ☐ YES ☐ NO

> **A child needs a review if in-person IFSP services were not received for 30 or more consecutive days between 3/23/2020 and present, even if teletherapy was received.**

SECTION 3: MEETING AND IFSP DEVELOPMENT REQUIREMENTS

1. The parent/family shared information with their EI team regarding any new skills the child is doing and reported any perceived "loss" of skill/functioning during the gap in services. ☐ YES ☐ NO

2. A functional assessment of child's current ability to participate in typical child/family activities was completed as part of this review (check one):

   ☐ ASQ-3 ☐ MEISR ☐ IDA-2 ☐ DAYC-2 ☐ other: _____
   (The functional assessment may be completed by any Part C Provider or Service Coordinator on the IFSP team)

> **#1. The IFSP team asks questions to get information from the family about new skills? Any lost skills? New concerns or needs? Through conversation. This is in addition to the assessment of #2.**

> **#2. Either the SC or Direct Service Provider must complete a Functional Assessment. If a different assessment tool is used other than what is listed, the name of the instrument/tool must be typed into the space provided.**

3. IFSP Goals and Objectives were updated based on and to reflect:

   (a) What the parent would like for the child to do within typical child/family activities: ☐ YES ☐ NO

   (b) Parent interview information and results of functional assessment: ☐ YES ☐ NO

> **#3. (a) and (b) The updated IFSP clearly reflects information gathered from the family conversations/interview in #1 and the information from the functional assessment in #2 so that all IFSP goals and the action steps to reach the goals (objectives) help the child participate in the things the parent would like the child to be able to do in their daily family life and clearly link to the parent's priorities, child/family interests, typical people/items/places the family enjoys.**

4. IFSP meets the following Part C program requirements:

   (a) IFSP goals/objectives use action verbs to clearly state an observable child action: ☐ YES ☐ NO

   (b) IFSP goals/objectives are clearly linked to a typical child activity: ☐ YES ☐ NO

   (c) IFSP goals/objectives make use of familiar people, places, objects/toys/materials: ☐ YES ☐ NO

   (d) Parent and other family members can use this plan to help the child learn/develop: ☐ YES ☐ NO

> **#4. (a-d) An IFSP meets Part C Program guidelines (regardless of the paysource of the service or services) when goals on the IFSP are "functional" if they can be measured in a "real world" way so that all adults in the child's life can clearly see when the child has mastered the goal. Functional goals meet all 4 criteria in a-d. Objectives (the steps to reach the goal) also meet these criteria so that the parent and other caregivers can take the plan (the IFSP) and know how and when to practice these things with their child to help their child learn and develop within typical child/family activities.**

5. Services on the IFSP were updated/determined based on:
   (a) What service(s) is/are needed to reach new goals/objectives on the updated IFSP? ☐ YES ☐ NO
   (b) How frequently the parent or other caregiver (and child) will need to work with therapist for the parent/caregiver to gain strategies to help the child learn and develop? ☐ YES ☐ NO

6. Parent chose method of service delivery: teletherapy, home visit, at childcare, or a blend: ☐ YES ☐ NO

#5. (a-b) In a Part C Program, Services on an IFSP (regardless of paysource) are selected in this way – after functional IFSP goals/objectives have been developed WITH the parent/caregiver.

Services and service levels change when IFSP goals/objectives change and when parent/caregiver need for support changes. All EIS Providers are required to train, coach, and consult with parents and other caregivers to provide these important adults in the child's life the skills they need to help the child learn and develop even when a therapist is not present, according to 34 CFR §303.12(b)(3).

#6. Parents must have the option to access remote services (teletherapy) if they choose. Parents may access in person home visits (or visits to childcare) or a blend of in person and teletherapy. Parents must be provided choice of provider from the list of providers available in the area in which child/family live.

7. IFSP service will be provided: | service setting |
Choose an item. ▾ Click or tap here to enter text.

| select service mode/setting |
| teletherapy for parent/caregiver and child |
| home visit for parent/caregiver and child |
| child to receive services in childcare classroom |
| Home visits and teletherapy alternating weeks |
| Childcare visits and teletherapy alternating weeks |
| other (please describe) |

Provider selects service setting/mode of delivery information from the drop-down list.

If "other" is selected, a description must be entered in the space provided.

NOTE: When a blended delivery mode is used (home visits and teletherapy alternate), the SC must enter two PAs due to the different billing code for Teletherapy.

RESOURCES FOR IFSP TEAMS

COMPREHENSIVE IFSP REVIEW STEPS/PROCESS

HOW TO COMPLETE SERVICE COORDINATOR DOCUMENTATION/CHECKLIST FORM

Back to main page

ADDITIONAL RESOURCES FOR EI PROFESSIONALS ON THE IFSP TEAM:

- **Using the MEISR for Functional Assessment:** **https://www.birth23.org/meisr-recorded-webinar/**

- **Early Intervention: A Routines-Based Approach - Part 1: Traditional vs. Routines; Part 2: What Intervention Can – and Should – Look Like; Part 3: Changing the Mindset** **http://veipd.org/earlyintervention/three-new-ei-videos-your-must-watch-for-the-day/**

- **Enhancing Recognition of High Quality, Functional IFSP Outcomes**
  http://www.ectacenter.org/~pdfs/pubs/rating-ifsp.pdf

- **ECTA Center website   http://www.ectacenter.org/topics/ifsp/ifspprocess.asp**
  http://www.ectacenter.org/decrp/

- **Video Illustrations of Family Guided Routines Based Intervention**
  http://dmm.cci.fsu.edu/IADMM/examples.html

- ***Tips and Techniques for Developing Participation-Based IFSP Outcomes Statements***, **BriefCASE, Vol 2, No. 1**
  http://www.fippcase.org/briefcase/briefcase_vol2_no1.pdf

back to main page

COMPREHENSIVE IFSP REVIEW STEPS/PROCESS

REQUIRED DOCUMENTATION

HOW TO COMPLETE SERVICE COORDINATOR DOCUMENTATION/CHECKLIST FORM