

# The IFSP

## A Family Guide To Understanding The Individualized Family Service Plan (IFSP)

The Maryland Infants and Toddlers Program



Maryland's  
*Birth  
 through  
 Five*

**Early Childhood Intervention & Education** System of Services For Young Children With Disabilities and Their Families

**MARYLAND STATE DEPARTMENT OF EDUCATION**  
 Division of Special Education/Early Intervention Services  
 Early Childhood Intervention and Education Branch  
 Maryland Infants and Toddlers Program/Preschool Special Education Services



# The Individualized Family Service Plan

### About This Guide

This guide, *A Family Guide To The Individualized Family Service Plan (IFSP)*, is part of Maryland's Birth Through Five Parent Information Series—a collection of publications designed to support families in the early intervention and education birth through five system of services. It will help guide families through the IFSP process and written document. To receive a copy of other guides in the series, please contact your local Infants and Toddlers Program.

The first booklet in this Parent Information Series, *Birth To Three: A Family Guide to Early Intervention Services in Maryland*, was designed to help you understand the Maryland Infants and Toddlers Program. Now that your child's initial evaluation is complete and your child has been found eligible for early intervention services, it is time to develop the **Individualized Family Service Plan (IFSP)** for your child and family.

**You know your child best.** Your local Infants and Toddlers team will enjoy learning about your child's interests and what helps him or her learn. You will *learn from and work with* the early intervention service providers to help your child. You are your child's first and best teacher. You play a critical role in developing the **Individualized Family Service Plan (IFSP)**. Your commitment, dreams, and desires for your child will help guide the development of the IFSP, as well as any IFSP reviews and updates.

### What Is The IFSP?

The IFSP provides the foundation of family-centered early intervention services. The IFSP is an agreement between you and the local Infants and Toddlers Program regarding the early intervention services and supports provided to your child and family. The IFSP is both an agreement and a written document that puts in writing your child's strengths and needs, your family's priorities, and the outcomes you and the team would like your child to achieve. The IFSP provides the "what, when, where, why, and how" of early intervention services to be provided to your child and family.

**The IFSP**

- ▶ **Individualized** to meet the unique needs of your child and family
- ▶ **Family** as a partner and at the center of the early intervention process
- ▶ **Services** to enhance your child's development and support your family's needs
- ▶ **Plan** of action for the services and supports to be provided to your child and family

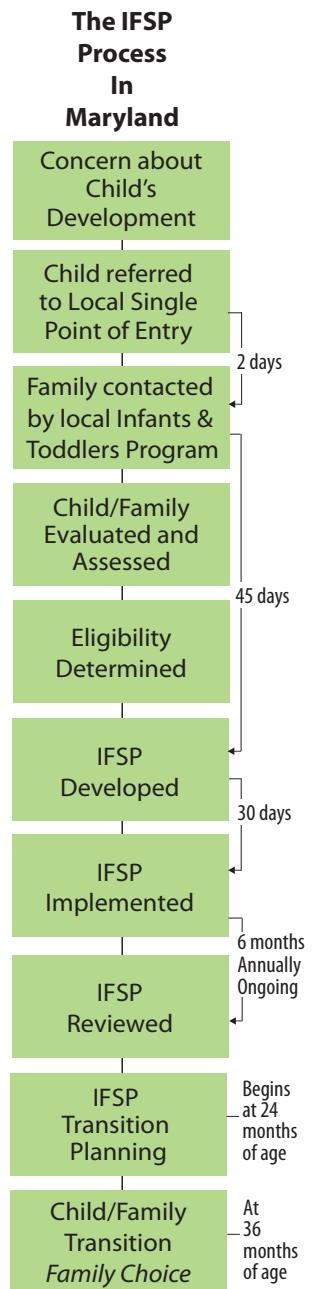
Maryland is required by federal and State legislation to ensure that the early intervention process is family-focused. Early Intervention services are covered by Part C of the Individuals with Disabilities Act (IDEA) and the Code of Maryland Regulations (COMAR).

# The IFSP Process

The IFSP process begins when your child is referred to your local Infants and Toddlers Program due to a concern about his or her development. The local Infants and Toddlers Program will contact your family within **2** days of receiving the referral. Your early intervention team has **45** days from the date of referral to complete your child’s evaluation and assessment and complete an initial written IFSP. Most services contained in the IFSP document begin no later than **30** days after the IFSP has been signed by you. The completion of the IFSP or the start date for an IFSP service may be delayed by a family reason.

All partners learn to trust and respect each other’s expertise in order to share information and make decisions. **Families and early intervention providers bring unique strengths to this collaborative partnership.** The first IFSP meeting will include you and your service coordinator, and may include staff that helped complete the developmental evaluation and assessment of your child. Such staff may participate by telephone or by providing a written report. You may invite others to attend the meeting, including family members, friends, and child care providers that you feel should be involved. Together, you will develop an IFSP that supports you and your family.

**The IFSP process is ongoing.** You and your IFSP team will review the IFSP every **6** months after the initial completion date. You may request a review at any time to make sure the IFSP continues to meet the changing needs of your child and family. Development and review of the IFSP are collaborative processes that take place during IFSP team meetings. You and your service coordinator must be present for all IFSP meetings.



About Your Service Coordinator	Your service coordinator:
	<ul style="list-style-type: none"> <li>▶ Guides you in setting priorities for your child and family</li> <li>▶ Coordinates services and supports</li> <li>▶ Helps you find answers for your questions</li> <li>▶ Offers information on helpful State and community resources</li> <li>▶ Finds opportunities for you to connect with other families</li> <li>▶ <b>Is the best person to contact if you have any questions throughout the IFSP process</b></li> </ul>

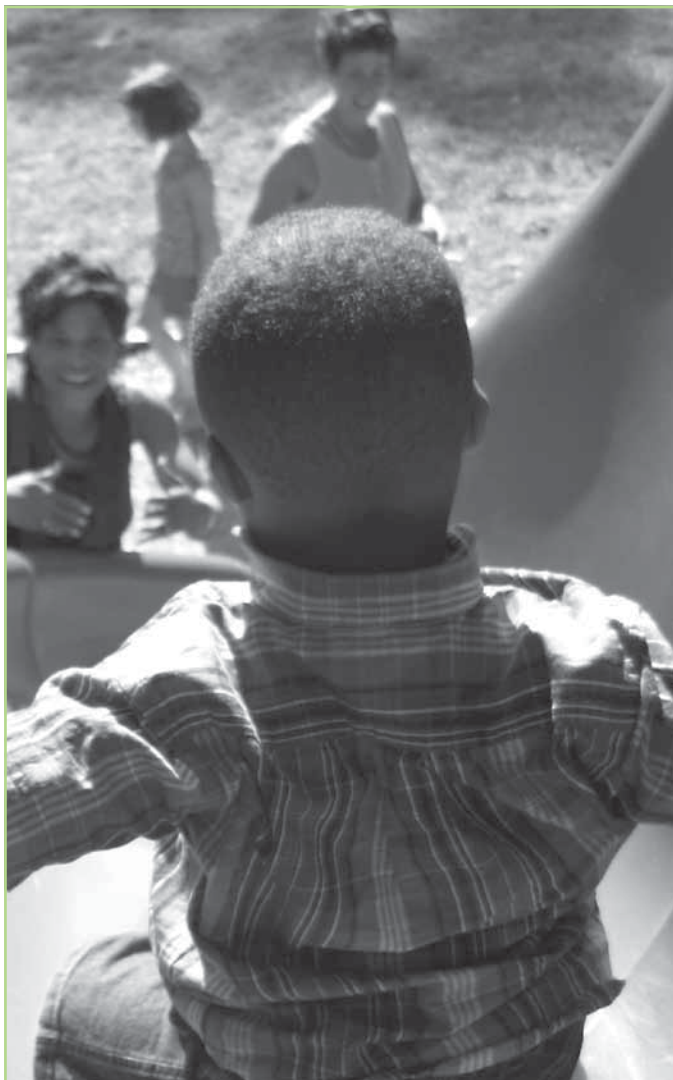
**Transition planning** begins when your child reaches age 2, as it is important to start planning early what will happen after your child reaches age 3. You will have the choice to continue services through an IFSP or begin services through an IEP if your child is found eligible for preschool special education.



# The IFSP Document

## The Written IFSP Document

The Individualized Family Service Plan (IFSP) is both an agreement and a legal document that puts in writing information about your child’s development, your family’s priorities, your child’s strengths and needs, and the outcomes you and the IFSP team would like to have your child achieve. It is the plan of action—the *who, what, when, where, why, and how* of services and supports to be provided to your child and family. This guide introduces you to the various sections of the IFSP document. Your service coordinator and service providers from your local Infants and Toddlers Program will explain the sections in greater detail as you develop the IFSP together.



### IFSP Cover Page

#### CHILD AND FAMILY INFORMATION

The written IFSP document begins with a cover page that includes information about your child and family, as well as contact information for your service coordinator and IFSP team participants. The cover page also lists projected meeting dates for your 6-month and annual IFSP reviews, and a projected date range for your child’s transition planning meeting.

MARYLAND STATE DEPARTMENT OF EDUCATION • DIVISION OF SPECIAL EDUCATION/EARLY INTERVENTION SERVICES  
 MARYLAND INFANTS AND TODDLERS PROGRAM

### Individualized Family Service Plan (IFSP)

Referral Date:	IFSP Meeting Date:	IFSP Meeting Type: <input type="checkbox"/> Interim <input type="checkbox"/> Initial <input type="checkbox"/> Annual Evaluation	
<b>Child and Family Information</b>			
Child Name (First/Middle/Last):			
Birth Date:	ID Number:	MA Number:	
Address:		Home Phone:	
Parent/Guardian/Surrogate Name:			
Address:		Home Phone:	
Address:		Work Phone:	
E-mail:		Cell Phone:	
Best Time to Contact:		Best Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-mail	
<b>Team Participant Signatures</b>			
Each agency or person who has a direct role in the provision of early intervention services is responsible for assisting the eligible child and family to achieve the outcomes in this IFSP.			
Service Coordinator	Date	Evaluator/Assessor (or involvement through other means, as appropriate)	Date
Interim/Alternate Service Coordinator	Date	Other Participant	Agency/Title Date
Lead Agency Representative	Date	Other Participant	Agency/Title Date
Parent(s)/Guardian/Surrogate	Date	Other Participant	Agency/Title Date
<b>Service Coordinator Information</b>			
If you have questions about this IFSP or any of the individuals working with your child and family, contact your service coordinator.			
Service Coordinator Name:			
Agency:			
Address:			
Work Phone:		E-mail:	
<b>Projected IFSP Meeting Dates</b>			
Projected Date Six Month IFSP Review:			
Projected Date Annual IFSP Review Date:			
Projected Date Range Transition Planning Meeting:			

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# The IFSP Document

## IFSP Part I, Section A: Information About My Child's Development GENERAL HEALTH

Child Name:	ID Number:	IFSP Meeting Date:
PART I - INFORMATION ABOUT MY CHILD'S DEVELOPMENT Section A - Health Information		
<b>General Health</b>		
What was your child's gestational age at birth? _____ Weeks _____ Days		
What was your child's birth weight? _____ Pounds _____ Ounces <i>OR</i> _____ Grams		
Who is your primary care physician or other health care professional?		Phone:
<b>IMMUNIZATIONS</b>		
Do you have a copy of your child's immunization record? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, please indicate the strategies to be used to obtain a copy of your child's immunization record.</i>		
Does the immunization record have the required immunizations for your child's chronological age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, what strategies will be implemented for your child to receive the required immunizations?</i>		
Indicate immunizations received ( <i>immunizations in BOLD are required for public school</i> ): <input type="checkbox"/> DTaP/DT <input type="checkbox"/> Polio <input type="checkbox"/> Hib <input type="checkbox"/> HepB <input type="checkbox"/> PCV7 <input type="checkbox"/> Rotavirus <input type="checkbox"/> MCV4 <input type="checkbox"/> Hep A <input type="checkbox"/> MMR <input type="checkbox"/> Varicella		
Indicate immunizations needed ( <i>immunizations in BOLD are required for public school</i> ): <input type="checkbox"/> DTaP/DT <input type="checkbox"/> Polio <input type="checkbox"/> Hib <input type="checkbox"/> HepB <input type="checkbox"/> PCV7 <input type="checkbox"/> Rotavirus <input type="checkbox"/> MCV4 <input type="checkbox"/> Hep A <input type="checkbox"/> MMR <input type="checkbox"/> Varicella		
<b>LEAD SCREENING/TESTING</b>		
Has your child's lead level been tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, what was the level?</i> _____ Are there any concerns about your child's lead level? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please explain.</i> _____		
<b>NUTRITION</b>		
Are there any concerns about your child's eating, general nutrition or growth? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please explain.</i> _____		
<b>GENERAL HEALTH CONCERNS</b>		
Is there anything about your child's health (special equipment, allergies, other mental or physical information) that the team should know about to better plan and provide services to your child and family? _____		

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In order to provide services that will meet your child's needs, it is important that you share all relevant information, as well as any health concerns you may have about your child.

### Helpful hints to help you prepare:

- Talk to your child's doctor.
- Ask your service coordinator to help you gather your child's health information.
- Ask about your child's diagnosis and about words and phrases you don't understand.
- Write down your child's health and medical information.
- Provide a copy of your child's immunization record, if you have it.

## IFSP Part I, Section B: Information About My Child's Development PRESENT LEVELS OF DEVELOPMENT

The IFSP describes how your child is developing right now. In order to provide services for your child that will meet his or her developmental needs, and to know where to begin, the IFSP team must understand how your child is developing compared to other children his or her age.

A variety of service providers will conduct an assessment by asking you questions about your child's daily routine, including how he or she plays with others (personal-social skills), and helps with feeding and dressing (adaptive skills). They will play with your child to observe thinking (cognitive) skills, language (communication) skills, and motor (fine and gross motor) skills and activities.

Child Name:	ID Number:	IFSP Meeting Date:			
PART I - INFORMATION ABOUT MY CHILD'S DEVELOPMENT Section B - Present Levels of Development					
<b>Present Levels of Development</b>					
Evaluation Status: <input type="checkbox"/> Entry <input type="checkbox"/> Interim (Birth to 3) <input type="checkbox"/> Exit (Birth to 3) <input type="checkbox"/> Interim (3 to Kindergarten Age) <input type="checkbox"/> Exit (3 to Kindergarten Age)					
Area	Date of Assessment (MM/DD/YYYY)	Name of Assessment Instrument(s)	Chronological Age	Age Level/Age Range	Qualitative Description
Cognitive					
Communication					
Social or Emotional					
Adaptive					
Physical	Fine Motor (Using my hands for play, feeding or other activity)				
	Gross Motor (Moving my body to change position or location)				
	Hearing	Did your child pass a Universal Newborn Hearing Screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Has your child seen an audiologist for a full hearing evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any concerns about your child's hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No Results of Evaluation/Observation: _____			
	Vision	Has your child's vision been tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any concerns about your child's vision? <input type="checkbox"/> Yes <input type="checkbox"/> No Results of Evaluation/Observation: _____			

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# The IFSP Document

## IFSP Part I, Section C: Information About My Child's Development ELIGIBILITY FOR SERVICES

Child Name:	ID Number:	IFSP Meeting Date:
<b>PART I - INFORMATION ABOUT MY CHILD'S DEVELOPMENT</b> <b>Section C - Eligibility for Early Intervention Services</b>		
<b>Eligibility</b>		
<i>Your child is eligible for early intervention services based upon the results of the evaluation process. Eligibility is based on the <b>ONE</b> category that is checked below.</i>		
<input type="checkbox"/> <b>AT LEAST A 25% DEVELOPMENTAL DELAY</b> My child is eligible for early intervention services because my child is experiencing at least a 25% delay in one or more of the following developmental areas. <b>Check all that apply:</b> <input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Social or Emotional <input type="checkbox"/> Adaptive <input type="checkbox"/> Physical: ___ Fine Motor ___ Gross Motor		
<input type="checkbox"/> <b>ATYPICAL DEVELOPMENT OR BEHAVIOR</b> My child is eligible for early intervention services because my child is demonstrating atypical development or behavior in one or more of the following developmental areas, that is likely to result in a subsequent delay. <b>Check all that apply:</b> <input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Social or Emotional <input type="checkbox"/> Adaptive <input type="checkbox"/> Physical: ___ Fine Motor ___ Gross Motor		
<input type="checkbox"/> <b>DIAGNOSED PHYSICAL OR MENTAL CONDITION WITH A HIGH PROBABILITY OF DEVELOPMENTAL DELAY</b> My child is eligible for early intervention services because my child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. This list is not all-inclusive. <b>Check all that apply:</b> <input type="checkbox"/> Chromosomal disorder: ___ Down Syndrome ___ Other: _____ <input type="checkbox"/> Chronic lung disease (CLD) <input type="checkbox"/> Congenital infection that is symptomatic (e.g., HIV) <input type="checkbox"/> Inborn errors of metabolism associated with CNS involvement (e.g., maple syrup urine disease and galactosemia) <input type="checkbox"/> Infants showing significant effects of maternal prenatal alcohol abuse (e.g., Fetal Alcohol Syndrome) <input type="checkbox"/> Infants affected by intrauterine drug exposure requiring treatment or showing evidence of intrauterine growth restriction <input type="checkbox"/> Intraventricular hemorrhage - Grades III or IV <input type="checkbox"/> Lead poisoning, with a lead level of 20 ug/dL or greater <input type="checkbox"/> Moderate to severe encephalopathy resulting from insult to the brain <input type="checkbox"/> Neurodegenerative disorders with onset in infancy and early childhood (e.g., adrenoleukodystrophy, TaySachs disease) <input type="checkbox"/> Periventricular Leukomalacia (PVL) <input type="checkbox"/> Prematurity with birth weight of less than 1200 grams (2 lbs. 10 oz.) <input type="checkbox"/> Seizure disorder where seizures are frequent or difficult to control or the underlying condition is associated with frequent cognitive impairment (e.g., infantile spasms) <input type="checkbox"/> Sensory impairments <input type="checkbox"/> Blind or visually impaired <input type="checkbox"/> Deaf or hard of hearing <input type="checkbox"/> Severe congenital malformations (e.g., meningomyelocele and congenital hydrocephalus) <input type="checkbox"/> Surgical Necrotizing Enterocolitis (NEC) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		

This section of the IFSP describes how your child is determined eligible for early intervention services based on the results of the evaluation process. **Your child has been determined eligible for early intervention services because your child has:**

- At least a 25% developmental delay; **or**
- Atypical development or behavior; **or**
- A diagnosed physical or mental condition with a high probability of developmental delay.

## IFSP Part II, Section A: Information About My Family CONCERNS, PRIORITIES, AND RESOURCES

This section of the IFSP identifies the priorities and concerns that are important to your family and that may affect the ability of your child to benefit from early intervention services. You may share as much or as little information as you choose.

### Your concerns are the worries you may have.

- What concerns do I have about my child's health?
- What concerns do I have about my child's development?
- What is working right now?
- What is not working?
- What would make my life easier?

### Your priorities are what you hope for the future.

- What are my hopes and dreams for my child?
- If I could focus my energies on one thing, what would that one thing be?
- What would I like to see my child do in the next 6 weeks?
- What would I like to see my child do in the next 6 months?

### Your resources are your current supports.

- What are my family's strengths in meeting my child's needs?
- What friends, families, and/or neighbors are supportive?
- What churches, agencies, and/or programs have been or could be helpful?



# The IFSP Document

Child Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ IFSP Meeting Date: \_\_\_\_\_

## PART II - INFORMATION ABOUT MY FAMILY Section A - Concerns, Priorities, and Resources

Concerns, Priorities, and Resources		
<p><i>To best support your child and family, it is helpful to know about issues and concerns that are important to your family. Your family's concerns, priorities, and resources will be used as the basis for developing outcomes and identifying strategies and activities to address the needs of your child and family. You may share as much or as little information as you choose.</i></p>		
MY FAMILY'S CONCERNS	MY FAMILY'S PRIORITIES	MY FAMILY'S RESOURCES
Concerns I have about my child's health and development. Information, resources, supports I need or want for my child and/or family.	My hopes and dreams for my child. The most important things for my child and/or family right now.	Resources that my child/family has for support, including people, activities, programs/organizations.
<input type="checkbox"/> This information was gathered through a family-directed assessment using the following. <b>Check all that apply:</b> <input type="checkbox"/> Locally developed family interview tool <input type="checkbox"/> Ages and Stages Questionnaire (ASQ) <input type="checkbox"/> Routines-Based Interview (RBI) <input type="checkbox"/> Other tools/methods: _____ <input type="checkbox"/> Family declined family-directed assessment.		

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## IFSP Part II, Section B: Information About My Family NATURAL ENVIRONMENTS

Child Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ IFSP Meeting Date: \_\_\_\_\_

## PART II - INFORMATION ABOUT MY FAMILY Section B - Natural Environments

Routines In Natural Environments		
<p><i>Early intervention services are provided in natural environments. A natural environment is a location where your child and family spend time, such as in the home, child care program, or other community setting. Natural environments are where typically developing children play and learn. The information below will help us determine the natural environment(s) in which your child and family will receive early intervention services.</i></p>		
Where does your child/family spend time? Check all that apply:		
<input type="checkbox"/> Child's home <input type="checkbox"/> Child care center <input type="checkbox"/> Religious setting <input type="checkbox"/> Family child care	<input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> Library <input type="checkbox"/> Home of family member <input type="checkbox"/> Toddler playgroup <input type="checkbox"/> Judy Center	<input type="checkbox"/> Family Support Center <input type="checkbox"/> Parent's place of employment <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____
What are some of the activities that you like to do together as a family?		
Is there something you would like to do as a family, but cannot do at this time?		
What are the daily routines of your child and family? Are some of these routines challenging? Are there other routines that your family would like to establish?		
What are the barriers that keep your child and family from participating in your daily routines and activities?		
How can the program best support your family in its desire to improve or create important routines?		

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The IFSP identifies the routines and environments that are unique to your family. Children learn best in their own environment, when they are doing what they typically do every day, using their own materials and with the people that are most familiar to them. Early intervention services are provided in the natural environments. Natural environments include homes, child care programs, and other community programs or settings where your child and family spend time.

It is important for your service provider to understand your family's daily routines and where you spend time, so that strategies may be developed to help you and your child participate in home and community activities.





# The IFSP Document

## IFSP Part III, Section A: STRENGTHS AND NEEDS SUMMARY

This section of the IFSP summarizes your child's strengths and needs. For your child to be an active, successful participant in activities at home, in the community, and in places like child care or preschool programs, he/she needs to develop skills in three functional areas: 1) developing positive social-emotional skills, 2) acquiring and using knowledge and skills, and 3) taking appropriate action to meet needs. To understand your child's development and progress in relation to himself/herself and in comparison to same age peers, different sources of information are gathered. This assists you with the IFSP team to answer the question "How Does My Child's Development Relate to His/Her Same Age Peers?" Your participation in this process is essential; you may choose to use the Family Worksheet on page 13 to assist you to write down information about your child.

Child Name:	ID Number:	IFSP Meeting Date:
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### PART III - MY CHILD/FAMILY OUTCOMES RELATED TO MY CHILD'S DEVELOPMENT Section A - Strengths and Needs Summary

Strengths and Needs Summary			
For children to be active and successful participants at home, in the community, and in places like child care or preschool programs, they need to develop skills in three functional areas: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet needs. 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 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?
<b>DEVELOPING POSITIVE SOCIAL-EMOTIONAL SKILLS</b> <ul style="list-style-type: none"> <li>Attend to people?</li> <li>Relate with family members?</li> <li>Relate with other adults?</li> <li>Relate with other children?</li> <li>Display emotions?</li> <li>Respond to touch?</li> </ul>	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?	Has my child shown any new skills or behaviors related to positive social-emotional development since the last Strengths and Needs Summary? <input type="checkbox"/> Yes (include as "Strengths") <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<b>ACQUIRING AND USING KNOWLEDGE AND SKILLS</b> <ul style="list-style-type: none"> <li>Understand and respond to directions and/or requests from others?</li> <li>Think, remember, reason and problem solve?</li> <li>Interact with books, pictures, and print?</li> <li>Understand basic concepts such as "more", "big", "hot"?</li> </ul>			Has my child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last Strengths and Needs Summary? <input type="checkbox"/> Yes (include as "Strengths") <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<b>TAKING APPROPRIATE ACTION TO MEET NEEDS</b> <ul style="list-style-type: none"> <li>Take care of his/her basic needs, such as feeding and dressing?</li> <li>Move his/her body from place to place?</li> <li>Use his/her hands to play with toys and use crayons?</li> <li>Communicate wants and needs?</li> <li>Contribute to his/her own health &amp; safety?</li> </ul>			Has my child shown any new skills or behaviors related to taking actions to meet needs since the last Strengths and Needs Summary? <input type="checkbox"/> Yes (include as "Strengths") <input type="checkbox"/> No <input type="checkbox"/> Not applicable
<b>OTHER</b>			

## IFSP Part III, Section B: CHILD AND FAMILY OUTCOMES RELATED TO MY CHILD'S DEVELOPMENT

Child Name:	ID Number:	IFSP Meeting Date:
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### PART III - MY CHILD/FAMILY OUTCOMES RELATED TO MY CHILD'S DEVELOPMENT Section B - Child and Family Outcomes

Child and Family Outcomes		
Based upon information from your child's present levels of development and shared reports, your child's strengths and needs, your family's concerns, priorities, and resources, and your daily routines, this plan outlines what we want to accomplish and the specific steps required. Please discuss your priority outcomes for your child and/or family, including specific skills and context. A separate "Child and Family Outcomes" form is completed for each outcome.		
OUTCOME	STRATEGIES/ACTIVITIES/LEARNING OPPORTUNITIES	MEASURABLE CRITERIA
What would we like to see happen?	What steps need to be taken to help accomplish the priority outcome?	How will we know when the outcome is achieved?

EDUCATIONAL OUTCOMES ADDRESSED (at age 3 or older)  Language  Numeracy  Pre-literacy

TIMELINE

PARTICIPANTS - Who will be involved?

Name:	Title:	Phone/E-mail:
Name:	Title:	Phone/E-mail:
Name:	Title:	Phone/E-mail:
Name:	Title:	Phone/E-mail:

OUTCOME PROGRESS REVIEW

Review Codes: Select the code that best applies.	Code:	Date:	Initials:	Comments:
1- Proficient - We did it!				
2- In process - We're making progress.				
3- Needs development - Let's make adjustments.				
4- No longer needed				
5- Postponed				

OUTCOME PROGRESS RESPONSE - (ONLY NEEDED FOR PROGRESS REVIEW CODE 3)

Review Codes: Select the code that best applies.	Code:	Date:	Initials:	Comments:
1- Revise outcome				
2- Modify strategies/activities				
3- Change service				
4- Other: _____				

Outcomes are the basis for identifying early intervention supports and services. Sharing your child's present levels of development, your family's concerns, priorities and resources, your daily routines, and your child's summarized strengths and needs will help determine the outcomes you would like your child and family to accomplish as a result of early intervention. Then, the specific steps, strategies and activities required to accomplish the outcomes are determined. You may have as many outcomes as you need. You will use a new page for each outcome. Everyone who is working with your child will know what the outcomes are, when they are expected to be achieved, and who helps to achieve them.





# The IFSP Document

## IFSP Part IV:

### EARLY INTERVENTION SERVICES

Child Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ IFSP Meeting Date: \_\_\_\_\_

#### PART IV - MY CHILD'S EARLY INTERVENTION SERVICES

Early Intervention Services				
Early intervention services enhance the development of your child and the capacity of your family to meet the needs of your child. Each early intervention service supports your individual child and family outcomes. A separate "Early Intervention Services" form is completed for each service/support/setting.				
TYPE OF SERVICE	SERVICE DESCRIPTION			SETTING
	Number of Sessions	Frequency	Intensity	
<b>Please specify:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Only <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually	Number of minutes per session: <input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 180 <input type="checkbox"/> 240 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Home (Principal residence of child's family or caregivers) <input type="checkbox"/> Community-Based Setting (Please specify): _____ <input type="checkbox"/> Other (Please specify): _____ Justification for Other Setting: _____
Discussion of Early Intervention Service Delivery: _____				
Type of Service	Community-Based Settings (Where children without disabilities are typically found)			Other Settings (Not community or home-based)
<ul style="list-style-type: none"> <li>Auditory</li> <li>Family Counseling</li> <li>Health</li> <li>Medical (diagnoses &amp; evaluation only)</li> <li>Nursing</li> <li>Occupational Therapy</li> <li>Physical Therapy</li> </ul>	<ul style="list-style-type: none"> <li>Psychological</li> <li>Respite Care</li> <li>Social Work</li> <li>Special Instruction</li> <li>Speech/Language Therapy</li> <li>Vision Services</li> <li>Other</li> </ul>	<ul style="list-style-type: none"> <li>Child care center (including family day care)</li> <li>Preschool program</li> <li>Regular nursery school</li> <li>Early childhood center</li> <li>Early Head Start/Head Start</li> <li>Even Start</li> <li>Judy Center</li> <li>Library</li> </ul>	<ul style="list-style-type: none"> <li>Grocery store</li> <li>Park/Playground</li> <li>Restaurant</li> <li>Community/Recreation Center</li> <li>Parent's place of employment</li> <li>Shelter</li> <li>Other</li> </ul>	<ul style="list-style-type: none"> <li>Early Intervention Center/Class for Children with Disabilities</li> <li>Service Provider Location (e.g. Outpatient, Audiologist)</li> <li>Hospital (Inpatient)</li> <li>Residential facility</li> <li>Other</li> </ul>
<b>Financial Responsibility:</b> Check one agency responsible for payment of services. <input type="checkbox"/> Local School System <input type="checkbox"/> Local Health Department <input type="checkbox"/> Local Department of Social Service <input type="checkbox"/> Other (Please specify): _____	<b>Provider Agency:</b> Record the name of the agency providing the service. Use the standard text designation within each agency. _____			
<b>Reimbursement Source:</b> Check one reimbursement source only when the agency designated as financially responsible intends to request payment for the service from another source. <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Maryland School for the Blind <input type="checkbox"/> Maryland School for the Deaf <input type="checkbox"/> Other (Please specify): _____	<b>Provider Name/Phone Number:</b> Record the name and phone number of the individual providing the service. _____			
<b>Projected Service Initiation Date:</b> Record the date on which the service is projected to begin. MM/DD/YYYY	<b>Projected Service Review Date:</b> Record the projected date on which the service will be reviewed. MM/DD/YYYY			
<b>Projected Duration:</b> Record the time period that the service will be provided. MM/YYYY	<b>Service Ending Date:</b> Record the date on which the service ends. MM/DD/YYYY			

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This part of the IFSP describes how often, where, when, and the type of early intervention services that you and your child will receive from your local Infants and Toddlers Program. You may receive more than one service and there is a new page for every service. In addition, your child's need for assistive technology and transportation will be discussed. You have a crucial role in the provision of early intervention services. Your team of professionals will demonstrate, show you techniques and coach you and your family on how to implement intervention strategies into the routines of your family.

**It is important to think realistically about which services your child and family may need.**

## IFSP Part V:

### SERVICE LINKAGES

Service linkages are additional services and supports in the community, outside the scope of your local Infants and Toddlers Program, to enhance your child's development. It is important for all community partners to work together to promote the development and well-being of your child and family. Your service coordinator will work with you to identify these linkages.

#### Questions To Consider:

- Am I interested in speaking with another parent of a child in the early intervention program?
- Am I interested in attending workshops to learn more?
- Am I having a hard time finding child care?
- Is there anything available for the other children in my family?

Child Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ IFSP Meeting Date: \_\_\_\_\_

#### PART V - SERVICE LINKAGES

Service Linkages			
Service linkages are community services and supports designed to enhance your child's development and your family's capacity to meet the needs of your child and family. A separate "Service Linkages" form is completed for each family member.			
Service linkages are being provided for the following family member. (Check only ONE of the following.)			
<input type="checkbox"/> Eligible Child	<input type="checkbox"/> Sibling	<input type="checkbox"/> Family	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other Relative
SERVICE LINKAGES TO BE PROVIDED (Check ALL that apply.)			
<b>Child Care/Enrichment</b> <input type="checkbox"/> Before/After Child Care <input type="checkbox"/> Camps, Day/Residential <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> Even Start <input type="checkbox"/> Family Day Care <input type="checkbox"/> Group Child Care Centers <input type="checkbox"/> In-home Child Care <input type="checkbox"/> Preschool Program <input type="checkbox"/> Tutoring <input type="checkbox"/> Other: _____	<b>Income Assistance</b> <input type="checkbox"/> Emergency Financial Assistance <input type="checkbox"/> Financial Counseling <input type="checkbox"/> Food Stamps <input type="checkbox"/> Public Assistance <input type="checkbox"/> SSI <input type="checkbox"/> Other: _____	<b>Medical/Health</b> <input type="checkbox"/> Assessment <input type="checkbox"/> Dental Services <input type="checkbox"/> Diagnostic/Advisory Clinics <input type="checkbox"/> Equipment/Devices <input type="checkbox"/> Health Insurance <input type="checkbox"/> Home Health Care <input type="checkbox"/> Hospitalization <input type="checkbox"/> Immunizations <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Prenatal Care <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Primary Health Care <input type="checkbox"/> Screening <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Women, Infants, and Children (WIC) Program <input type="checkbox"/> Other: _____	<b>Other</b> <input type="checkbox"/> Adult Education <input type="checkbox"/> Child Care Resource Center, Local <input type="checkbox"/> Family Support Center <input type="checkbox"/> Family Support Network, Local <input type="checkbox"/> Family Support Network, State <input type="checkbox"/> Home Visiting Program (Please specify): _____ <input type="checkbox"/> Housing <input type="checkbox"/> Judy Center <input type="checkbox"/> Legal Services <input type="checkbox"/> Parent Education <input type="checkbox"/> Project Independence <input type="checkbox"/> Recreation Program <input type="checkbox"/> Support Group <input type="checkbox"/> Other: _____
SERVICE LINKAGE PROVIDERS			
Provider Name: _____	Provider Name: _____		
Phone/E-mail: _____	Phone/E-mail: _____		
Provider Name: _____	Provider Name: _____		
Phone/E-mail: _____	Phone/E-mail: _____		
STRATEGIES TO HELP SECURE SERVICE LINKAGES FOR THE FAMILY			
PAYMENT SOURCES (Check all that apply.)		PERSON(S) INVOLVED TO SECURE SERVICE LINKAGES	
<input type="checkbox"/> Health Maintenance Organization (HMO)	<input type="checkbox"/> Medical Assistance	Name: _____	Name: _____
<input type="checkbox"/> No fee	<input type="checkbox"/> Other Health Insurance	Title: _____	Title: _____
<input type="checkbox"/> Parent: Full Payment	<input type="checkbox"/> Parent: Sliding Fee	Phone: _____	Phone: _____
<input type="checkbox"/> Other: _____		E-mail: _____	E-mail: _____

MD IFSP Part 5 Rev. 4/11 White: Early Intervention Record • Yellow: Family • Pink: Data Entry



# The IFSP Document

## IFSP Part VI: AUTHORIZATIONS

Child Name:	ID Number:	IFSP Meeting Date:
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**PART VI - AUTHORIZATION(S)**

**Authorization(s)**

**PARENT/GUARDIAN/SURROGATE CONSENT**

- I/We have had the opportunity to participate in the development of this Individualized Family Service Plan (IFSP) and have been provided reasonable notice of the IFSP meeting.
- I/We have been informed of my/our parental rights under this program through receipt of the *Parental Rights: Maryland Procedural Safeguards Notice* and a family handbook about Maryland's early intervention system.
- The early intervention services will be provided as described in the IFSP. I/We understand that the IFSP will be reviewed at least every six (6) months.
- I/We understand that my/our consent is voluntary and that I/we may revoke consent at any time.
- I/We understand the records will not be released without my/our signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of early intervention records to participating agencies in the early intervention system.
- I/We understand that the public agency will submit information through a statewide database. This database will be used by the Maryland State Department of Education (MSDE) and other State agencies, as appropriate, to enable funding of programs.
- I/We have been informed of the determination(s) of the IFSP team in my/our native language or other mode of communication.
- This plan reflects the outcomes that are important to my/our child and family.
- I/We understand the plan and parental rights and give permission to implement this IFSP.

Parent(s)/Guardian/Surrogate Signature

Date

**MEDICAL ASSISTANCE**

- I/We choose to accept Service Coordination for Children with Disabilities Case Management. I/we understand that the purpose of this service is to assist in gaining access to needed medical, social, educational, and other services. I/We understand that continuation of this service depends on meeting eligibility requirements for Service Coordination for Children with Disabilities. [COMAR 10.09.40]
- I/We understand that this service does not restrict or otherwise affect a participant's eligibility for other Medical Assistance benefits. I/We understand that I/we am free to choose a case manager/service coordinator for my/our child.
- I/We give permission to the provider agency to recover costs from Medicaid for service coordination, as well as health-related services, related to the implementation of my child's outcomes. I/We understand that if I/we refuse to allow the provider agency access to Medical Assistance funds, it does not relieve the public agency of its responsibility to ensure that all required services are provided to my/our child at no cost to my/our family.

Print Child's Name

Medical Assistance (MA) Number

Parent(s)/Guardian/Surrogate Signature

Date

MD IFSP Part 6 Rev\_5/10

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This section is where you provide informed written consent before early intervention services begin, at every IFSP review meeting, and when the content of the IFSP is changed. **It is important to read every statement and ask questions if there is anything that may be confusing.**

**Questions To Consider:**

- Have I received a copy of the *Parental Rights: Maryland Procedural Safeguards Notice* from my local Infants and Toddlers Program?
- Have my rights in the early intervention system been explained?
- Do I understand which services will be delivered to my family?
- Do I understand that these services are provided at no cost to me?



### About

### Medicaid (Medical Assistance)

- **Services through local Infants and Toddlers Programs are provided at no cost to families.**
- If your child is eligible for Medicaid (Medical Assistance) and you provide written consent, the local Infants and Toddlers Program may bill Medicaid for specific services for your child.
- If you provide written consent for billing purposes, your local Infants and Toddlers Program will ask you for your Medical Assistance number.
- Your consent allowing the Infants and Toddlers Program to bill Medicaid will not prevent your child or any other Medicaid-eligible individual in your family from receiving the medical care they are receiving now or will receive in the future.



# The IFSP Document

## IFSP Part VII: TRANSITION INFORMATION

Child Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ IFSP Meeting Date: \_\_\_\_\_

**PART VII - MY CHILD'S TRANSITION INFORMATION**  
Section A - Transition At Age Three

**Transition At Age 3**

TRANSITION PLANNING MEETING DATE: \_\_\_\_\_

EXPLANATION FOR MEETING DELAY
<p>If the Transition Planning Meeting is held after the child has reached 33 months of age, check the response below that provides an explanation. (Check only one.)</p> <input type="checkbox"/> Attempts to contact family were unsuccessful. <input type="checkbox"/> Child was referred at 31.5 months of age or later. <input type="checkbox"/> Family requested to reschedule or delay the meeting. <input type="checkbox"/> Other: _____

EXPLANATION FOR MEETING DELAY
<p>If the Transition Planning Meeting was not held at all prior to the child's third birthday, check the response below that provides an explanation. (Check only one.)</p> <input type="checkbox"/> Attempts to contact family were unsuccessful. <input type="checkbox"/> Child was referred at 34.5 months of age or later. <input type="checkbox"/> Family declined to participate in the meeting. <input type="checkbox"/> Other: _____

**CONSIDERATION OF ELIGIBILITY FOR PRESCHOOL SPECIAL EDUCATION AND RELATED SERVICES (PART B)**

Parents wish to consider Part B eligibility.  Parents DO NOT wish to consider Part B eligibility.

COMMUNITY SERVICES		
Is the family being referred to community services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, check the services that apply.		
<p><b>Developmental/Medical/Health:</b></p> <input type="checkbox"/> Developmental Therapies (other than Part C and Part B) <input type="checkbox"/> Equipment/Devices <input type="checkbox"/> Home Health Care <input type="checkbox"/> Immunizations <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Primary Health Care <input type="checkbox"/> Women, Infants, and Children (WIC) Program	<p><b>Child Care/Enrichment</b></p> <input type="checkbox"/> Camps <input type="checkbox"/> Family Day Care <input type="checkbox"/> Group Child Care <input type="checkbox"/> Even Start <input type="checkbox"/> Head Start <input type="checkbox"/> Play Group <input type="checkbox"/> Preschool Program: — Public — Private <input type="checkbox"/> Recreation Program <input type="checkbox"/> Judy Center <input type="checkbox"/> Home Instruction for Parents of Preschool Youngsters (HIPPY)	<p><b>Family Support</b></p> <input type="checkbox"/> Family Support Center <input type="checkbox"/> Home Visiting Program (Please specify) _____ <input type="checkbox"/> Parent Education <input type="checkbox"/> Support Group <input type="checkbox"/> Other: _____
<b>Other Community Services:</b>		

TRANSITION PLANNING MEETING NOTES/FUTURE STEPS		
Activities	Timelines	Person(s) Responsible

**RESULTS OF THE INITIAL IEP ELIGIBILITY DETERMINATION MEETING (TO BE COMPLETED BY SPECIAL EDUCATION STAFF)**

**SPECIAL EDUCATION STAFF:** Complete this section and submit to Part C Data Entry immediately following the initial IEP eligibility determination meeting. Check the statement that indicates results of the initial IEP eligibility determination meeting.

The child is determined to be **ELIGIBLE** for ongoing services through an IFSP or preschool special education and related services through an IEP.

The child is determined to be **INELIGIBLE** for ongoing services through an IFSP or preschool special education and related services through an IEP.

MD IFSP Part 7-A Rev\_5/10 White: Early Intervention Record • Yellow: Family • Pink: Data Entry • Blue: Part B Eligibility Determination

Transition information addresses what happens when your child turns 3 years old. Starting at 2 years of age, your service coordinator will begin discussing the transition process. You will be part of a transition planning meeting to plan, make decisions, and act on what happens after the Infants and Toddlers Program ends. It is the responsibility of the IFSP team to discuss the transition process.

The option to continue with early intervention services or transition to preschool special education services will be offered to your child, unless your family does not want to consider either of these choices. Developmental/educational information may be shared without parental consent between the local Infants and Toddlers Program and the local school system to support a child's progress through a seamless system of services and transition planning.

To determine if your child continues to need early intervention or special education services, he or she must be evaluated to determine eligibility. You must provide written permission for this evaluation to occur. After your child has been determined eligible at an Individualized Education Program (IEP) team meeting, it is your choice whether your child remains in the local Infants and Toddlers Program or transitions to the local Preschool Special Education Program.

For more information, refer to the publication, *A Family Guide to Next Steps: When Your Child in Early Intervention Turns 3*.

Prior to your child's third birthday, he or she may have caught up to same-age peers and met the outcomes on the IFSP. This is a very exciting time, even though you may be sad to leave your early intervention services and supports. Your service coordinator may help your child access community services and supports with typical peers so that your child maintains his or her newly acquired skills.

**Whenever and wherever your child transitions, it is very important to participate in services and supports with typical children and their families in your local community.**

### Questions To Consider

- Have I received a copy *A Family Guide to Next Steps: When your Child in Early Intervention Turns 3*?
- Did my early intervention team help me understand my options?
- Do I understand that if I terminate IFSP services, my child and family will no longer be eligible for services through an IFSP?



## Family Resource Page

Your early intervention service providers will work with you and your child on outcomes to enhance your child's development. **As a partner in the Infants and Toddlers Program, it is very important to be an active participant in every visit.** Your early intervention service provider will demonstrate new strategies and techniques when they are working with your child. Make sure you understand what they are doing so that you can practice the skills and incorporate them into everyday routines and activities. The majority of your child's growth will occur while you are working with your child between sessions. Be sure to share your child's progress with your service coordinator and service providers so that you can plan together any changes in strategies that need to occur. **Good luck on your early intervention journey!**

### 10 Tips From "Veteran" Parents

1. Your child will grow and develop in ways that will **amaze** you.
2. **Involve** your whole family in your IFSP.
3. Your service coordinator is a listener, resource, and **support** to your family.
4. Trust the coaching model—the service provider **teaches** you activities.
5. There are times when it is important to **just be** a family.
6. **Connect** with other parents.
7. **Celebrate** your child's strengths, talents, and interests.
8. Remember to **take care of yourself** as well as taking care of your child and family.
9. Leaving your local Infants and Toddlers Program is **not as scary** as it seems.
10. **You are the expert** about your child.

### Parent IFSP Checklist

- I understand why my child is eligible for the Infants and Toddlers Program.
- I invited family members, friends, and/or child care providers to my IFSP team meeting.
- My first IFSP was completed 45 days after my referral.
- My first services began 30 days after my IFSP was completed.
- I shared information about my family and child, and stated my hopes and dreams.
- My IFSP team considered my recommendations.
- My IFSP recognizes my child's unique strengths and developmental needs.
- My IFSP identifies opportunities where learning can occur within my family's daily routines.
- My IFSP describes ways that services can be provided in my child's daily routines, activities, and places.
- My IFSP supports my family in accessing community resources and supports.
- My IFSP identifies my service coordinator and other service providers.
- I was comfortable asking questions during my IFSP meeting and during early intervention services.
- I received a copy of my child's IFSP.
- I have provided written permission for services to begin.
- My early intervention appointments have been scheduled at a mutually agreed upon time and place.
- My first IFSP review will be in 6 months, but I may ask for a review at any time.



## Family Worksheet: A Look At My Child's Development

**This worksheet is provided to help you think about your child's strengths and needs.** Early intervention service providers will be utilizing evaluation tools to determine how your child's development compares to other children his or her age. For children to be active and successful participants at home, in the community, and in places like child care or preschool programs, they need to develop skills in three areas: (1) developing positive social-emotional skills; (2) acquiring and using knowledge and skills; and (3) taking appropriate action to meet needs. As you complete the following chart, document what you have observed with your child in these three functional areas of development. Consider the skills your child currently has, and the skills you feel are important for your child to learn. It is important that what you know and believe about your child is included in the assessment information and the IFSP team discussion.

	HOW DOES MY CHILD...	MY CHILD'S STRENGTHS What are some of the things my child enjoys? What skills does my child demonstrate or is beginning to demonstrate?	MY CHILD'S NEEDS 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?
<b>DEVELOPING POSITIVE SOCIAL-EMOTIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>• Attend to people?</li> <li>• Relate with family members?</li> <li>• Relate with other adults?</li> <li>• Relate with other children?</li> <li>• Display emotion?</li> <li>• Respond to touch?</li> </ul>		
<b>ACQUIRING AND USING KNOWLEDGE AND SKILLS</b>	<ul style="list-style-type: none"> <li>• Understand and respond to directions and/or requests from others?</li> <li>• Think, remember, reason, and problem solve?</li> <li>• Interact with books, pictures, and print?</li> <li>• Understand basic concepts, such as big, hot, etc.?</li> </ul>		
<b>TAKING APPROPRIATE ACTION TO MEET NEEDS</b>	<ul style="list-style-type: none"> <li>• Take care of his/her basic needs, such as feeding and dressing?</li> <li>• Move his/her body from place to place?</li> <li>• Use his/her hands to play with toys and use crayons?</li> <li>• Communicate his/her wants and needs?</li> <li>• Contribute to his/her own health and safety?</li> </ul>		
<b>ADDITIONAL QUESTIONS TO CONSIDER:</b>		<ul style="list-style-type: none"> <li>• What activities or people does my child enjoy?</li> <li>• How does my child let me know what he/she likes?</li> <li>• When is my child most cooperative?</li> <li>• What calms my child?</li> </ul>	<ul style="list-style-type: none"> <li>• What activities or people does my child dislike?</li> <li>• How does my child let me know what he/she dislikes?</li> <li>• What frightens my child?</li> <li>• What frustrates my child?</li> </ul>



## Glossary of Terms

### Words and Phrases You'll Hear in Early Intervention

#### Early Intervention Services

- Assistive technology
- Early identification
- Family counseling
- Family training
- Home visits
- Medical services for diagnosis
- Medical services for evaluation
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Screening and assessment
- Service coordination
- Speech and language pathology
- Social work services
- Transportation
- Vision services

#### Early Intervention Service Providers

- **Audiologist:** Identifies, evaluates, and provides treatments and recommendations for children with hearing impairments
- **Nurse:** Helps families understand medical terms and issues
- **Nutritionist:** Supports children and families with food choices and feeding issues
- **Occupational therapist:** Supports fine motor development by helping children use their hands for purposeful play and developing feeding and self-help skills
- **Parents:** The ones who can share their child and family's hope and dreams and enhance every aspect of their child's development
- **Physical therapist:** Supports gross motor development by helping children as they move and play
- **Service coordinator:** Coordinates and facilitates early intervention services for all partners
- **Psychologist:** Evaluates and diagnoses children, and help families cope with their child's disability and the family's unique challenges
- **Social worker:** Links home and community for families, provides case management for children and families who require multiple services, and helps families manage or change challenging child behaviors
- **Special educator:** Uses strategies, interventions, and instruction to enhance the overall development of children with disabilities
- **Speech and language pathologist:** Helps children express what they want and what they need, helps them understand the world around them, and helps them understand what others are saying to them



## Glossary of Terms

### Words and Phrases You'll Hear In Early Intervention

#### Natural Environments

- Home
- Public preschool
- Community preschool
- Community pre-Kindergarten
- Head Start
- Early Head Start
- Early child care and family learning centers (for example, Judy Hoyer Centers)
- Child care centers
- Family child care
- Park and recreation programs
- Cooperative play groups
- Libraries
- Other child serving programs



#### Measuring Child and Family Outcomes

Measuring outcomes is a major consistent effort throughout the United States to understand how children and families benefit from early intervention services and supports and to help improve State early intervention programs

##### Child Outcomes

Progress for all young children is measured through outcomes that focus on skills and abilities children use to be successful in everyday activities and skills children need to be successful in future school settings. The three early childhood outcomes defined by the U.S. Office of Special Education Programs (OSEP) are: 1) children have positive social and emotional skills, 2) children acquire and use knowledge and skills, and 3) children take appropriate action to meet their needs.

The Maryland State Department of Education (MSDE) collects data on the three early childhood outcomes, gathered through the IFSP process by the local Infants and Toddlers Program. Parents and family members, early intervention staff, and other involved providers share information to understand how a child is functioning in relation to same age peers. This information is documented on the IFSP "Strengths and Needs Summary" page, at multiple points in time, in each of the three early childhood outcome areas, to answer the question "How Does My Child's Development Relate to His/Her Same Age Peers?" The summary of early childhood outcomes information provides an overall picture of a child's progress during his/her participation in early intervention.

For children after age 3 who continue to receive services through an IFSP, the team may also use the Work Sampling System (WSS) checklists to observe and document a child's progress on school readiness skills.

##### Family Outcomes

Local Infants and Toddlers Programs work with families and caregivers to enhance the development of each child. Once each year, your family is asked to complete a survey to measure how early intervention services have helped your family. The three family outcomes defined by the OSEP are: 1) families know their rights, 2) families effectively communicate their children's needs, and 3) families help their child develop and learn. The summary results from the survey are reported to OSEP each year and directly assist local and statewide program improvement efforts.

# More resources for families:

For additional information, contact:

## Local Infants and Toddlers Programs

Allegany County	301-689-0466
Anne Arundel County	410-222-6911
Baltimore City	410-396-1666
Baltimore County	410-887-2169
Calvert County	410-414-7034
Caroline County	410-479-3246
Carroll County	410-876-4437, x277
Cecil County	410-996-5444
Charles County	301-609-6808
Dorchester County	410-221-5207
Frederick County	301-600-1611 or 301-600-1612
Garrett County	301-334-1189
Harford County	410-638-3823
Howard County	410-313-7017
Kent County	410-778-8486
Montgomery County	240-777-3997
Prince George's County	301-265-8415
Queen Anne's County	410-827-4629, x108
Somerset County	410-623-2037
St. Mary's County	301-475-4393
Talbot County	410-820-0319
Washington County	301-766-8217
Wicomico County	410-677-5250
Worcester County	410-632-5033
Maryland School for the Blind	410-444-5000
Maryland School for the Deaf	410-480-4545

Online Resources:

[www.mdecgateway.org](http://www.mdecgateway.org) - Resources and information for families and providers of children with disabilities age birth through five

[www.marylandpublicschools.org](http://www.marylandpublicschools.org) - Find IEP related resources, including:

- *Building IEPs with Maryland Families: What A Great Idea! A Guide To Developing, Implementing and Reviewing IEPs For Students with Disabilities*
- *Understanding the Evaluation, Eligibility, and IEP Process in Maryland*
- *Parental Rights: Maryland Procedural Safeguards Notice*

<http://tinyurl.com/extendedifspoption> - Link to the Policies and Procedures document for the Maryland Extended IFSP Option

Additional information and resources may also be provided by the:

## Early Childhood Intervention and Education Branch

Early Childhood Intervention and Education Branch  
Maryland State Department of Education  
Division of Special Education/Early Intervention Services  
200 West Baltimore Street, 9th Floor  
Baltimore, Maryland 21201  
Phone: 410-767-0261  
Toll Free: 1-800-535-0182  
Fax: 410-333-8165



Maryland's  
*Birth  
through  
Five*  
Early Childhood Intervention  
System of Services  
For Young Children  
With Disabilities  
& Education and Their Families

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