

<b>Individualized Family Service Plan (IFSP)</b>			
Educational and Developmental Intervention Services (EDIS) - Early Intervention Services			
Location of EDIS Program:			
<b>1. Child/Family Information</b>			
Child's Name: (first, middle initial, last)		Date of Birth: (DDMMYYYY)	
Sponsor's Name: (first, last)		FM DEERS Prefix and Sponsor's SSN:	
<b>2. Service Plan</b> <input type="checkbox"/> Initial <input type="checkbox"/> Annual			
IFSP Development Date:		Projected 6-Month Review Date: (DDMMYYYY)	
Service Coordinator's Name:		Next Service Plan Date: (DDMMYYYY)	
<b>3. IFSP Team Members and Signatures</b> (List all persons attending the IFSP meeting.)			
Attendee's Name	Specialty / Relationship to Child	Signature	
Other Contributors Not Present (Signature not required.)		Specialty / Relationship to Child	
<b>4. IFSP Review/Change Dates.</b> (Dates must coincide with dates on the IFSP Review/Change form. Complete the IFSP Review/Change form any time there is a review or change and enter the date here.)			
<b>5. Parent/Guardian Statement and Signature (s).</b> (Sign and date upon completion of the IFSP.)			
<b>Privacy Act Statement:</b> 20 USC Chapter 33 (Individuals with Disabilities Education Act) authorizes collection of this information. The primary purpose for collecting this information is to develop an IFSP for your child and family. EDIS will use this information to provide early intervention services that address functional outcomes specified in the plan. Disclosure is voluntary, however, failure to provide this information may affect participation in EDIS.			
<input type="checkbox"/> Yes <input type="checkbox"/> No    I received a copy of the early intervention procedural safeguards and due process procedures and an explanation of this information.			
<input type="checkbox"/> Yes <input type="checkbox"/> No    I understand the procedural safeguards and due process procedures.			
<input type="checkbox"/> Yes <input type="checkbox"/> No    I participated in the development of this IFSP with the EDIS team.			
<input type="checkbox"/> Yes <input type="checkbox"/> No    I am in agreement with this IFSP.			
Parent/Guardian: (Signature and Date)		Parent/Guardian: (Signature and Date)	
Prepared by: (Signature and Title of EDIS Staff Member)			
<b>Original:</b> EDIS Convenience Record - <b>Copy:</b> Parent and OREC			

**Child's Name:**

**6. Present Levels of Development.** (Describe the child's present levels of development based on information provided by the parents, team observations and other objective criteria.)

**Communication:** (How your child understands and lets you know what he or she wants or needs.)

**Social-Emotional:** (How your child gets along with family members and other people.)

**Cognitive:** (How your child understands concepts and solves problems.)

**Adaptive:** (How your child performs tasks such as eating, dressing, bathing, toileting and sleeping.)

**Physical-Motor:** (How your child moves and uses his/her hands.)

**7. Child and Family Strengths and Resources**

**Child's Name:**

**8. Family/Child Concerns, Priorities, and Outcomes** (Describe the child's present and emerging skills and strengths based on information provided by the parents, team observations and other objective criteria.)

Date Of Outcome: \_\_\_\_\_  Initial/Annual  Addition  Revision of Outcome # \_\_\_\_\_

**Family Concern:**

**Outcome # \_\_\_\_\_** What we would like to see happen for our child/family.

**Strategies to Achieve the Outcome:**

**9. Progress Toward Achieving the Outcome** (Describe what constitutes progress toward achieving the desired outcome, how progress will be measured (for example: observation; parent report; ongoing assessment; etc.) and when progress will be reviewed.)

**Criteria** - We will know there is progress when:

**Procedures** - We will measure progress by:

**Timeline** - We will review progress by:

**Child's Name:**

**10. Transition.** (Check appropriate box.)

Date Transition Plan Developed: \_\_\_\_\_  Initial  Addition  Revision  
(DDMMYYYY)

**Type of Transition:** (Describe the anticipated transition, e.g., family PCS, to preschool services, etc.)

**Anticipated Date of Transition:** (MMYYYY)

**Steps Required to Support the Transition:** (Describe the steps to support the transition, including who (parent, service coordinator, etc.) will do what by when.)

**11. Other Services.** (Services required by the family/child to participate in early intervention.)

**Transportation:** (specify)

**Equipment:** (specify)

**12. Support Services.** (List other services the Service Coordinator will assist the family in obtaining. Specify frequency, intensity, duration, location, etc.)

<b>Child's Name:</b>			
<b>13. Services.</b> (Additions/changes to services are entered on a new service page, not the original IFSP service page.)			
Service:	Provided by: (Discipline)	Outcome Number(s):	<input type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition/Change
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency: (how often) Minimum number of sessions:	Intensity: (time/session)	Location:
Start Date:	End Date:	Discontinued Date:	
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency: (how often) Minimum number of sessions:	Intensity: (time/session)	Location:
Start Date:	Start Date:	Discontinued Date:	
Additional information, including reason, if services are not provided in the natural environment:			

Service:	Provided by: (Discipline)	Outcome:	<input type="checkbox"/> Initial/Annual <input type="checkbox"/> Addition/Change
<input type="checkbox"/> Individual <input type="checkbox"/> Consultation <input type="checkbox"/> Group <input type="checkbox"/> Monitor	Frequency: (how often) Minimum number of sessions:	Intensity: (time/session)	Location:
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