

# Infant & Toddler Connection of Virginia Individualized Family Service Plan (IFSP)



## Infant & Toddler Connection of Hastings

### I. Child and Family Information

**Child's Name:** Samuel Jones **Date of Birth:** 1/15/01

**Gender:** Male **Child's County or City of Residence:** Hastings Co.

**IFSP Date:** 1/31/02  **Initial** **Date 6 mo. Review Completed:** \_\_\_\_\_  
 **Annual #** \_\_\_\_\_

**Date(s) Other Review(s) Completed:** \_\_\_\_\_

**Family's Primary Language and/or Mode of Communication:** English **Child's (if different):** \_\_\_\_\_

**Parent's and/or Other Family Member's Name, Address, Phone And Other Contacts:**

Doris & Hank Jones  
432 N. Hamilton Dr.  
Hastings, VA 54123  
(914) 531-6728 (H)

Service Coordinator's Name, Agency, Address, Phone and Fax Numbers:
Patty Marshall Phone; 239-545-6632 Fax: 239-545-3333 E-mail: <a href="mailto:pmarshall@mccsb.state.va.us">pmarshall@mccsb.state.va.us</a>
Hastings Community Services
5222 Jerry Ave.
Hastings, VA 54123

Early Intervention services are provided to eligible children and their families in compliance with Part C of the federal *Individuals with Disabilities Education Act*.



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**Ila. Child and Family Typical Routines and Community Activities**

*(What we want the people helping us to know about our everyday routines and activities: places we go or would like to go, people we are with or would like to be with, activities we do or would like to do, and activities our child enjoys.)*

Sam and his twin brother and 3 year old sister get up around 7 AM. Getting the children fed, bathed and dressed takes a couple hours. Sam enjoys bathtime, playing with his sister and brother and listening to music. Most of their outings occur during the early part of the day - shopping, going to the playground, visiting neighbors. Sam and his brother and sister stay at home with their mother while their father works from 3:00 pm -11:00 pm.

**Ilb. Family Identified Resources, Priorities, & Concerns**

*(What we want the people helping us to know about the concerns and priorities we have about our child's development, and the resources, supports, and services we have or need to help us.)*

**Voluntary on behalf of the family!**  
Your child can still receive services if you do not complete this section.  
\_\_\_\_\_Parent initial if choosing not to provide this information.  
\_\_\_\_\_Parent initial if choosing not to include this information in the IFSP

Sam's parents have their own car. They are able to take him to all needed appointments. Sam has Medicaid and the family gets WIC from the Health Department. Sam's parents' would like to receive help with food, i.e. getting assistance applying for Food Stamps. Sam's parents would like for Sam to be able to stand and to move around in the house to keep up with his brother and sister as they play.

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### IIIa. Team Evaluation

Area of Development	Developmental Evaluation Results <i>(May include age levels or ranges)</i>	Methods/Instruments Used	Evaluation Date Chronological Age Adjusted Age	Evaluator(s) Initials
Cognitive <i>(Thinking and learning)</i>	10 months	Hawaii Early Learning Profile (HELP)	Date: 01-23-02 CA: 13 months AA: 10 months	BE
Expressive Communication <i>(Making sounds, gestures, and talking)</i>	10 months	HELP, Infant Scale of Communicative Intent	Date: CA: Same as above AA:	BE
Receptive Communication <i>(Understanding sounds, words, and gestures)</i>	10 months	HELP, Infant Scale of Communicative Intent	Date: CA: Same as above AA:	BE
Gross motor <i>(Moving and using large muscles)</i>	8 months	HELP, clinical observation, informed clinical opinion	Date: CA: Same as above AA:	HW
Fine motor <i>(Using hands and fingers)</i>	10 months	HELP clinical observation	Date: CA: Same as above AA:	HW
Social/Emotional <i>(Interacting with others)</i>	9 months	HELP	Date: CA: Same as above AA:	BE
Adaptive <i>(Feeding/eating, dressing, and sleeping)</i>	12 months	HELP	Date: CA: Same as above AA:	HW

Vision: According to Sam's pediatrician, Sam's vision is normal. Review of medical/family history, as well as behavioral observations using the Infant & Toddler Connection of Virginia Vision Screening guide, do not indicate a need for further vision evaluation.

Hearing: Sam passed the newborn hearing screening. There are no components of the Virginia Part C Hearing Screening that would indicate the need for referral for full audiological evaluation.

**Eligibility for Part C Services:**

Child is eligible for Part C Services because he/she has *(check one or more below and list name or describe each)*:

25% delay in development in one or more areas *(list)*: \_\_\_\_\_

a typical development -Sensory behavior *(describe)*: **Movement patterns and muscle tone are not typical for his age.**

a diagnosed condition that is likely to result in delay in development *(name)*:

Child is not eligible for Part C services because he/she does not meet the above criteria. This form serves as an evaluation record only.

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### IIIb. Team Evaluation – Narrative

- Diagnosis and/or reason for referral
- Health and physical development (*pertinent history, current health status, clinical signs and symptoms*)
- Statement of child's level of development in all developmental areas
- Summary of functional strengths and limitations

Sam was referred to the Infant & Toddler Connection of Hastings by his Pediatrician due to the tightness in his legs, which is interfering with his movement according to his mother. Sam was born at 29 weeks gestation and required resuscitation at birth. Initially, Sam had feeding difficulties, but that has resolved. Sam was happy and alert for the evaluation. His movement, or gross motor skills demonstrated, include moving by himself from his tummy to sitting and sitting to his tummy, crawling on hands and knees, making stepping movements and pulling himself to stand using his arms. He does have some muscle tightness in both legs and often stands on his tiptoes. He cannot move taking a step to either side without falling. His manipulative or fine motor skills include transferring toys, bringing toys to midline, reaching consistently using both hands and reaching and grasping a toy that is out of reach, shaking a rattle to hear the sound, and using a mature grasping pattern. He drops objects easily and is just starting to take his favorite toys from a container (like a cooking pot). His thinking or cognitive skills include holding more than one toy, repeating actions that produce noise and patting his mirror image. While holding two toys, he will also reach for the other toy without dropping any of the other toys. Sam will find an object hidden under a handkerchief or another toy, and will pull his blanket when he wants to get a toy that is on it. He will climb over things on the floor to get his favorite toy. Sam vocalizes some consonant vowel combinations, combines syllables and imitates playful sounds with changes in his voice. Sam's mother reports he says mama and dada, although he may not be naming them, and he makes "baba" sounds. He eats table foods, finger feeds himself, takes off his hat, and holds, bites, and chews a cookie. Socially he responds to his mirror image, expresses protest when an adult tries to take a toy and even though he is with his parents, he discriminates strangers by being shy around them.

Recommendation about the benefit of intervention: Sam would benefit from early intervention services to help him stand and walk.

**The following people participated in the evaluation** (*Printed name, credentials, role/organization, signature, date*):

Doris Jones, Parent

*Doris Jones 1/31/02*

Patty Marshall, B.S., Temp. Service Coordinator, HCS

*Patty Marshall, 01/31/02*

Bonnie Eaves, M. Ed, Special Instruction, HCS

*Bonnie Eaves 01/31/02*

Helen Wadsworth, PT, Physical Therapist, Hasting Valley Rehab. Services

*Helen Wadsworth, 01/31/02*

*\*Recommended Services are listed on pages 5 and 6. \**

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**IV. Outcomes of Early Intervention**

Review Date: \_\_\_\_\_

Outcome (Long-Term Goal) # 1:      Target Date: 1/31/03      Date met or changed \_\_\_\_\_

- In order to help the child and family receive the supports and services they need, the service coordinator will assure:
- that the IFSP addresses the family's identified concerns, priorities and resources;
  - the appropriateness and adequacy of services;
  - family satisfaction with services; and
  - that consumer rights are protected.

Short-Term Goals	Target Date	Date Met
<u>Assist family with the development, review, and revision of the IFSP.</u>	<u>Ongoing</u>	_____
<u>Provide supports identified by the family to include resources for:</u>	_____	_____
<u>Assist family with process of applying for food stamps</u>	<u>2/02</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Service Coordination (Interventions):**

- Maintain ongoing contact with family for service monitoring
- Phone calls/personal contacts with family and with individuals/agencies that provide support, assistance, services.
- Link family with appropriate community resources.
- Review services.
- Assists with problem solving.

Janice McCoy, B.A., Hastings Community Services

*Janice McCoy* 1/31/02

**Service Coordinator** (printed name, credentials, organization, signature, date)

**Comments on progress** (Degree to which outcome is met and revisions as needed):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Outcome plan reviewed on \_\_\_\_\_ by \_\_\_\_\_

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**IV. Outcomes of Early Intervention**

Review Date: \_\_\_\_\_

**Outcome** (Long-Term Functional Goal) # 2    **Target Date:** 01/31/03    **Date met, changed or ended:** \_\_\_\_\_

Sam will keep up with his brother when they play together by walking without help throughout the house and in the yard (walking distances of 50 feet without falling).

**Learning opportunities and activities that build on child's and family's interests and abilities:**

Practicing standing and walking during playtime, when moving throughout the house, at the playground, while listening to music, etc.

Short-Term Goals	Target Date	Date Met
1. Sam will walk 8 feet with two hands held in the living room every evening.	02/28/02	_____
2. Sam will sidestep the length of the couch twice each day in both directions.	03/31/02	_____
3. Sam will walk between the couch and the loveseat (one foot) letting go of the couch for a second as he reaches for the loveseat (4 times each day).	05/31/02	_____
4. Sam will walk 10 feet by himself in his house pushing a toy such as a play grocery cart or toy lawnmower.	07/31/02	_____
5. Sam will walk three steps every day for one week without holding to a support (from the couch to his mom or dad, for example).	09/30/02	_____
6. Sam will get up from the floor to standing without holding on to a support and walk throughout the living room (8 feet) without falling every day.	11/30/02	_____
7. Sam will walk by himself, without falling every time he moves throughout the house.	12/31/02	_____
8. Sam will walk on the grass 50 feet without help 5 days in a row.	1/31/03	_____

**Interventions** (*Treatment procedures and/or modalities*)      NOTE: This section should be completed only after determination of all outcomes.  
 Physical Therapy, gait training and balance activities

**Comments on progress** (*Degree to which outcome is met and revisions as needed*):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**V. Services Needed to Achieve Early Intervention Outcomes**

The IFSP Team agrees that social services are required (counseling services to assist the family in understanding their child's special needs). Yes\_\_ No\_X

SERVICE	AGENCY NAME, ADDRESS, PHONE	FREQUENCY; INTENSITY; METHODS <i>(# x/wk; # min/visit; group or individual)</i>	NATURAL ENVIRONMENT/ LOCATION* <i>(Must be a natural environment unless justified below)</i>	PAYMENT <i>(Family, Insurance, Medicaid, Part C, other...)</i>	START DATE	PROJECTED END DATE	ACTUAL END DATE
Service Coordination	Hastings Community Services 5222 Jerry Ave. Hastings, VA 23481 Phone; 914-545-3333	1x/mo individual	Home	Hastings Community Services	1/02	1/03	
Physical Therapy	Hastings Valley Rehab Services 2122 Main Street Hastings, VA 23481 Phone; 914-545-2122	1 hr./mo x 2 months individual	Home	Medicaid	2/02	1/03	
Special Instruction	Hastings Community Services 5222 Jerry Ave. Hastings, VA 23481 Phone; 914-545-3333	1 hr every other week Individual	Home	ATP Scale	2/02	1/03	

\*Justification of why early intervention outcomes can't be achieved satisfactorily in a natural environment:

**Discharge Planning:** Early Intervention services will be discontinued when the IFSP team determines that services are no longer needed to achieve the outcomes. *(For details see page 7).*

**VII. Other Services** *(Services needed, but not entitled under Part C - including medical services such as well baby checks, follow-up with specialists for medical purposes, etc.)*

SERVICE	PROVIDER	LOCATION	FUNDING SOURCES OR STEPS TO BE TAKEN TO SECURE SERVICES
Pediatrician	Alice Givens	Hastings Pediatrics	Medicaid

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## VI. Transition Planning

TRANSITION PLANS AND ACTIVITIES	PERSON RESPONSIBLE	DATE STARTED	DATE COMPLETED
<input checked="" type="checkbox"/> 1. Discuss what "transition" from early intervention means and what we can do to plan for this transition.	Service Coordinator	1-31-02	1-31-02
Patty Marshall explained that early intervention serves eligible children and their families through age 2 and that if services continue to be needed, the service coordinator will assist the family with exploring options to make the move "transition" as easy as possible.			
<input checked="" type="checkbox"/> 2. Discuss eligibility and age guidelines for early intervention so we understand when our child may no longer be eligible for early intervention services.	Service Coordinator	1-31-02	1/31/02
Ms. Marshall explained that Sam's eligibility (in addition to meeting the age criteria) is based on atypical development – which for Sam is the tightness in his legs,			
<input checked="" type="checkbox"/> 3. Our child's name, address, phone number and birth date will be sent to the <b>Hastings County</b> School division no later than <b>12/8/02</b> unless we disagree.	I do not want this information to be transmitted.  Parent initials/ Date	Service Coordinator	1-31-02
<input type="checkbox"/> 4. Help us explore preschool special education services as well as other community program options for our child, including: eligibility for the program, the latest date a referral may be made to the program to ensure we don't have a gap in services, and who we can talk to for more information. (Latest date:)			
<input type="checkbox"/> 5. Help our child begin to learn new skills needed to better get along in the new place (see Outcome(s) # 2,			
<input type="checkbox"/> 6. With our permission, provide specific information to the future service provider or program (e.g., IFSP, etc.)			
<input type="checkbox"/> 7. Schedule a meeting with our family, service coordinator, and someone from the new program to plan how we are going to make the transition.			
<input type="checkbox"/> 8. Help our child and family prepare for changes in services so that we can move smoothly from one program to another (e.g., meet a new teacher, visit a classroom, talk by phone to a program in the area where we are moving).			
<b>Additional Steps</b>			

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## VII. IFSP AGREEMENT

### Payment

- Service coordination, evaluations and assessments, and the development of this plan are provided to us free of charge and will not be billed to any private insurance.
- My health insurance will be billed for other medically necessary services, as appropriate, if I give consent.
- I am responsible for paying our co-payments, deductibles, etc. and for non-covered services. If I cannot afford the cost of services, fees may be reduced according to the fee system which assesses our ability to pay.
- Public funds under *Part C of the Individuals with Disabilities Education Act* may be used to support Early Intervention services only after all other funding sources have been exhausted.

### Parental Consent for Provision of Early Intervention Services:

I have received a copy of family rights under Part C of IDEA (*Notice of Child and Family Rights in the Infant & Toddler Connection of Virginia Part C Early Intervention System*) and a copy of "Facts about Family Fees" (for annual IFSP) along with this IFSP. These rights and information about family fees have been explained to me and I understand them. I participated in the development of this IFSP and I give informed consent for Infant & Toddler Connection of Virginia system and service providers to carry out the activity(ies) listed on this IFSP.

Consent means: that I have been fully informed of all information about the activity(ies) for which consent is sought, in my native language (unless clearly not feasible to do so) or other mode of communication; that I understand and agree in writing to the carrying out of the activity(ies) for which consent is sought; the consent describes that activity(ies); and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may decline a service or services without jeopardizing any other early intervention service(s) my child or family receive through the Infant & Toddler Connection of Virginia system.

I understand that my IFSP will be shared among the Infant & Toddler Connection of Virginia system and service providers implementing this IFS

Doris Jones

1/31/02

Signature(s) of (check one):

Parent(s)

Legal Guardian

Surrogate Parent

Date

### Other IFSP Participants (Printed name, credentials, role/organization, signature, date):

Patty Marshall B.S., Temporary Service Coordinator, HCS  
 Bonnie Eaves, M. Ed., Special Instructor, HCS,  
 Helen Wadsworth, PT, Physical Therapist ,HCS

*Patty Marshall* 1/31/02  
*Bonnie Eaves* 1/31/02  
*Helen Wadsworth* 1/31/02

### The following individuals participated electronically or in writing (specify which):

\_\_\_\_\_

\_\_\_\_\_

Translator/Interpreter (if used): N/A

The following related documents are attached: N/A

Copies to: Hastings Valley Rehab Services , Hastings Pediatrics