

New Jersey Department of Health
 New Jersey Early Intervention System
 P.O. Box 364
 Trenton, NJ 08625-0364

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Child's Last Name	Child's First Name	MI	DOB	IFSP Start Date
Child ID		Gender		Referral Date
Type of IFSP				
Service Coordinator Name	County	Telephone #		Email Address
Parent's Last Name		Parent's First Name		
Street Address		City		State Zip Code
Telephone Number	Email Address	School District		
Parent's Last Name		Parent's First Name		
Street Address		City		State Zip Code
Telephone Number	Email Address	School District		
Primary Language Spoken in the Home				
Other Languages Spoken in the Home				<input type="checkbox"/> Interpreter Needed <input type="checkbox"/> Written Translation Needed
The Mission of the New Jersey Early Intervention System (NJEIS) is to provide quality early support and services to enhance the capacity of families to meet the developmental and health related needs of children birth to age three who have delays and/or disabilities.				

Information About Child's Status

BDI-2 Evaluation Information			
Developmental Domain	Domain Score (100 is Average)	Z Score (0.0 is Average)	Raw Score (RS)
Adaptive			
Social/Emotional			
Communication			
Gross Motor			
Fine Motor			
Cognitive			

Vision Status

Hearing Status

Health and Medical Status

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Family's Concerns, Priorities, and Resources

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Service Coordinator Name	IFSP Start Date	Family Information Meeting Date
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Routine Challenge	Family Concerns Identified as a Priority	Effective Strategies / Resources Used by the Family Caregiver to Address the Priority	Change the Family Would Like to See Related to Routine	Means to Address the Priority

Measurable Child Outcome

<p>A Child Measurable/Functional Outcome must identify the skill or behavior we want a child to demonstrate; during routines in their day; and include how it will be known when the child has successfully developed the skill or behavior.</p>	<p>Date:</p>
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Measurable Family Outcome

OTHER NON-REQUIRED SERVICES

Other Non-Required Services - Receiving
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<p>Identify below any medical and other services that the child or family is receiving through other sources, but that are neither required nor funded under NJEIS.</p>	<p>Describe the steps the service coordinator or family may take to assist the child and family in securing these other services.</p>
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Other Non-Required Services - Needed

<p>Identify below any medical and other services that the child or family needs through other sources, but that are neither required nor funded under NJEIS.</p>	<p>Describe the steps the service coordinator or family may take to assist the child and family in securing these other services.</p>
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Early Intervention Services

Early Intervention Service			
Other Supports:			
Duration: Projected (MM/DD/YYYY)	Method	Intensity	Payment Arrangements
Start Date:			
End Date:			
Length of service time:		Frequency (#sessions):	
Location - Inclusive Natural Environment		Location - Not a Natural Environment	
<input type="checkbox"/> Decline Service: I choose to decline this service as described above from NJEIS and acknowledge agreement as a team member that it is identified as a needed service. I understand that I am: (1) refusing this service as described above for reason(s) chosen below; (2) able to contact my service coordinator should I change my mind; and (3) not jeopardizing any other NJEIS early intervention services by declining this service as described above.			
<input type="checkbox"/> Discontinue Service: I choose to discontinue this current service from the NJEIS for the reason(s) listed below effective on REASONS:			

Parent Signature

Date

Additional Information:

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Transition Planning

County	Service Coordinator's Name
<p>Transition Steps from Part C Early Intervention Services: The IFSP must include the steps to be taken to support smooth transition of your child from early intervention to preschool services under Part B of IDEA and/or other appropriate services. Transition Steps/Discussion occur at the IFSP Meeting (When the child is at least 25 months of age) The steps include:</p>	
<p>I. How would your family like to discuss and receive training/information regarding future options and other matters related to your child's transition?</p> <p>Attend a transition workshop offered by the Early Intervention System. Meet with the service coordinator or a designee to review the NJEIS Transition Handbook. Telephone contact to discuss the NJEIS Transition Handbook with a service coordinator, service coordinate associate or Family Support Coordinator. Receive the NJEIS Transition Handbook through the mail. Obtain the NJEIS Transition Handbook through the Internet. Other - Refer to paper</p>	<p>Date Discussed</p> <p>Person Responsible</p> <p>Comments/Discussion</p>
<p>II. What are the potential options you would like to consider/explore for when your child turns age three? (check all that may apply)</p> <p>Private/Community Preschool Program Part B Preschool Special Education Head Start School District Early Childhood Program Community Programs (YMCA, Library) County SCHS Case Management Child Care Program Private Therapy (OT, PT, ST) Other Specify - Refer to paper</p>	<p>Date Discussed</p> <p>Person Responsible</p> <p>Comments/Discussion</p>
<p>III. Opt-Out Discussion - LEA Notification/Referral</p> <p>Yes - No evaluation (Parent declined Opt-out) Yes - Evaluation needed (Parent declined Opt-out) No - Parent declines (Parent Chose Opt-Out & signed NJEIS Form-015) Other - Parent has 10 days to return this form to the service coordinator</p>	<p>Date Discussed</p> <p>Person Responsible</p> <p>Comments/Discussion</p>

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IV. Transition Planning Conference (TPC): A meeting to discuss any services your child may receive from your local school district under Part B of IDEA and/or other appropriate services that your child may receive after exiting the NJEIS.	
A. With your approval, a TPC will be convened at least 90 days before your child's third birthday with the NJEIS service coordinator and EIP practitioners, your family and the local school district and/or providers of other appropriate services for your child. Agree to TPC <input type="checkbox"/> Declined TPC	
B. The following have been approved by you to invite as a TPC participant: <input type="checkbox"/> School District <input type="checkbox"/> Child Care <input type="checkbox"/> Head Start <input type="checkbox"/> Preschool Program <input type="checkbox"/> EIP Practitioners Other - Refer to paper	
C. Your informed written consent is required to send or share your family and child's early intervention information (recent evaluation, assessments and IFSP) to ensure continuity of services to the local school district or designated community program.	Date Discussed Person Responsible Discussed with Parents
V. Identification of transition services and other activities that the IFSP team determines are necessary to support the transition of your child and family.	
A. What are your priorities and concerns related to transition for your child and family?	Date Discussed Person Responsible Comments/Discussion
B. List below early intervention outcomes, strategies, activities or services that are needed to prepare and help your child and family to adjust to and function in a new program/setting. Things to think about include but not limited to: (a) visiting a new program, (b) meeting with program staff prior to the child's first day, (c) teaching your child about activities and routines that they may encounter in a new setting (peer interaction, circle time, snacks, table top activities, playground) and (d) discussing transportation arrangements (need for an aide, specialized transport, help getting on and off the bus/van).	Date Discussed Person Responsible Comments/Discussion The IFSP Team identified no changes to the IFSP outcomes, strategies, activities or services were needed or requested by the family.

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
(Parental Opt-Out of Part B Notification/Referral)

Child's Last Name	Child's First Name	DOB	Child ID
Service Coordinator Name		Telephone #	Fax #
Parental Opt-Out of Part B Notification/Referral was discussed and provided to the parent of the child listed above on:			
<p>NJEIS is required by Part C of the federal Individuals with Disabilities Education Act (IDEA) to notify the New Jersey Department of Education, Office of Special Education (NJ-OSE) and your local school district of your child's potential eligibility for special education preschool services at age three. This notification serves as a referral to Part B of IDEA and must occur not fewer than 90 calendar days or longer than 9 months before your child's third birthday.</p>			
<p>The notification must provide the following personally identifiable information:</p> <ul style="list-style-type: none"> • Child's Name; • Child's Date of Birth; • Parent(s) Name; and • Parent contact information 			
<p>New Jersey offers parents the opportunity to "opt out" of this notification. By signing this document you are requesting that the NJEIS not send any information to NJ-OSE or your local school district. If this "NJEIS Parental Opt-Out of Notification/Referral" form is not signed and received by your NJEIS Service Coordinator within ten (10) calendar days of the date listed above, your limited contact information will be sent to the NJ-OSE and your local school district.</p>			
<p>If you sign this form to "opt-out" of notification and referral, and subsequently want to explore the possibility of special education and related services for your child, your service coordinator can assist you in making a referral to your local school district.</p>			
Parent's Name (print)			
Parent Signature confirming decision to "opt-out" of notification/referral to NJ-OSE and the local school district.			Date

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IFSP TEAM/PARENTAL CONSENT

Team Activity:						
Activity Date:						
Participation Codes					Location of Team Meeting	
A = Attended & authorized for billing by the location of the activity T = Telephone conference call authorized for billing at service provider location R = Submitted written report/recommendations-Not authorized for billing V = Video conference authorized for billing at service provider location P = Participated in meeting-Not authorized for billing						
IFSP Team Contributors: IFSP Meetings must include the parent(s), other family members as requested by the parent, an advocate or person outside the family if requested by the parent, the service coordinator, person(s) directly involved in conducting evaluations and assessments, and persons who will be providing services to the child or family.						
Participant	Role	Specialty	Agency	Signature	Code	Time In/Out

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Parent Consent for the provision of early intervention services in accordance with:

Individualized Family Service Plan (IFSP) Start Date: _____ **End Date:** _____

I have received information about family rights in early intervention, both verbally and in writing. I give consent for my child/family to receive services listed in this IFSP except where specifically declined on individual services pages. "Consent" means that I have been fully informed of all information about the activity(s) 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(s).

I understand that:

- (1) this written consent is voluntary and may be revoked in writing at any time;
- (2) I may decline or discontinue a service or services without jeopardizing any other NJEIS service(s) my child and family receives;
- (3) services may be subject to family cost participation under the NJEIS System of payments for services;
- (4) NJEIS approved personnel involved in developing and implementing this IFSP will share information, both verbally and in writing, only to the extent that it relates to the implementation of the IFSP.

Parent Signature

Date