



## Birth to Three Services and Preschool to Kindergarten: The Individual Family Service Plan (IFSP)

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An Individualized Family Service Plan (IFSP) documents and guides the early intervention process for children with disabilities and their families. The IFSP is the vehicle through which effective early intervention is implemented in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). It contains information about the services necessary to facilitate a child's development and enhance the family's capacity to facilitate that development.

Through the IFSP process, family members and service providers work as a team to plan, implement and evaluate services tailored to the family's unique concerns, priorities and resources.

### **According to IDEA, the IFSP shall be in writing and contain statements of:**

- the child's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development;
- the family's resources, priorities and concerns relating to enhancing the development of the child with a disability;
- the major outcomes to be achieved for the child and the family; the criteria, procedures, and timelines used to determine progress; and whether modifications or revisions of the outcomes or services are necessary;
- specific early intervention services necessary to meet the unique needs of the child and the family, including the frequency, intensity and the method of delivery;
- the natural environments in which services will be provided, including justification of the extent, if any, to which the services will not be provided in a natural environment;
- the projected dates for initiation of services and their anticipated duration;
- the name of the service provider responsible for



implementing the plan and coordinating with other agencies and persons; and,

- steps to support the child's transition to preschool or other appropriate services.

U.S. Department of Education rules (1993) require that non-Part C services needed by a child, including medical and other services, are also described in the IFSP, along with the funding sources for those services. The statute allows parents to be charged for some services. If a family will be charged, this should be noted in the IFSP.

### **How the IFSP Differs from the IEP**

The IFSP differs from the Individual Education Plan (IEP) in several ways:

- It revolves around the family, as it is the family that is the constant in a child's life.
- It includes outcomes targeted for the family, as opposed to focusing only on the child.
- It includes the notion of natural environments, which encompass home or community settings such as parks, child care and gym classes. This focus creates opportunities for learning interventions in everyday routines and activities, rather than just formal, contrived environments.
- It includes activities undertaken with multiple agencies beyond the scope of Part C. These are included to integrate all services into one plan.
- It names a service coordinator to help the family during the development, implementation, and evaluation of the IFSP.

### **Steps that Lead to Effective IFSPs**

#### **Conduct a Functional Assessment**

An effective assessment process:

- addresses the family's questions about enhancing their child's development, focusing on each family member's concerns and priorities;
- collects information for a specific purpose. For example, the evaluation conducted by the early interventionist at the beginning of the IFSP process determines if the child is eligible for services;



- reflects a complete and accurate picture of the child’s strengths, needs, preferences for activities, materials, and environments; and,
- has a person familiar to the child conduct observations and other assessments in settings familiar to the child (e.g., home, outdoor play area, child care program).

### **Identify Strategies to Implement the Plan**

- This step involves working closely as a team to increase learning opportunities,
- to use the child’s surroundings to facilitate learning,
- to select the most effective strategies to bring about the desired outcomes, and,
- identify reinforcers that best support the child’s learning.

Implementation may involve a toddler participating in a library story hour one afternoon a week; a physical therapist showing family members how to use adaptive equipment; or a service coordinator completing the paperwork to pay for a child’s transportation from his/her home to needed services.

Intervention strategies should help promote generalization of outcomes—i.e., the child performs new skills in a variety of environments after intervention has ended. Intervention strategies might involve offering physical assistance during mealtimes, prompting the correct response during a self-care routine, or providing simple pull-on clothing to enable a child to dress without assistance.

Interventions provided within natural environments should look like a “typical activity.” A child learning to develop fine motor skills should be encouraged to color, draw pictures, play with puzzles, build with blocks, pick up toys, use eating utensils, play finger games, etc. Interventions should:

- be embedded in everyday natural environments;
- emphasize the acquisition of functional competencies;
- make it possible to increase a child’s participation within the environments; and,
- include both social and non-social activities.

### **Evaluate Early Intervention to Ensure Quality**

An evaluation may focus on a child’s progress toward obtaining desired outcomes and upon the quality of the intervention program itself. Ongoing monitoring of the child’s progress requires keeping records in a systematic manner in order to answer critical questions.





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Part C of IDEA requires that the IFSP be evaluated and revised annually and that periodic reviews be conducted at least every six months (or sooner if requested by the family).

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**The full article can be found in the CdLS Foundation's Education Handbook, which is available in PDF format by contacting Deirdre at 880.753.2357, [familysupport@CdLSusa.org](mailto:familysupport@CdLSusa.org).**

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