**Individualized Family Service Plan (IFSP)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name |  | Gender |  | Birthdate |  | Student ID #: |  |  | IFSP Date |  |
| Parent(s)/Guardian |  | Home Phone |  | Work Phone |  |  | Initial Eligibility Date |  |
| Address |  |  |  |  | Review Date(s) |  |
| Service Coordinator |  | Resident School District |  |  | Annual Review Date |  |

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| EI/ECSE Services | Method | How Often? | Location | Who will do this? | Who will pay? | Start Date | Stop Date |
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| Other (non EI/ECSE) Services |  |  |  |  |  |  |  |
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| Are **EI** services in the child’s natural environment? If not, please explain why EI services could not be achieved in the natural environment:   |
| Enter hours **per week** child attends an early childhood program (group child care, Head Start, community preschool, etc.; **see definitions in the IFSP instructions**):Enter hours **per week** ECSEservices **will be** provided with typical peers in an early childhood program:Enter hours **per week** ECSEservices **will not be** provided with typical peers in an early childhood program:If ECSE services **will not be** provided with typical peers in an early childhood program, explain the reason(s) for not providing services with typical peers:    |
| Parents will be informed of the child’s progress toward annual goals. Review Schedule:🞎 Six month review 🞎 Annual review (For EI, check the Six month **and** Annual review boxes) 🞎 Other review schedule: How will progress be reported to parents?   |

**Parents or any IFSP member may request an IFSP meeting at anytime, regardless of when the most recent IFSP occurred.**

**Services, Continued**

Child’s Name: Date of Birth: Date:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| EI/ECSE Services | Method | How Often? | Location | Who will do this? | Who will pay? | Start Date | Stop Date |
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| Other (non EI/ECSE) Services |  |  |  |  |  |  |  |
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