**Individualized Family Service Plan (IFSP)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |

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

|  |  |
| --- | --- |
| 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:

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

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