

**Early Intervention Program
Guidance Document**

**Individualized Family
Service Plans**

**New York State Department of Health
Bureau of Early Intervention
Revised: February 2017**

New York State Department of Health
Early Intervention Program

Individualized Family Service Plans

Background and Purpose..... 1

Steps in the IFSP Process 2

Step 1: First Contacts with the Family 2

Step 2: Planning the Multi-Disciplinary Evaluation..... 2

Step 3: Planning the IFSP Meeting 4

Step 4: Convening the IFSP Meeting..... 5

Scheduling the Meeting 6

Participants in the IFSP Meeting..... 6

Required Contents of the IFSP..... 7

Natural Environments 11

Finalizing the IFSP 12

Initiating Services..... 12

Transition..... 12

Interim IFSP 14

Review and Evaluation of the IFSP 14

Modifying the IFSP 15

Disagreements About Services 16

Families Moving to Another County or State..... 16

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To: Early Intervention Officials
Interested Parties

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Subject: Individualized Family Service Plans

Background and Purpose

The purpose of this memorandum is to provide guidance and clarification regarding the development and contents of individualized family service plans under the Early Intervention Program.

The provision of an individualized family service plan (IFSP) to each eligible child and their family is a fundamental component of New York State's comprehensive system of early intervention services for infants and toddlers with disabilities and their families. The IFSP is defined in regulation as *“a written plan for providing early intervention services to a child eligible for the Early Intervention Program and the child's family. The plan must: (1) be developed jointly by the family, appropriate qualified personnel ..., and the early intervention official; (2) be based on the early intervention evaluation and assessment ...; (3) include matters specified in [the early intervention regulation]; and (4) be implemented as soon as possible once written parental consent ... is obtained.”*¹

The written IFSP document is developed through a *collaborative planning process* intended to result in a service package tailored to the child's unique developmental strengths and needs, and responsive to the family's resources, priorities, and concerns for their child's development. The intent of the IFSP planning process is for families, early intervention officials, and qualified personnel (service coordinators, evaluators, service providers) to work together as a team to:

- Develop outcomes to meet the child and the family's needs that reflect the family's priorities, concerns, and resources;

¹ 10 New York Codes, Rules and Regulations (NYCRR) § 69-4.1(w)

- Agree on appropriate early intervention services that will be provided to achieve identified outcomes; and
- Identify and mobilize other services and supports the family needs or is receiving, but are neither required nor funded by the program.

Steps in the IFSP Process

Step 1: First contacts with the family

The IFSP process begins with the first contacts between the family and the initial service coordinator designated by the early intervention official. The initial service coordinator is responsible for promptly arranging a first contact in a time, place, and manner reasonably convenient for the parent.² During first contacts with the family, the initial service coordinator obtains basic information necessary to enroll the child and family in the Early Intervention Program, ensures parents have received *The Early Intervention Program: A Parent's Guide*, and provides parents with an overview of the program, including their rights and responsibilities under the program.³

The initial service coordinator also ascertains whether the child and family are presently receiving case management or other services from public or private agencies. When families are engaged in other case management services, the service coordinator discusses options with the parent for collaboration with other case managers working with the family and obtains consent for the release of information to facilitate collaboration. Finally, first contacts with the family also provide the initial service coordinator with opportunities to assist parents in meeting basic needs and/or immediate priorities other than early intervention services for the child and family (e.g., housing, food, primary health care, etc.) by identifying formal and informal resources to aid the family while continuing to proceed with other steps in the IFSP process.

Step 2: Planning, obtaining, and understanding the results of the multidisciplinary evaluation and assessment for the child and the optional family assessment

The initial service coordinator is responsible for explaining the multidisciplinary evaluation process, reviewing evaluation options with the parent, and assisting the parent in planning and arranging all aspects of their child's evaluation, including the optional family assessment.⁴ Initial service coordinators discuss pertinent information about potential evaluators with parents, including their location, the circumstances under which a developmental screening is performed as part of the evaluation (i.e., a screening should not be done when the child has a diagnosed physical or mental condition with a high

² 10 NYCRR § 69-4.7(b)

³ 10 NYCRR § 69-4.7(c)

⁴ 10 NYCRR § 69-4.7(j); § 69-4.7(k)

probability of developmental delay), types of evaluations performed, and settings for evaluations. Initial service coordinators are also responsible for discussing with the parent any needs they might have pertaining to their child's evaluation, for example, need for an interpreter, or inviting additional family members to be present. (For more detailed discussions of the evaluation process and initial service coordination, see Early Intervention Memorandum 2005-2, *Evaluation and Eligibility* and Early Intervention Memorandum 94-4, *Service Coordination*).

During early contacts with the initial service coordinator, and in the course of planning their child's evaluation, families may identify resources, priorities, and concerns related to their child's development. With parental consent, initial service coordinators should share this information with the evaluator to provide input into the optional family assessment.

“A family-directed assessment must be conducted by qualified personnel in order to identify the family’s resources, priorities, and concerns and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the family’s infant or toddler with a disability.”⁵ A family assessment is optional for the family and must be completed within a sufficient timeframe to enable the IFSP meeting to convene within 45 days from the date of the child's referral.⁶

Parents may identify which members of their family will participate in the family assessment. The method used for the family assessment should be one with which the family is comfortable (e.g., a structured or unstructured interview, questionnaires, or survey instruments).

It is important to note that while a family assessment is optional, a parent interview is a required component of every child's comprehensive, multidisciplinary evaluation.⁷ The purpose of the parent interview is to gather information about parent perceptions, thoughts, and observations related to their children's developmental progress. The parent interview should be used to capture information about the child that is best obtained from the parents, such as information about the child's sleeping and eating patterns, temperament, preferences, social responsiveness, and developmental milestones.

Once the multidisciplinary evaluation has been completed, the evaluator provides the parent with the opportunity to discuss the evaluation results and assists the parent in understanding the results of the evaluation.⁸ The evaluator is responsible for submitting the written evaluation report and summary to the early intervention official, initial service coordinator, parent, and, with parental consent, the child's primary health care provider

⁵ 34 Code of Federal Regulations (CFR) § 303.321(c)(2)

⁶ 10 NYCRR § 69-4.8(a)(8)

⁷ 10 NYCRR § 69-4.8(a)(4)(iii)

⁸ 10 NYCRR § 69-4.8(a)(9)

as soon as possible after completion of the evaluation and within a sufficient timeframe for the IFSP meeting to be convened within 45 days of referral.⁹

At the family's request, the initial service coordinator may accompany the family to the child's multidisciplinary evaluation and participate in discussions of the results with the family and the evaluator. Participation in the evaluation process may be beneficial to initial service coordinators in meeting their responsibilities to facilitate the family's understanding of the evaluation and in later discussions with the family about service options.

Step 3: Planning the initial IFSP meeting and identifying the family's resources, priorities, and concerns

When a child is determined eligible for the Early Intervention Program, the initial service coordinator is responsible for facilitating the parent's understanding of the results of their child's multidisciplinary evaluation and assisting them in preparing for the IFSP meeting.¹⁰ To enable the initial service coordinator to meet their responsibilities to facilitate the parent's understanding of the results of the evaluation prior to the IFSP meeting, it is important that the evaluator submit the report to all parties expeditiously. The initial service coordinator, early intervention official, and parent should receive the evaluation report and summary several days in advance of the IFSP meeting, to allow adequate preparation time.

The initial service coordinator discusses the IFSP process with parents and informs them:

- of the required participants in the IFSP meeting and the parent's option to invite other parties;
- that the initial service coordinator may invite other participants, provided that the service coordinator explains the purpose of including other participants and obtains the parent's consent;
- that inclusion of family assessment information is optional;
- that family resources, priorities, and concerns will play a major role in the identification of anticipated outcomes and strategies among the parent, evaluator, service coordinator, and early intervention official;
- of the opportunity to select an ongoing service coordinator, who may be different from the initial service coordinator, at the IFSP meeting or at any other time after the formulation of the IFSP; and
- of the types of services available and their benefits, and the due process rights of parents under the Early Intervention Program.

⁹ 10 NYCRR § 69-4.8(a)(9)(i)

¹⁰ 10 NYCRR § 69-4.7(p)

An important part of planning the initial IFSP meeting is teamwork between the initial service coordinator and the parent to identify and explore options for appropriate early intervention services that may be included in the IFSP. The initial service coordinator is responsible for discussing service options with the parent prior to the initial IFSP meeting and facilitating the parent's investigation of various options, as requested by the parent.¹¹ For example, the initial service coordinator may arrange for meetings with potential service providers and/or childcare sites or other community locations where early intervention services might be delivered. The initial service coordinator may also share materials and informational resources that might be helpful to the family in exploring options for service delivery, such as books, articles, and videos, and may help the family connect with other families with similar situations.

Step 4: Convening the IFSP meeting within 45 days of referral to develop outcomes and strategies to meet the child and the family's needs

At each step of the IFSP process, information is gathered and shared to make informed decisions about appropriate early intervention services for the child and the family. The purposes of the IFSP meeting are to:

- review what has been learned about the child's developmental strengths and needs and the family's resources, priorities, and concerns;
- develop outcomes (expected changes for the child and the family);
- discuss the strategies, activities, and services that will result in the achievement of the outcomes; and
- agree to criteria and timelines for evaluating the extent to which an outcome has been achieved.

The initial IFSP meeting is intended to be a collaborative decision-making process among the parent; the initial service coordinator; the early intervention official; the evaluator; as appropriate, persons who will be providing services; and other participants invited by the parent or the initial service coordinator.¹² The meeting must be convened within 45 days of the child's referral to the program. However, such timeline does not apply if: (i) the child or parent is unavailable to complete the initial evaluation or assessment process or to attend the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records or (2) the parent has not provided timely consent for the initial evaluation or assessment, despite documented efforts by the evaluator to obtain parental consent.¹³ In these instances of delay, the multidisciplinary evaluation and assessment and the initial IFSP meeting must be completed as soon as possible after the exceptional family circumstances no longer exist or parental consent is obtained for the initial evaluation and assessment of the child.¹⁴

¹¹ 10 NYCRR § 69-4.7(p)(1)

¹² 10 NYCRR § 69-4.11(a)(2)

¹³ 34 CFR § 303.310(b)

¹⁴ 10 NYCRR § 69-4.11(a)(1)

Scheduling the Meeting

The early intervention official is responsible for convening the initial meeting to develop the IFSP and subsequent annual meetings to evaluate the IFSP.¹⁵

IFSP meetings are held at a time and place convenient to the parents.¹⁶ The service coordinator should assist the parent in identifying an appropriate location for the meetings, which may include the family's home or a community-based site (e.g., child care site, community center, library, county office, service provider's facility, etc.).

Participants in the IFSP Meeting

The initial and annual IFSP meetings are made up of the following participants (IFSP team):

- the parent;
- the early intervention official (or designee);
- a person or persons directly involved in conducting the evaluation (or in providing early intervention services in the case of annual meetings or periodic reviews);
- the initial service coordinator (or in the case of annual meetings or periodic reviews, the ongoing service coordinator); and
- any other persons, such as the child's primary health care provider, or child care provider, who have been invited by the parent or initial service coordinator (or in the case of annual meetings or periodic reviews, the ongoing service coordinator), with the parent's consent.¹⁷

If the provider who has been directly involved in conducting the evaluation is unable to attend the IFSP meeting due to extenuating circumstances (for example, unexpected illness), arrangements must be made for the evaluator's involvement by participating in a telephone conference call; having a knowledgeable, authorized representative attend the meeting; or making pertinent records available at the meeting.¹⁸

Other individuals may also participate in the IFSP meeting, including:

- an advocate or person outside the family, if the parent requests that person to participate;
- persons who may be providing services to the child or the family; and
- the local social services commissioner for children in the care and custody or custody and guardianship of such commissioner.¹⁹

¹⁵ 10 NYCRR § 69-4.11(a)-(b)

¹⁶ 10 NYCRR § 69-4.11(a)(4)(i)

¹⁷ 10 NYCRR § 69-4.11(a)(2)

¹⁸ 10 NYCRR § 69-4.11(a)(2)(iii)(a)

¹⁹ 10 NYCRR § 69-4.11(a)(3)

When a parent's availability to the child is limited due to life circumstances, such as residing in an institution or is far from the child or the child's placement in the custody of the local social services commissioner, the early intervention official facilitates, as appropriate, the parent's involvement in early intervention services.²⁰ Steps to facilitate the parent's involvement may include coordinating transportation for the parent or enabling the parent's participation in IFSP meetings via telephone, and advising the parent of the option to voluntarily consent to the appointment of a *person in parental relationship* to the child who may act in place of the parent.

If a child is a ward of the state or the parent is unavailable and there has not been an appointment of a person in parental relationship, then the early intervention official appoints a surrogate parent for the child.²¹ The surrogate parent has the same rights and responsibilities as the parent under the Early Intervention Program, including participating in the initial and annual IFSP meetings.²²

Required Contents of the IFSP

The IFSP must be in writing. While there is no mandated statewide form, every IFSP must include all the components found in regulation, including the following:

- *A statement, based on objective criteria, of the child's present levels of functioning in each of the following domains: physical development, including vision and hearing; cognitive development; communication development; social or emotional development; and adaptive development.*²³ The statement of the child's level of functioning in each developmental area should be consistent with the child's most recent evaluation. The objective criteria of the child's present level of functioning may include standardized measurements or a description of the child's condition based on informed clinical opinion, as appropriate for the child's age, condition, and types of diagnostic instruments available.
- *With parental consent, a statement of the family's strengths, priorities, and concerns that relate to enhancing the development of the child.*²⁴ Under the Early Intervention Program, parents are provided with the option of including information about their family's resources, priorities, and concerns related to enhancing their children's development. The information may be shared by the parent at many different points in the IFSP process, including through discussions with the service coordinator;²⁵ during

²⁰ 10 NYCRR § 69-4.16(b)

²¹ 10 NYCRR § 69-4.16(d)

²² 10 NYCRR § 69-4.16(g)

²³ 10 NYCRR § 69-4.11(a)(10)(i)

²⁴ 10 NYCRR § 69-4.11(a)(10)(iii)

²⁵ 10 NYCRR § 69-4.7(o)(3)-(4)

the child's multidisciplinary evaluation;²⁶ through a formal optional family assessment process;²⁷ in preparation for the IFSP meeting;²⁸ and during the IFSP meeting itself. In addition, this information may be gathered in a variety of different ways, from informal discussions with the family to more formal interviews and instruments.

If the family has chosen to participate in a family assessment, the Department has developed a list of suggested Family Assessment Tools, which is available on request. This list is not an exclusive list nor is the use of these specific tools required.

- *A statement of the measurable results or measurable outcomes expected to be achieved for the child and the family (including pre-literacy and language skills, as developmentally appropriate for the child) that also includes timelines.*²⁹ The concept of developing "expected outcomes" for the child and the family is central to the family-centered philosophy of the Early Intervention Program. An IFSP outcome is a statement of the results parents want to see for their child and/or themselves. Outcomes are identified by the IFSP team through a collaborative process and may target any area of the child's development or aspect of family life that the child's family feels is related to the child's development.
- *The criteria and procedures that will be used to determine whether progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary.*³⁰ An important part of the process for the IFSP team is reaching agreement as to how the team will know whether and when outcomes identified for the child and family are achieved. The IFSP should include specific criteria that can be used to: measure successful attainment of outcomes and provide for when the IFSP can be amended to reflect such attainment; identify new strategies and services for outcomes when current outcomes are not being realized; and identify new outcomes.
- *A statement of specific early intervention services, based on peer-reviewed research to the extent practicable, including transportation and mode of transportation, necessary to meet the unique strengths and needs of the child and the family, including the frequency, intensity, location, and the method of delivering services.*³¹ The statement of specific early intervention services guides both service delivery and reimbursement for services. The IFSP meeting is intended for the participants to discuss and reach agreement about *appropriate* early intervention services to be delivered to the child and the family to achieve the *outcomes* specified in the IFSP.

²⁶ 10 NYCRR § 69-4.8(a)(4)(iii)

²⁷ 10 NYCRR § 69-4.1(p)

²⁸ 10 NYCRR § 69-4.7(p)

²⁹ 10 NYCRR § 69-4.11(a)(10)(iv)

³⁰ *Id.*

³¹ 10 NYCRR § 69-4.11(a)(10)(v)

Federal and state regulations require that the IFSP include a statement on the frequency, intensity, and method of delivering services.³² The term “frequency” refers to the number of days or sessions a service is to be delivered and whether the service will be provided on an individual or group basis. The term “intensity” refers to whether the service is provided on an individual or group basis.³³ The term “method” means how a service is provided.³⁴

The IFSP must also identify the specific “location(s)” where a service will be delivered (e.g., the child's home, childcare site, clinician's office, etc.) and who are the service providers. Specificity in the IFSP will help to avoid misunderstandings that may result later in disputes among the family, early intervention official, and service provider about what was agreed to.

It is important to note that *ongoing service coordination* is an early intervention service and must be included in the IFSP. The number of hours per month of service coordination should be included in the IFSP and should be estimated based on the needs and circumstances of the child and the family. (See Early Intervention Memorandum, *Standards and Procedures for Service Coordination under the Early Intervention Program*).

- *A physician's, physician's assistant's, or nurse practitioner's order pertaining to early intervention services which require such an order and which includes a diagnostic statement and purpose of treatment.*³⁵ Under Education Law, the following services may not be provided without written orders from specific medical professionals: physical therapy, occupational therapy, and nursing services.³⁶ Physical and occupational therapy services require a written order from a physician, physician's assistant, or nurse practitioner; and nursing services must have a written order from a physician. These written orders may be obtained from the child's primary health care provider if s/he conducts the evaluation of the child's physical development for the child's multidisciplinary evaluation or from a physician who conducts a supplementary evaluation of the child's physical development.³⁷ If the physician who performs the evaluation of the child's physical development is present at the IFSP meeting, s/he may provide a written order at the time of the meeting. If the physician is unable to attend the IFSP meeting, then the service coordinator, a person involved in conducting the evaluation, or parent may follow up with the physician to obtain any necessary written orders based on agreements reached at the IFSP meeting.

³² 34 CFR § 303.344(d)(i); 10 NYCRR § 69-4.11(a)(10)(v)

³³ 34 CFR § 303.344(d)(i); 10 NYCRR § 69-4.11(a)(10)(v)(a)-(b)

³⁴ 34 CFR § 303.344(d)(ii); 10 NYCRR § 69-4.11(a)(10)(v)(f)

³⁵ 10 NYCRR § 69-4.11(a)(10)(ii)

³⁶ Education Law § 6731(c); Education Law § 7901; Education Law § 6902(1)

³⁷ 10 NYCRR § 69-4.8(a)(4)(i)(a)

A written recommendation from a physician, physician's assistant, nurse practitioner, or speech pathologist, resulting from the child's evaluation, is necessary for speech pathology services.

For many children receiving regular and continuous primary pediatric care, a physical examination may not be necessary as part of the early intervention evaluation process (i.e., when an examination has been performed recently).³⁸ Under these circumstances, the extent of the involvement of the primary pediatric care provider will depend upon the preference of the family and physician.

It is permissible to obtain physician's written orders from county medical directors for physical and occupational therapies and nursing services as needed and appropriate.

- *The projected dates for initiation of services and the anticipated duration of these services.*³⁹ To ensure that eligible infants and toddlers have the full benefit of early intervention services, services should begin within 30 days after written parental consent is obtained. Dates for initiation of services and duration of services are also required elements to receive authorization for reimbursement of services. "Duration" shall mean the start date and end date the service is to be provided.⁴⁰
- *A statement of other services and public programs, including medical services that the child and the family needs or are receiving through other sources, but that are neither required nor funded by the program.*⁴¹ Children and families eligible for early intervention services will often have service needs beyond the scope of the Early Intervention Program. In addition, many children eligible for early intervention services and their families will also be eligible for other public programs and services, such as Supplemental Security Income, the Department of Health's Physically Handicapped Children's Program, local Departments of Social Services, and other programs which target young children and their families. These services, including primary health care, should be included in the IFSP to facilitate access to and coordination of services. It is important to note that including these services in the IFSP does not obligate the municipality for payment of these services. If these services are not currently being provided, the IFSP should include a description of the steps the service coordinator or the family may take to assist the child and the family in securing these other services.
- *The name of the ongoing service coordinator who will be responsible for the implementation of the IFSP and coordination with other agencies, services, and persons.*⁴² At the time of the IFSP meeting, the parent selects the ongoing service

³⁸ 10 NYCRR § 69-4.8(a)(4)(i)(a)(1)

³⁹ 10 NYCRR § 69-4.11(a)(10)(x)

⁴⁰ 10 NYCRR § 69-4.11(a)(10)(v)(d)

⁴¹ 10 NYCRR § 69-4.11(a)(10)(viii)-(ix)

⁴² 10 NYCRR § 69-4.11(a)(10)(xi)

coordinator who will be responsible for monitoring the delivery of early intervention services in accordance with the IFSP. For a detailed description of the responsibilities of the ongoing service coordinator, please refer to Early Intervention Memorandum 94-4, *Service Coordination*.

Natural Environments

Federal and state regulations require that early intervention services be provided, to the maximum extent appropriate to the needs of the child, in natural environments, including the home and community settings in which infants and toddlers without disabilities participate.⁴³ For children receiving early intervention services, “natural environments” means settings that are natural or normal for the child's age peers who have no disability, including the home, a relative's home when care is delivered by the relative, child care settings, or other community settings in which children without disabilities participate.⁴⁴

The IFSP team should explore all options for delivery of services in natural settings to the maximum extent appropriate. For infants and toddlers, their own home or child care site (e.g., family day care home or day care center) will often be the most appropriate setting to deliver early intervention services. Other appropriate community locations include the homes of relatives or friends, recreational centers, libraries, playgroups, and other community sites typically used by families with children under the age of three.

The IFSP must include the following components related to delivery of services in natural environments:

- *A statement of the natural environments in which early intervention services shall appropriately be provided.*⁴⁵
- *When the child is in day care and when appropriate, a plan for qualified professionals to train the day care provider to accommodate the needs of the child.*⁴⁶

In addition, the IFSP must document the reason(s) why the IFSP team agrees that early intervention services should be delivered at a location that is not the natural environment for the child or service and why this location is most appropriate to meet the unique needs of the child.⁴⁷

⁴³ 34 CFR § 303.12(b); 10 NYCRR § 69-4.10(a)(1); 10 NYCRR § 69-4.1(af)

⁴⁴ 10 NYCRR § 69-4.1(af)

⁴⁵ 10 NYCRR § 69-4.11(a)(10)(vi)

⁴⁶ 10 NYCRR § 69-4.11(a)(10)(vii)

⁴⁷ 10 NYCRR § 69-4.11(a)(10)(vi)(4)

Finalizing the IFSP

The IFSP is deemed final at the IFSP meeting when the IFSP team members reach agreement on the IFSP.⁴⁸ If a designee of the early intervention official attends the IFSP meeting, s/he has sufficient authority to agree to the IFSP.

Agreement on the IFSP and parental consent for the initiation of services must be documented in writing.⁴⁹ This can be achieved either by including a signature line for the parent on the IFSP document or by using a separate consent form for the IFSP.

If the IFSP team cannot reach agreement on the IFSP, the sections of the IFSP that are not in dispute are implemented and the parent may seek mediation or an impartial hearing to resolve the dispute.⁵⁰ Written parental consent must be obtained for provision of those services not in dispute.

Initiating Services

The initiation of services must be as soon as possible but no later than 30 days after the parent provides their insurance information and written consent for the services in the IFSP or any subsequent amendments to the IFSP.⁵¹ If the IFSP team determines that one or more types of service(s) included in the IFSP should appropriately begin more than 30 days after parental consent (e.g.; audiological, supplemental evaluations) such service(s) must be delivered no later than 30 days after the projected date of initiation specified in the IFSP.⁵²

Transition Requirements

The IFSP must include a transition plan, developed with the child's family, to ensure a smooth transition for every child exiting the EIP. The plan must include specific steps to support the child's transition to services provided under Section 4410 of the Education Law (preschool special education services) or to other services.⁵³ These steps include:

- discussions with and education for parents regarding potential options and other matters related to the child's transition, including:

⁴⁸ 10 NYCRR § 69-4.11(a)(7)

⁴⁹ 10 NYCRR § 69-4.11(a)(8)

⁵⁰ 10 NYCRR § 69-4.11(a)(9)

⁵¹ 10 NYCRR § 69-4.11(10)(x)

⁵² 10 NYCRR § 69-4.11(a)(10)(x)

⁵³ 10 NYCRR § 69-4.11(a)(10)(xiii); 10 NYCRR § 69-4.20(a)(2)

- if the child is potentially eligible for preschool special education services, notification to the Committee on Preschool Education (CPSE) by the service coordinator, unless the parent objects to such notification orally or in writing;
 - if the child is potentially eligible for preschool special education services, a parent can either directly refer or provide consent for the service coordinator to refer the child to the CPSE for an evaluation to determine the child's eligibility;
 - the child's eligibility for preschool special education services must be determined by the CPSE prior to the child's third birthday in order to continue in the EIP after the child's third birthday;
 - if the child is potentially eligible for preschool special education services, the service coordinator must convene, with parental consent, a transition conference with the parent, the early intervention official, and the CPSE chair or designee no fewer than 90 days before the child's third birthday or the date on which the child is first eligible for preschool special education services, and at the discretion of all parties no more than nine months prior to the child's third birthday, to discuss any services the child may receive under Education Law; and
 - if the child is **not** potentially eligible for preschool special education, the service coordinator, with parental consent, shall make reasonable efforts to convene a conference among the early intervention official, the family, and providers of other appropriate services for the toddler to discuss services that the child may receive, including early education, Head Start, Early Head Start, child care programs, or other appropriate services;⁵⁴
- a review of program and service options for the child from the child's third birthday through the remainder of the program year, if appropriate;⁵⁵
 - procedures to prepare the child for potential changes in service delivery, including steps and services to help the child adjust to and function in a new setting;⁵⁶
 - procedures to prepare program staff or individual qualified personnel who will be providing future services to the child to facilitate a smooth transition;⁵⁷ and
 - with parental consent, the transmission of information about the child to the local school district's CPSE, to ensure continuity of services, if appropriate, including evaluation and assessment information or a copy of the IFSP.⁵⁸

⁵⁴ 10 NYCRR § 69-4.11(a)(10)(xiii)(a)

⁵⁵ 10 NYCRR § 69-4.20(a)(4)(i)

⁵⁶ 10 NYCRR § 69-4.20(a)(4)(iii)

⁵⁷ 10 NYCRR § 69-4.20(a)(4)(iv)

⁵⁸ 10 NYCRR § 69-4.20

Interim IFSP

Early intervention services for an eligible child and the child's family may begin before completion of the evaluation and assessment when the child and the family have an immediate and pressing need for services.⁵⁹ The initial service coordinator is responsible for informing the parent of the availability of interim services for a child known to be eligible based on a diagnosed condition, and for whom an immediate need for early intervention services has been identified.⁶⁰ For example, an interim IFSP would typically be appropriate and indicated for a child referred to the Early Intervention Program with an established hearing impairment and in need of a hearing aid. Other examples of circumstances in which an interim IFSP would typically be appropriate include:

- A recommendation by a physician that a child with cerebral palsy begin receiving physical therapy as soon as possible.
- The need for nutritional or therapeutic intervention related to feeding (for example, in cases of failure to thrive).
- A recommendation by the local social services official that the prompt provision of early intervention services may prevent the out-of-home placement of the child.

In order for interim early intervention services to be provided to an eligible child, the following conditions must be met:

- parental consent to deliver services must be obtained;
- agreement of an interim IFSP between the parent and the early intervention official that includes: the name of the service coordinator responsible for implementing the interim IFSP and for coordinating with other agencies and persons; the early intervention services needed immediately by the child and the child's family, including the location, frequency, intensity, and provider(s) of the services; and a physician's, physician's assistant's or nurse practitioner's order pertaining to those early intervention services which require such an order; and
- the evaluation and assessment must be completed and a meeting to develop an IFSP must be convened within 45 days of the initial referral to the early intervention official.⁶¹

Review and Evaluation of the IFSP

The early intervention official/designee must convene a meeting at least annually to evaluate and, as necessary, revise the IFSP for the child and the family. The results of any current child evaluations and any other information available from the ongoing

⁵⁹ 10 NYCRR § 69-4.11(c)

⁶⁰ 10 NYCRR § 69-4.11(c)(1)

⁶¹ 10 NYCRR § 69-4.11(c)(2)

assessment of the child and optional family assessment must be used in determining the services that are included in the revised IFSP.⁶²

The early intervention official/designee is also responsible for ensuring that a review of the IFSP is conducted every six months or more frequently if conditions warrant or if the family requests a review. The purpose of the review is to determine the degree to which progress toward achieving the outcomes is being made and whether modification or revision of the anticipated outcomes or the services is necessary.⁶³

The periodic reviews may be conducted by an in-person meeting or other means amenable to the parent.⁶⁴ For example, if no major changes to the IFSP are needed or anticipated, the service coordinator could coordinate a telephone review of the IFSP, as long as the review process involves the required participants (see page 6 of this document, "*Participants in the IFSP meeting*")

Modifying the IFSP

There may be instances in which changes or revisions to the IFSP are needed between periodic reviews and annual evaluations. For example, an outcome may be successfully achieved earlier than expected and a service is no longer needed; conversely, a new need may be identified as the result of an unanticipated change in the developmental status of the child or the family circumstances.

The following individuals may request that the IFSP be reviewed: the parent, early intervention official, service coordinator, service provider, and for children in the custody of the local social services commissioner, the local social service commissioner or designee. If the IFSP team agrees on changes to the IFSP, the plan can be finalized and the ongoing service coordinator authorized to implement the amended IFSP.⁶⁵

⁶² 10 NYCRR § 69-4.11(b)(2)

⁶³ 10 NYCRR § 69-4.11(b)

⁶⁴ 10 NYCRR § 69-4.11(b)(1)

⁶⁵ 10 NYCRR § 69-4.11(a)(7)

Disagreements about Services

If the IFSP team cannot reach full agreement on the IFSP, the service coordinator must implement the services that are not in dispute and have been consented to by the parent, and the parent may exercise due process rights to resolve the dispute.⁶⁶

Extensive due process rights are afforded to parents and are described for parents in *The Early Intervention Program: A Parent's Guide*.⁶⁷ These include the right to request mediation⁶⁸ and the right to an impartial hearing⁶⁹ to resolve disputes about services to be provided to the child and the family.

If an existing IFSP is in place and a dispute arises about a proposed change in services, the early intervention official must ensure continuation of the services provided under the existing plan while any mediation, impartial hearing, or appeal is in process.

Families Moving to Another County or State

Any family with an IFSP who moves to another municipality in New York State or to another state should be assisted by their ongoing service coordinator in the transition.

For a child and family moving to a new municipality within the state, the early intervention official of the municipality to which the child and family has moved to should ensure that the services in the existing IFSP are provided to the extent feasible until a new IFSP has been developed or the existing IFSP has been modified. The service coordinator should work with the parent to ensure the transmittal of the child's record to the early intervention official in the family's new municipality of residence. With written parental consent, a child's record can be transferred from one municipality to another using the New York Early Intervention System (NYEIS). Additional information on the transfer process can be found in Unit 7 of the NYEIS User Manual.

All states and U.S. jurisdictions currently participate in the federal early intervention program (Part C of the Individuals with Disabilities Education Act). A family moving to another location within the United States should be referred by their service coordinator to the Part C early intervention program in that state or territory and, with parental consent, the service coordinator should facilitate the transmittal of appropriate documentation. A list of early intervention contacts in other states and jurisdictions is available on the Early Childhood Technical Assistance Center website.⁷⁰

⁶⁶ 10 NYCRR § 69-4.11(a)(8)-(9)

⁶⁷ 10 NYCRR § 69-4.7(c)(1)

⁶⁸ 10 NYCRR § 69-4.17(g)

⁶⁹ 10 NYCRR § 69-4.17(h)

⁷⁰ <http://ectacenter.org/contact/ptccoord.asp>

The Department recognizes the challenges encountered by families and professionals in the IFSP process. Early Intervention Program staff are available to assist all participants when questions arise about policy or procedures.⁷¹ Disputes about what specific services are appropriate for a particular child and the family or the appropriate frequency, intensity, method, or location of services for a particular child and the family, must be resolved at the local level or through the due process channels provided by the program (i.e. mediation and/or impartial hearing). Information on due process can be found in the publication titled, *Early Intervention Steps a Parent's Basic Guide to the Early Intervention Program* available on the Department of Health Early Intervention website.⁷²

For further information and assistance, please contact the Department of Health Early Intervention Program at 518-473-7016 or by sending an email to beipub@health.ny.gov.

⁷¹ http://www.health.ny.gov/community/infants_children/early_intervention/

⁷² <http://www.health.ny.gov/publications/0532.pdf>

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