

## IFSP Checklist (0-3)

### Initial or Annual IFSP

Child's Name: \_\_\_\_\_ IFSP Meeting Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Date PEIP notified the DDPM of Plan Done: \_\_\_\_\_  ID Auth completed/signed/filed

ISP signed/filed  ND EI Public MA Access signed/filed

**Effective dates of the IFSP match the Case Plan service dates (*Ind. 7*)**

**Initial IFSP** – Runs from meeting date to end date of ISP (year minus a day from eligibility date).

**Annual IFSP** – Runs the date of the case plan: starts on the meeting date and ends a year minus a day unless the child turns three in that timeframe.

**When Periodic Reviews will occur** (no more than 6 months between reviews)

**Identifies IFSP team members**

**Medicaid redetermination date** \_\_\_\_\_

#### Participants at the IFSP

Parents

Person(s) directly involved in conducting evaluations or assessments

Person(s) providing services and support (PEIP, consultant, other DD service provider)

Program Manager

If not present how was information provided

#### Evaluation

Two or more disciplines complete evaluation and assessment

Initial or annual PAR completed (by DDPM) for children using the waiver

AEPS completed and entered into AEPSi for children in services 6+ months (by PEIP)

Used objective criteria

Used multiple measures

#### Functional Skills/Present Level of Performance

Cognition

Health Status

Early Literacy

Receptive Language

Expressive Language

Self Help/Adaptive

Fine Motor

Social Emotional

Gross Motor

Vision (tested in last year – may be in eval report)

Hearing (tested in last year – may be in eval report)

**Includes Family Interview** – If meeting was held late it's documented in this section and verified in administrative notes (agency (illness, oversight, shortage), family, or weather).

**Review of pertinent health and medical records** (could also be listed above in Health Status section)

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- Family resources, priorities and concerns.** Child's interests, motivators, fears, and dislikes related to participation in the routine are noted. Includes people important to the child and family. Information is connected to the family's everyday routine and activities. There is clear information on family priorities and how they link to the family's concerns, strengths and interests. Identifies supports and services when necessary.
  - If the child is participating in direct therapy the following statement needs to be listed here or in the outcome area.

"The IFSP team is in agreement that the services provided in the *Part C Services* section of the IFSP will support (child) and (his/her) family to meet the outcomes within the IFSP. Additional services that the family has chosen to participate in are listed in the *Services neither required nor funded by Part C* section of the IFSP (list service and frequency)."
- Review of the previous IFSP outcomes and services.** Each outcome should be reviewed at the meeting and progress listed.

## Risk Assessment (DDPM completes in initial. PEIP Completes in annual)

- Risks in child's environment (linked to outcome/strategies)
- Risks due to child's interactions with environments
- Emergency Back-Up Plan when supports are not available
- Emergency Back-Up Plan for when Caregivers are not available

## Outcomes

- Outcomes (measurable) – end result, what focusing on and why
- Criteria (how you'll know the outcome is met)
- Transition outcome added no later than age 2-6. Includes how you'll prepare the child, family and receiving agency. **(Ind. 8a)**
- Activities (supports to achieve the outcome – integrated routines in natural environments)
- Frequency & type of ID consult listed in the applicable outcome (2x per year is best practice- not required) **(Ind. 1)**
- TSDS Activities included – if applicable
- Responsibilities of Caregiver and DDPM
- Competencies of In-Home Support staff & how will be achieved

## Service Detail (Case Plan section)

- Start, End and Termination Dates
- Frequency
- Natural Environments documented per service **(Ind. 2)**
- Service Amount
- Location
- Other Services listed (physicians, direct therapy, hearing/vision consults, nutrition/WIC, daycare, foster care)
- Individual or Group
- Funding Source

## Attachments

- Evaluation report attached if Initial IFSP or annual evaluation attached if Annual IFSP
- LEA notice attached by ID (labeled LEA notification) or Opt Out Form attached by DDPM (labeled Opt Out Form). LEA letter must be sent by 2-6. Opt Out Form done by 2-5) **(Ind. 8b)**
- Prior notice for evaluation or annual assessment
- Prior notice for IFSP meeting (in Therap or attached)
- Signed ISP attached

Reviewed/approved by \_\_\_\_\_  
Reason if Late \_\_\_\_\_

Date \_\_\_\_\_  
 Documented

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## Periodic Reviews of IFSP

Child's Name: \_\_\_\_\_ IFSP Meeting Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Date PEIP notified the DDPM of Plan Done: \_\_\_\_\_  ID Auth completed/signed/filed

ISP signed/filed  ND EI Public MA Access signed/filed

**Date of Review**

Documentation if meeting held late (agency (illness, oversight, shortage), family or weather)

**Team members identified in IFSP present**

If not present, how was information provided

**Describes progress toward achieving outcomes**

Comments

**Transition outcome added no later than age 2-6.**

Includes how you'll support the child, family and receiving agency. **(Ind. 8a)**

**Addresses modification or revision of outcomes in progress toward outcome section.**

Reminder: Outcomes should remain on the plan until the next annual IFSP – even if met at the periodic review.

**Identifies modification or revision of services**

**LEA notice date listed in Therap and form attached (if applicable) (Ind. 8b)**

**Opt-Out Form attached (if applicable)**

**Attachments**

LEA notice attached by ID (labeled LEA Notification) or Opt Out Form attached by DDPM (labeled Opt Out Form). LEA letter must be sent by 2-6. Opt Out Form done by 2-5. **(Ind. 8b)**

Prior notice for IFSP meeting (in Therap or attached)

Reviewed/approved by \_\_\_\_\_

Date \_\_\_\_\_

Reason if Late \_\_\_\_\_

Documented

# IFSP Checklist (0-3)

## Transition Conference

Child's Name: \_\_\_\_\_ IFSP Meeting Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Date PEIP notified the DDPM of Plan Done: \_\_\_\_\_  ID Auth completed/signed/filed

ISP signed/filed  ND EI Public MA Access signed/filed

**Date of Conference (Ind. 8c)**

- Documentation if meeting held late (agency (illness, oversight, shortage), family or weather) The Transition conference must be held between 2-7 and 2-9. It is late if held after 2-9, unless the referral was received after 30 months of age.

**Team members identified in IFSP present**

- If not present, how was information provided

**Describe progress in transition outcome(s).**

- Label IFSP Review box "Transition Planning Conference" with the date of the meeting.
- Includes information on how the child, family and receiving agency will be supported. **(Ind. 8a)**  
Reminder: Met outcomes should remain on the plan until the next annual IFSP.

**Identifies modification or revision of services**

**If transition meeting is combined with periodic review meeting then all outcomes must be reviewed and not just the transition outcomes.**

**LEA notice date listed in Therap and form attached (if applicable) (Ind. 8b)**

**Opt-Out Form attached (if applicable)**

### Attachments

- Evaluation report if available.
- LEA notice attached by ID (labeled LEA Notification) or Opt Out Form attached by DDPM (labeled Opt Out Form). LEA letter must be sent by 2-6. Opt Out Form done by 2-5. **(Ind. 8b)**
- Prior written notice for Transition Conference (prepared by the school if meeting with the school). If not meeting with the school this could be a prior notice in Therap or on ID provider form and attached.

Reviewed/approved by \_\_\_\_\_

Date \_\_\_\_\_

Reason if Late \_\_\_\_\_

Documented