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|  | Child Development Services’ Early Intervention Program: |  |

**Section I. Identifying Information**

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| **Child’s Name:**  Aria Rivers | | | **Date of Birth**: 09/30/2022 |
| **Child’s Physical Address:**  111 Sewall St. | | | |
| **Private Insurance #:** | **MaineCare#:** 763A | **CDS ID #:** 19364 | **Gender:** F |
| **Referral Date**: 07/17/2017 | | **45 Day Timeline:** 08/31/2017 | |
| **Eligibility Evaluation Date:** 08/16/2017 | | **Date of Third Birthday:** 09/30/2025 | |
| **Eligibility Determination Date**: 08/16/2017 | | **Initial IFSP/IFSP Review Date**: 08/16/2017 01/30/2020 | |
| **Plan Type:** Administrative Change | | **Is this the Official Transition Conference?** Yes | |
| **Parent/Guardian:**  Eva Rivers | | **Parent/Guardian:**  Aaron Rivers | |
| **Relationship:** Mother | | **Relationship:** Father | |
| **Mailing Address:** | | **Mailing Address:** | |
| **Telephone (preferred):** | | **Telephone (preferred):** | |
| **Email:** | | **Email:** | |
| **CDS Site:** Midcoast | | **Physician:** Penobscot Pediatrics | |
| **Service Coordinator:** Ariana Whiting | | **Address:**  PO Box 439 , Bangor, ME 04402 | |
| **Telephone:** (207)692-3423 | | **Telephone:** (207)947-0147 | |
| **Email Address:** Ariana.Whiting@maine.gov | |  | |

**Section II. Family Routines and Priorities**

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| I choose **not** to share information about my concerns, priorities and resources and/or include this information in the IFSP. I understand that if my child is eligible, he/she can still receive services if I do not complete this section. | Parent Initials |

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| **Engagement, Independence and Social Relationships within Everyday Routines**  Young children learn best through routines and activities that they are interested in and that they participate in often. Understanding a child’s engagement, independence and social relationships within everyday routines will help to identify times of day that may be going well or that may be challenging. It will also help in planning early intervention supports and services for your family.  Information contained in this section may be gathered through conversations with you and through assessment tools such as the **Measure of Engagement, Independence and Social Relationships** and the **Routines-Based Interview.** |
| **Where and with whom does your child spend time?**  Aria spends her time with her parents at home. Her mother's family lives in California, where the family recently visited for a one month vacation. While Aria was in California, her mother reports that she spent a great deal of time at Eva's mother's daycare, where she had an opportunity to spend time with other children her age. Aria's father's family lives further North in Maine, where the family recently moved from. |
| **Describe your child’s engagement in everyday routines (i.e. how does your child show awareness of/involvement in everyday activities and environments):**  Aria shows a strong awareness of adults in her environment, and her parents report that she had opportunities to engage with other children on a recent family trip. Aria will initiate interactions with others and has a playful sense of humor. Aria shows curiosity, and asks questions such as "where" and "what" questions. Aria is beginning to learn the sign for "when", and her ASL family trainer describes that "who" questions would be a good next step for Aria to express her curiosity. Aria's mother describes that she and Aria now have sufficient shared signs to read an entire shelf of books, and that Aria enjoys this activity. Aria brings interesting things to her parents to share attention, as well as to familiar adults.  **Do you have any concerns about your child’s engagement?**  Aria's mother describes that riding in the car has become challenging since the car seat shifted to forward facing. Eva reports that when she tries to buckle her in, Aria will hold her breath and put her feet up in the air. |
| **Describe your child’s independence in everyday routines (i.e. how does your child take care of his/her needs in everyday activities and environments):**  Aria's parents set up an area in the home with foods in clear containers to allow Aria to see her snack options, enabling her to communicate what she would like to eat by pointing to foods in containers or getting them by herself. Aria also has many signs for different foods and is able to ask for what she wants and needs using signs and gestures. Aria does very well using utensils. She is able to stab foods with a fork and feed herself a variety of foods. Aria is able to navigate her environment with ease.  **Do you have any concerns about your child’s independence?**  Aria's parents described that due to Aria's family members being on opposite schedules, sleep routines have become challenging. Aria's parents notice the impact that sleep challenges have on her behavior, and describe that they are trying to balance Aria's naps to ensure that she will sleep at night. |
| **Describe your child’s social relationships in everyday routines (i.e. how does your child communicate and interact with people in everyday activities and environments):**  Aria is affectionate with her parents and familiar adults. Aria's parents expressed that they would like to maximize her contacts with other children and specifically individuals that use ASL as their primary means of communication. Aria is using over 500 signs and is friendly and communicative with others. Aria has developed communication around emotions, with her now having the ability to describe happy, sad, mad, surprised, and crying. Aria will sign "hurt" when she herself has become hurt, but her parents are noticing that Aria's emotive signs are used primarily to describe the emotions of others rather than herself. On a recent trip to California, Aria's mother described that she spent time at her grandmother's childcare and played with the other children there. In addition, on this trip, Aria spent time with Eva's cousin, Rebecca, that is a similar age as Aria, who has quite a few signs, and the two enjoyed spending time together.  **Do you have any concerns about your child’s social relationships?**  Aria is affectionate with her parents and familiar adults. Aria's parents expressed that they would like to maximize her contacts with other children and specifically individuals that use ASL as their primary means of communication. Aria may become upset if she is not able to communicate what she wants, or if another individual is not able to determine what she wants. Aria's parents are hoping that they can begin to develop effective behavioral management strategies. |
| **Summary of the family concerns and priorities:**  Eva and Aaron would like to increase the experiences Aria has with deaf and hard of hearing adults and children. They would like her to continue to increase the number of signs that she understands and uses. Eva expressed that she simply wishes to ensure that she and her husband, Aaron, are doing all that they can for Aria to help her learn and grow. |
| **Strengths and resources that the family has to meet child’s needs (include family, friends, community groups, financial supports, etc. that are helpful to you):**  Aria's family recently got to spend a month with her mother's extended family. Her father's family lives in the state, and the family describes that extended family members have been learning sign language using various resources. |
| **In addition to the information you have already provided, is there anything else you would like to tell us that would be helpful in planning supports and services with you to address what is most important to your child and family?**  N/A |

**Section III.  Present Abilities, Strengths and Needs**

This information helps us understand your child’s strengths, as well as some of the things that are challenging for your child and may be affecting how he/she is able to participate in family and community activities. Enough information should be recorded on this form to substantiate eligibility decisions and to be meaningful to families and service providers for developing a plan with outcomes and strategies that fit well with your child’s strengths and needs.

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| **Child’s Name:** Aria | | **Date of Birth:** |
| **Evaluation Team Members:** Amy Spencer, TOD, SLP, MECDHH & Geraldine Stinson, M Ed, LSW | | |
| **Evaluation Date:** 08/16/2017 | **Instrument(s):** MEISR | |

**Summary:**

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| **Domain** | | | |
| 1. **Self-help or Adaptive Skills (eating, dressing and toileting):** | | | |
| **Standard Score:** N/A | | **Standard Deviation:** N/A | |
| **Strengths:** | Aria is awake more during the day than the night, she sucks strongly when drinking from the bottle, and drinks the appropriate amount from the bottle. She falls asleep independently for nap and at night and sleeps for long enough during nap. | | |
| **Needs:** | At age 2 months there are no other measured skills on the MEISR in communication. | | |
| 1. **Social and Emotional (expressing and responding to feelings and interacting with others)** : | | | |
| **Standard Score:** N/A | | | **Standard Deviation:** N/A |
| **Strengths:** | Aria enjoys being held, rocked and touched, makes transitions out of bed without becoming upset, and transitions to and from mealtimes without becoming upset. She cooperates during diaper change, participates in outings without fussing and getting upset, and participates in getting ready to go outside without getting upset. Aria follows a person with her eyes, makes transitions from independent play easily, and goes down for a nap without getting upset. Aria enjoys bath time and cooperates in moving from one thing to another outdoors. | | |
| **Needs:** | Aria is not always happy about getting dressed, | | |
| 1. **Communication: Expressive and Receptive Language (speaking and understanding):** | | | |
| **Standard Score:** N/A | | | **Standard Deviation:** N/A |
| **Expressive** |  | | |
| **Standard Score:** N/A | | | **Standard Deviation:** N/A |
| **Strengths:** | Aria vocalizes as she plays. She cries when she is upset. | | |
| **Needs:** | At age 2 months there are no other measured skills on the MEISR in communication. | | |
| **Receptive** |  | | |
| **Standard Score:** N/A | | | **Standard Deviation:** N/A |
| **Strengths:** | The MEISR does not separate expressive and receptive communication. | | |
| **Needs:** |  | | |
| 1. **Physical: Gross and Fine Motor Skills (using hands and moving body)**: | | | |
| **Standard Score:** N/A | | | **Standard Deviation:** N/A |
| **Gross Motor** |  | | |
| **Standard Score:** N/A | | | **Standard Deviation:** N/A |
| **Strengths:** | Aria lies on her back and kicks her legs while she moves her arms. She is able to swallow while drinking a bottle. By parent report she turns on her side while sleeping. | | |
| **Needs:** | Aria finds it difficult to be on her tummy due to acid reflux. | | |
| **Fine Motor** |  | | |
| **Standard Score:** N/A | | | **Standard Deviation:** N/A |
| **Strengths:** | The MEISR does not separate gross and fine motor skills. | | |
| **Needs:** |  | | |
| 1. **Cognitive Skills (playing, thinking, exploring)**: | | | |
| **Standard Score:** N/A | | | **Standard Deviation:** N/A |
| **Strengths:** | Aria pays attention to surroundings including the changer's face during diaper change, | | |
| **Needs:** | At age 2 months there are no other measured skills on the MEISR in cognition. | | |
| 1. **Summary of Relevant Health Status (including vision and hearing):** | | | |
| **Health:** It is recommended that Aria and her family work with the Maine Educational Center for the Deaf and Hard of Hearing as the Primary Service Provider so that they have expert advice and coaching in the area of Aria's needs.  **Vision:** Aria has an appointment for an eye examination.  **Hearing:** Aria was evaluated at EMMC Audiology on 6/9/17 following a refer on the newborn hearing screening x2. She was salon seen for an MRI with and without contrast on that date. The MRI showed bilateral cochlear vestibular abnormality more significant on the left. Her cochlea has 1-1/2 turns rather than the 2 1/2 turns. Aria was diagnosed with Mondini malformation. Click ABR testing indicated no present response at 95 db nHL with absent OAE response at 2000, 3000 and 400 Hz bilaterally. There is a high likelihood of server/profound sensorinueral hearing loss. | | | |

**Section IV. Eligibility Determination**

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| **Eligibility for Maine’s Early Intervention Program** |
| This child was determined **eligible** for Early Intervention Service. Supporting documentation is found throughout this plan.  **Eligibility Date:** 08/16/2017 **Eligibility Category:**  Established Condition |

**Section V.  Child/Family/Transition Outcome**

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| **OUTCOME#**  4 | **Outcome Statement**  Eva and Aaron would like to learn about on-line resources available to them. | |
| **How will the team know that this outcome has been completed?** (Criteria)  We will know that this outcome is met when Eva and Aaron report they are accessing on-line resources. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Parent and PSP report | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Aria's parents report that whenever new trainings pop up, Kristen Shorey, PSP, sends them to parents. They would like her to continue to do so. | | |

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| **OUTCOME#**  18 | **Outcome Statement**  Parents and extended family will continue to learn American sign language. | |
| **How will the team know that this outcome has been completed?** (Criteria)  We will know this outcome is met when the family is able to use 250 signs. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Parent, PSP and Family Trainer report and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Aria's parents have made excellent progress in learning ASL. | | |

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| **OUTCOME#**  21 | **Outcome Statement**  Aaron and Eva would like Aria to have more opportunities to be around deaf and hard of hearing adults and children. | |
| **How will the team know that this outcome has been completed?** (Criteria)  We will know this outcome is met when Aria has an opportunity to be with deaf and hard of hearing adults and children at least once a month. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Parent report and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Aria’s parents have become connected with Maine Hands and Voices. Illnesses have prevented the family from attending Play Groups and Aria will be attending MECDHH preschool in the future, which will increase her opportunities for socialization. | | |

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| **OUTCOME#**  25 | **Outcome Statement**  Aria will increase the number of signs she is using to 500. | |
| **How will the team know that this outcome has been completed?** (Criteria)  We will know this outcome is met when Aria uses 500 signs for one week. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Parent and PSP report and ongoing assessment. Word list. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Aria is now using 500 signs. Her ASL family trainer has been working with her to incorporate her language use to aid with behavioral management. | | |

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| **OUTCOME#**  26 | **Outcome Statement**  Parents will provide "wait time" so that Aria will use the sign for what she wants. | |
| **How will the team know that this outcome has been completed?** (Criteria)  We will know that this outcome is met when Aria uses a sign for what she wants (rather than her parents giving her what she wants, without using a sign,) for a week. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Parent and PSP report and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Eva reporst that Aria’s parents have been doing this. Aria has now been sharing that she wants things and showing her parents what she wants. | | |

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| **OUTCOME#**  28 | **Outcome Statement**  Parents will learn sign vocabulary so that they can read Aria a simple story. | |
| **How will the team know that this outcome has been completed?** (Criteria)  We will know this outcome is met when Aaron and Eva know enough sign to read Aria three simple stories. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Parent and PSP report and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Eva has gained enough vocabulary to read Aria a whole shelf of books | | |

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| **OUTCOME#**  30 | **Outcome Statement**  Aria will participate in meals and snacks by using a utensil to feed herself most of a meal. | |
| **How will the team know that this outcome has been completed?** (Criteria)  We will know this outcome is met when Aria feeds herself with a utensil most of the snack or meal each snack or meal for 10 days. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Parent and PSP report and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  01/23/2019 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Outcome Reached |
| **Description of Progress:** Aria does very well for her age using utensils. She is stabbing foods with a fork. | | |

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| **OUTCOME#**  32 | **Outcome Statement**  Aria will participate in playtime and mealtime by expressing her wants and needs. | |
| **How will the team know that this outcome has been completed?** (Criteria)  We will know that this outcome has been met when Aria is using 2 sign phrases to ask for things during playtime, 10 times per day, 5 days per week over 2 weeks. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Progress toward outcomes will be measured every six months through parent and provider report, observation, and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Aria’s parents made sure that they have her foods in plastic containers so that she can see what she wants so that she can ask for things she wants. | | |

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| **OUTCOME#**  33 | **Outcome Statement**  Aria will participate in playtime by asking and answering questions. | |
| **How will the team know that this outcome has been completed?** (Criteria)  We will know that this outcome has been met when Aria is able to string together 2 signs to answer a question posed to her 5 times per day, 5 days per week over 2 weeks. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Progress toward outcomes will be measured every six months through parent and provider report, observation, and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Aria is pointing to things that she wants and stringing this with the sign “where”. For Aria’s father, he is explaining things more to her. Aria is good at asking “where” and “what”. “When” is a sign that Aria is working on. Aria’s ASL Family Trainer shares that beginning to work on “who” would be a good next step. | | |

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| **OUTCOME#**  34 | **Outcome Statement**  Aria will participate in playtime by identifying emotions both in herself and others. | |
| **How will the team know that this outcome has been completed?** (Criteria)  We will know that this outcome has been met when Aria has 10 signs to describe emotional experience. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Progress toward outcomes will be measured every six months through parent and provider report, observation, and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Aria can express 7 signs for emotions. She is able to sign happy, hurt, sad, mad, surprise and crying. Aria is signing “hurt” for herself, but mostly her signs are for books or videos, but not herself. | | |

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| **OUTCOME#**  35 | **Outcome Statement**  Aria’s parents and primary service provider will partner to develop behavior management / discipline strategies using visual aids. | |
| **How will the team know that this outcome has been completed?** (Criteria)  We will know that this outcome has been met when Aria’s parents feel that they have adequate strategies and feel comfortable with the strategies that they’re using to manage Aria’s behavior. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Progress toward outcomes will be measured every six months through parent and provider report, observation, and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Aria’s parents describe that they are working on this. Aria’s parents are working on having her tell her parents what she wants. Currently, she will get very upset if she isn’t able to express her wants and needs to her parents. Aria’s team discussed routines and how these impact Aria’s behavior throughout the day. The family is all on a different schedule and this makes sleep routines challenging. Aria usually naps, but her parents have been trying to find balance with this as it prevents her from falling asleep at night. | | |

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| **OUTCOME#**  36 | **Outcome Statement**  Aria’s parents and primary service provider will partner to identify resources available to expand Aria’s extended family’s knowledge of deaf culture. | |
| **How will the team know that this outcome has been completed?** (Criteria)  This will be discussed on an ongoing basis. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Progress toward outcomes will be measured every six months through parent and provider report, observation, and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Aaron’s family has taken some classes, and Eva’s sister has been learning on a tablet. Mindy has sent Eva’s parents some resources. Eva’s family lives in California, and picked up some signs when the family took a recent trip for a month to California. Eva has a cousin, Rebecca, that is about Aria’s same age, who has quite a few signs. | | |

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| **OUTCOME#**  37 | **Outcome Statement**  Aria’s parents and primary service provider will partner to identify effective potty training strategies. | |
| **How will the team know that this outcome has been completed?** (Criteria)  This will be discussed on an ongoing basis. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Progress toward outcomes will be measured every six months through parent and provider report, observation, and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:**  01/30/2020 | | **Outcome Status:** Continue with Outcome |
| **Description of Progress:** Aria’s parents describe that Aria was doing well in California, as Aria spend a great deal of time at Eva’s mother’s daycare and saw many other children potty training. | | |

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| **OUTCOME#**  38 | **Outcome Statement**  Aria’s parents, PSP and ASL Family Trainer will partner to develop strategies to soothe Aria in the car. | |
| **How will the team know that this outcome has been completed?** (Criteria)  This will be explored on an ongoing basis. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Progress toward outcomes will be measured every six months through parent and provider report, observation, and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:** | | **Outcome Status:** |
| **Description of Progress:** | | |

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| **OUTCOME#**  39 | **Outcome Statement**  Aria's parents and primary service provider will partner to develop strategies to assist Aria in having enjoyable social interactions with peers. | |
| **How will the team know that this outcome has been completed?** (Criteria)  This will be explored on an ongoing basis. | | |
| **How will our team measure progress toward completing this outcome?** (Procedure)  Progress toward outcomes will be measured every six months through parent and provider report, observation, and ongoing assessment. | | |
| **When will our team measure progress toward completing this outcome?** (Timeline)  05/19/2020 | | |
| **Date of Outcome Review:** | | **Outcome Status:** |
| **Description of Progress:** | | |

**Section VI.  Transition Plan**

When your child is between the ages of 2 years, 3 months (2.3) and 2 years, 9 months (2.9), planning activities are required to determine if your child is eligible for Special Education and Related Services when he/she turns 3. A transition conference must be held at least 90 days, but no more than 9 months, prior to your child’s 3rd birthday to make these decisions.

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| **Date of Child’s 3rd Birthday:** 05/20/2020 | **Dates within which the Transition Conference must be held:** 08/20/2019 - 02/20/2020 |

This transition plan will grow with your child so that at age three you will have a complete plan for transition.

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| **What transition services and other activities have the IFSP team determined to be necessary to support the transition of the child to Part B Preschool Special Education Services?**  Due to the COVID-19 pandemic and in-person services and evaluations being suspended, Aria's Individualized Education Plan has not yet been written. Aria's Individualized Family Service Plan has been extended to 6/5/2020 per most recent guidance. | |
| **What discussions or trainings have the IFSP team determined to be necessary with regard to future placements and other matters related to the child’s transition plan?**  Due to the COVID-19 pandemic and in-person services and evaluations being suspended, Aria's Individualized Education Plan has not yet been written. Aria's Individualized Family Service Plan has been extended to 6/5/2020 per most recent guidance. | |
| **What procedures have the IFSP team determined to be necessary to prepare the child for a change in service delivery, including steps to help the child adjust to, and function in a new setting and to exit from the Early Intervention program?**  Once evaluations are completed for Part B eligibility, the team will convene for an Individualized Education Plan meeting. | |
| **What possible program options are available upon the child’s exit from early intervention services?**  The team discussed MECDHH / Mackworth Preschool as an option for Aria to attend when she turns 3. Aria's parents report that they moved closer to Falmouth in order to be closer to this school. Program options will be discussed at Aria’s IEP Meeting, which will be held to review evaluations and determine eligibility and programming for when Aria turns 3 years old. | |
| **Date of signed parental consent to share information with Part B Special Education Preschool Services:** | 07/24/2019 |
| **Date on which Part C to Part B Transition Referral and Notification form was shared with Part B Special Education Preschool Services:** | 07/24/2019 |
| **Date of Transition Conference:** | 01/30/2020 |

**Section VII.  Supports and Services Needed to Achieve Outcomes**

This is a summary of the decisions made by the IFSP Team regarding supports and services needed to achieve all outcomes. The method of service delivery is documented on the IFSP Outcome page(s). In addition to the identified supports and services, your primary service provider will also meet with the multidisciplinary Early Intervention Team weekly to discuss any questions or concerns that you may have and to review progress toward your IFSP outcomes on a quarterly basis.

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| **IFSP Supports and Services** | **Setting/ Method** | **Frequency/**  **Intensity** | **Provider** | **Funding Source** | **Start/ End Date** | **Justification for**  **Non-Natural Environment\*:** |
| Service Coordination | SPL / Coordinate Services | 6/Biannual/2 hours | Service Coordinator | CDS | 06/25/2024 – 06/24/2024 |  |
| Speech and Language Services | Home / Intervention/Coach/Model | 20/Biannual/1 hours | Speech Language Pathologist | MaineCare | 06/25/2024 – 12/24/2024 |  |

\*Explanation of why supports & services cannot be provided in a natural environment & the plan for returning supports & services to a natural environment.

**Section VIII. Other Services**

These are services needed by your child and family, but not entitled under Maine’s Early Intervention Program. Other services may include medical services such as well baby checks, follow-up with specialists for medical purposes, etc.

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| **Service, Provider, Location, Funding Source/ Steps to be taken to ensure services are available:** |
| Audiology: Sydney Meyrick, Pen Bay Audiology, Funded by MaineCare  Primary Care: Dr. Karl Santiago, Pen Bay Pediatrics, Funded by MaineCare  Behavioral Health Support: Pen Bay Pediatrics, Funded by MaineCare |

**Section IX.  Individualized Family Service Plan Participant Detail/Signatures**

Note: The IFSP team must include parent(s); service coordinator; person(s) directly involved in conducting evaluations and assessments; others as requested by parents (family, friends, advocates); and personnel providing services to the child and family.

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| **The following individuals have participated in the development of this IFSP and/or will assist in carrying it out. This space is also be used to document participation in the Transition Conference.** |
| Eva Rivers, Mother, 5/7/2020, Phone Aaron Rivers, Father, 5/7/2020, Phone Melinda Meyers, ASL-FT, MECDHH, 5/7/2020, Informed via email Amy Spencer, MECDHH, 5/7/2020, Informed via email Ariana Blethen, EIPM, CDS, 5/7/2020, Phone |

**Section X. Individualized Family Service Plan Signatures/Detail**

The following individuals have participated in the development of this IFSP and/or will assist in carrying it out. This form must also be used to document signatures of participation in the Transition Conference. ***Note:*** *The IFSP team must include parent(s); service coordinator; person(s) directly involved in conducting evaluations and assessments; others as requested by parents (family, friends, advocates); and personnel providing services to the child and family.*

**Parent/Guardian Signature(s):**

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| By signing this page, I attest that:   * I have received a written copy of and verbal explanation of my rights. I understand these rights I participated fully in the development of this plan; and   I give informed consent for this Individualized Family Service Plan (IFSP) to be carried out as written. (Consent means that I have been fully informed of all  information about the activity(ies) for which consent is sought, in my native language (unless clearly not feasible to do so) or other mode of communication; that I understand and agree in writing to the carrying out of the activity(ies) for which consent is sought; the consent describes the activity(ies); and that the granting of my consent is voluntary and may be revoked in writing at any time.)   * I understand that my child is eligible to receive all of the services listed on the IFSP. I am fully aware of the nature of the IFSP service(s) being offered and that I must give written consent in order to receive the service(s). I understand that declining a service or services does not jeopardize any other early intervention service(s) my child or family receives through CDS. I understand that I may change my mind and, if so, will call my service coordinator. * I understand that my child’s IFSP will be shared among the CDS providers who are working with my child and family and implementing the IFSP. |
| I **do not** accept this IFSP to be carried out as written, however, I **do** give consent for the following service(s) to begin: |
| In addition to the team members listed above, this IFSP should also be sent to: *(Complete Authorization to Request and/or Share Information and Records form)* |
| Primary Healthcare Provider: |
| Other: |
|  |
| Parent Signature: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:Parent Signature: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: |

**Participant Signatures:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Print Name**  (Include role/discipline licensure/certification) | **Signature** | **Date** | **Method of Participation** | **Agency/ Contact Information** | **Time Attended** |
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Attendance Key: A = Attended P = Phone Participation V = Video Participation N/A = Did Not Attend