



## RI Early Intervention Annual Individualized Family Service Plan Review

Child's Name:	DOB:	ID#:	Date:
<p>The Annual IFSP Review includes a review and update of:</p> <ul style="list-style-type: none"><li>• Family concerns, priorities and resources</li><li>• The child's present levels of development in all areas</li><li>• Child and family outcomes</li><li>• Early Intervention services</li></ul> <p>Please use this <i>Individualized Family Service Plan Review</i> form when there is <i>not a question about a child's continued eligibility for Early Intervention</i>. If a child's continued eligibility is in question, a multidisciplinary evaluation must be completed and the <i>Individualized Family Service Plan Review - Eligibility Redetermination</i> form should be used.</p>			
<p><b>What current concerns do you have about your child's development, behaviors and/or skills?</b></p>			
<p><b>What are your current priorities with regard to your child's development, behaviors and/or skills?</b></p>			
<p><b>What are some of the changes/updates to your resources (individuals and professionals that support you and your family)?</b></p>			
<p><b>What are some of the supports or resources you would like to learn more about?</b></p>			



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Child's Name:	DOB:	ID#:	Date:
<p><b>Tell us about any changes to your child's health over the past year?</b> <i>(New medications, surgery, hospitalizations, diagnosis)</i></p>			
<p><b>Tell us about any changes over the past year related to your child's nutrition, feeding</b> (i.e. food preferences, diet, intake, swallowing, chewing) <b>or sleeping?</b></p>			
<p><b>Tell us about your general daily activities. What are some of the new things you, your child and family have accomplished over the past year?</b> (i.e. going out in the community, playing, meeting other families)</p>			
<p><b>What are some things you would like to accomplish over the next few months?</b> (for yourself, your child or family)</p>			



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Briefly summarize the child's present levels of development. Consider information gathered during ongoing assessment, any recent evaluations, observation and parent report. Include details on areas of strength and how the child's development and functioning is impacting their ability in each outcome area.			
<b>Outcome 1: Positive Social Emotional Skills (Including Social Relationships):</b> Involves how the child relates to adults and other children, and for older children, how the child follows rules related to interacting with others. The outcome is measured based on how the child forms secure relationships with adults and children, expresses feelings, learns rules and expectations, and interacts socially.			



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Child's Name:	DOB:	ID#:	Date:
<p><b>Outcome 2: Acquiring and Using Knowledge and Skills:</b> Involves thinking and reasoning, remembering, problem solving, using symbols and language, and understanding the physical and social world. The outcome is measured based on a child's exploration and imitation, as well as his or her understanding of object permanence, symbolic representation, numbers, classification, spatial relationships, expressive language and communication, and for older children, early literacy.</p>			



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Child's Name:	DOB:	ID#:	Date:
<p><b>Outcome 3: Taking Action to Meet Needs:</b> Involves communicating/taking care of basic needs such as showing hunger, getting from place to place, using tools like a fork, toothbrush or crayon, and for older children, contributing to their own health and safety. The outcome is measured based on a child's ability to integrate motor skills to complete tasks, self-help skills (e.g., dressing, feeding, grooming, toileting, and household tasks), and "act on the world to get what one needs."</p>			







## RI Early Intervention Annual Individualized Family Service Plan Review Services

<b>Child's Name:</b>	<b>DOB:</b>	<b>ID #:</b>	<b>Date:</b>
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### IFSP MEETING NOTICE

An IFSP meeting occurs when there are decisions to be made about starting, stopping, changing, or refusing Early Intervention services. Before holding an IFSP meeting, Early Intervention is required to provide you with written notice early enough to ensure that you, along with any other individuals you would like to have present, are able to attend. This is your notice that an annual IFSP meeting will be held today.

EI has confirmed with the parent/guardian that this meeting notice was provided early enough for the family to attend.

*Services and supports are determined after IFSP outcomes are developed.*

Date Added	EI Service	Provider Name	Location	*Natural Setting (Y/N)	Method	Frequency (# times per week)	Intensity (length of session in minutes)	Duration (months)	Date Ended

**\* If NO, complete "Plan for Providing Services in the Natural Environment"**

Services:	Location Codes:	Method:
<ul style="list-style-type: none"> <li>• Assistive technology</li> <li>• Audiology</li> <li>• Family Training/Counseling</li> <li>• Nursing services</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Psychology</li> <li>• Social work</li> <li>• Speech/language therapy</li> <li>• Vision</li> </ul>	<ul style="list-style-type: none"> <li>• <b>H</b> Home)</li> <li>• <b>CB</b> (Center Based)</li> <li>• <b>CC</b> (Childcare)</li> <li>• <b>C</b> (Community)</li> <li>• <b>EIGC</b> (EI Group in the Community)</li> <li>• <b>N/A</b> (Not Applicable)</li> <li>• <b>I</b> (Individual)</li> <li>• <b>G</b> (Group)</li> <li>• <b>GV</b> (Group Virtual)</li> <li>• <b>IV</b> (Individual Virtual)</li> </ul>

*Service Coordination is provided to coordinate services on the IFSP and could consist of home visits, telephone calls, and conversation with other providers. Early Intervention can provide interpretation, translation, and transportation services for families as needed to access EI services.*





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**Other services that are in place or are needed** (medical, recreational, religious, or social services outside of EI that contribute to this plan):

Program/Agency	Contact	Status

**IFSP Acknowledgement**

I acknowledge the following:

- The services listed on this IFSP were determined to meet the current needs of my child and to support the outcomes we developed as an IFSP team. This is my prior written notice for the beginning of these IFSP services and [Procedural Safeguards](#) have been provided, reviewed, and explained to me.

**IFSP Consent** (*check one*)

- I consent to Early Intervention services as written on this IFSP.
- I consent to Early Intervention services as written on this IFSP **with the following changes:**

**Parent/Guardian Signature:**



**RI Early Intervention  
Annual Individualized Family Service Plan Review  
Plan for Providing Services in the Natural Environment**

<b>Child's Name:</b>	<b>DOB:</b>	<b>ID#:</b>	<b>Date:</b>
<b>Service/Location:</b>			
<b>Explain why the child's outcome(s) could not be achieved if service were provided in the child's natural environment? (What are the barriers? How does the team know?)</b>			
<b>How will the family participate in achieving this outcome? (How will the family be coached to practice these strategies and skills in everyday routines and activities?)</b>			
<b>What is needed to address this outcome within the child's typical daily routines and family activities? (Who is responsible? What is the timetable? What is needed? How will the family be supported?)</b>			
<b>Planned Review Date:</b>			
<b>Review Date:</b>			
Status: <input type="checkbox"/> Continue <input type="checkbox"/> Change <input type="checkbox"/> Achieved			
<b>Please summarize the child's progress and changes that would be helpful.</b>			