

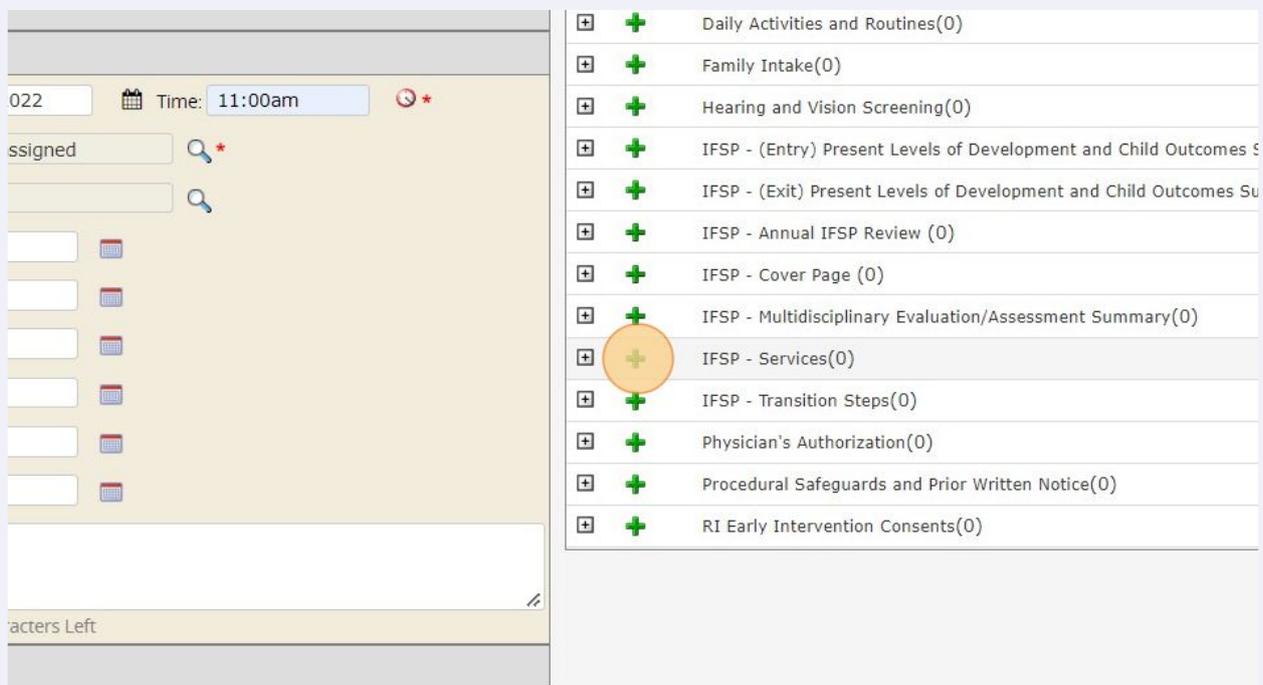
# IFSP Services - Initial

1

In child's record, go to Program History > Early Intervention. This brings you to the Program Episode Details screen where forms are located.

2

Click the green plus sign next to the "IFSP - Services" form.



**NOTE:** The first time you complete this form, the number 0 should appear in the label. (If there is a number there, that means you have already completed this form - if that's the case, don't follow these instructions! Instead, follow the separate instructions for an update to IFSP Services!)

3 In the setup tab, change screening status to complete.

June, May (ID# 7128597 DOB: 22 mths days) (Idle Period:0 Minutes)

Setup	
Client Name:	JUNE, MAY
Client DOB:	01-Sep-2020
Client ID:	7128597
Screening Status:	Incomplete
Translate Page:	Select Language
Completion Code:	
Associated Program:	Early Intervention Status: Active Intake Date: 10-Jun-2022
Screening Mode:	
Location:	Test Location
Administered By (Name):	Sara Lowell
Screen Date:	
Signed?	No

4 Enter the date and time. This is the date of the IFSP Meeting.

Translate Page:	Select Language
Completion Code:	
Associated Program:	Early Intervention Status: Active Intake Date: 10-Jun-2022
Screening Mode:	
Location:	Test Location
Administered By (Name):	Sara Lowell
Screen Date:	
Signed?	No

5 Click on the "Early Intervention Services" tab.

Edit IFSP - Services Information - June, May (ID# 7128597 DOB: 22 mths days) (Idle Period:0 Minutes)

Setup

Early Intervention Services

Other Services

Acknowledgement and Consent

Setup

Client Name: JUNE, MAY  
Client DOB: 01-Sep-2020  
Client ID: 7128597

Screening Status: Complete

Translate Page: Select Language

Completion Code:

Associated Program: Early Intervention  
Status: Active  
Intake Date: 10-Jun-2022

Screening Mode:

Location: Test Location

Administered By (Name): Sara Lowell

Screen Date: 01-JUL-2022 Time: 10:00AM

Signed? No

6 Select the IFSP type -- in this case, Initial.

Services Information - June, May (ID# 7128597 DOB: 22 mths days) (Idle Period:0 Minutes)

Early Intervention Services

EARLY INTERVENTION SERVICES

IFSP type

Interim

Initial

Update

Annual

Services

Date added	EI Service	Provider	Location
* <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7

Add services into the grid. In this example, we will add weekly FTC and a one-time SLP eval.

	Interim	<input type="checkbox"/>
	Initial	<input checked="" type="checkbox"/>
	Update	<input type="checkbox"/>
	Annual	<input type="checkbox"/>

Services

Date added	El Service	Provider	L
* <input type="text"/> 	<input type="text"/> ▼	<input type="text"/>	<input type="text"/>
* <input type="text"/> 	<input type="text"/> ▼	<input type="text"/>	<input type="text"/>
* <input type="text"/> 	<input type="text"/> ▼	<input type="text"/>	<input type="text"/>
* <input type="text"/> 	<input type="text"/> ▼	<input type="text"/>	<input type="text"/>
* <input type="text"/> 	<input type="text"/> ▼	<input type="text"/>	<input type="text"/>



NOTE: "Date added" should reflect the IFSP Meeting date/date parent agreed to adding the service. (This is typically also the signature date - although at times the signature could have a later date, due to needing to send/receive forms to parent to obtain their electronic signature.)

8

Complete all columns for each service, EXCEPT for the very last column. ("Date Ended" in the last column is not completed until later, when this form is updated and the service is ended).

Initial	<input checked="" type="checkbox"/>
Update	<input type="checkbox"/>
Annual	<input type="checkbox"/>

Services

Date added	EI Service	Provider	Location	Na Set
* 01-JUL-2022 	Family Training/Counseling	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
* <input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
* <input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
* <input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
* <input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

9

The Provider field uses a lookup feature. Click on the "..." in that field and search the provider's name to enter.

**Employee Search**

Last Name:

First Name:

Employee ID:

Role:

Team:

Employee Status:

Location:

Certification:

Payer Approved:

**10** Add more services as needed in subsequent rows.

Update

Annual

Services

Date added	EI Service	Provider
* 01-JUL-2022 	Family Training/Counseling ▾	Sara Lowell ...
* <input type="text"/> 	<input type="text"/> ▾	<input type="text"/> ...
* <input type="text"/> 	<input type="text"/> ▾	<input type="text"/> ...
* <input type="text"/> 	<input type="text"/> ▾	<input type="text"/> ...
* <input type="text"/> 	<input type="text"/> ▾	<input type="text"/> ...
* <input type="text"/> 	<input type="text"/> ▾	<input type="text"/> ...

**11** Once the grid is completed for services being added, go to "Other Services" tab

Edit IFSP - Services Information - June, May (ID# 7128597 DOB: 22 mths days) (Idle Period:0 Minutes)

- Setup
- Early Intervention Services
- Other Services
- Acknowledgement and Consent

Early Intervention Services

EARLY INTERVENTION SERVICES

IFSP type

Interim

Initial

Update

Annual

Services

Date added	EI Service	Provider
* 01-JUL-2022 	Family Training/Counseling ▾	Sara Lowell ...
* 01-JUL-2022 	Speech/language ▾	Leslie Bobrowski ...

12 Other services in place/needed are recorded here.

June, May (ID# 7128597 DOB: 22 mths days) (Idle Period:0 Minutes)

Other Services	
Services that are in place or are needed (services such as medical, recreational, religious or social, while not covered by Early Intervention)	
Program/Agency	<input type="text"/>
Contact	<input type="text"/>
Status	<input type="text"/>
Program/Agency	<input type="text"/>
Contact	<input type="text"/>
Status	<input type="text"/>
Program/Agency	<input type="text"/>
Contact	<input type="text"/>
Status	<input type="text"/>
Program/Agency	<input type="text"/>
Contact	<input type="text"/>
Status	<input type="text"/>

13 When done with Other Services, click "Acknowledgement and Consent"

Edit IFSP - Services Information - June, May (ID# 7128597 DOB: 22 mths days) (Idle Period:0 Minutes)

Setup	Other Services
Early Intervention Services	
<b>Other Services</b>	Services that are in place or are needed (services such as medical, recreational, religious or social,
Acknowledgement and Consent	Program/Agency <input type="text" value="Early Head Start/Meeting Street"/>
	Contact <input type="text" value="Sally Visitor"/>
	Status <input type="text" value="enrolled"/>
	Program/Agency <input type="text"/>
	Contact <input type="text"/>
	Status <input type="text"/>
	Program/Agency <input type="text"/>
	Contact <input type="text"/>
	Status <input type="text"/>
	Program/Agency <input type="text"/>
	Contact <input type="text"/>
	Status <input type="text"/>

14

Find and complete the corresponding section for the IFSP Type (in this case, Initial). Items in the section are checked off/completed in conversation with the parent. The parent's signature on this form will confirm that the items selected have occurred/are understood/are agreed to.

Edit IFSP - Services Information - June, May (ID# 7128597 DOB: 22 mths days) (Idle Period:0 Minutes)

- Setup
- Early Intervention Services
- Other Services
- Acknowledgement and Consent**

I understand that this is my prior written notice to begin with services listed on this interim IFSP.

I have received a copy of my procedural safeguards. These rights have been explained to me and

**INITIAL IFSP**

I give my consent to implement this Individualized Family Service Plan for my child and family as w

I give my consent to implement this Individualized Family Service Plan for my child and family with

Characters Left

I understand that early intervention services will be paid for by private health insurance, Medicaid

I understand that this is my prior written notice to begin the services listed on the IFSP.

I have received a copy of my procedural safeguards. These rights have been explained to me and

15

Once the acknowledgement/consent items are checked off, click "Save" at the top.

Other » **Save** Close

me and I understand them.

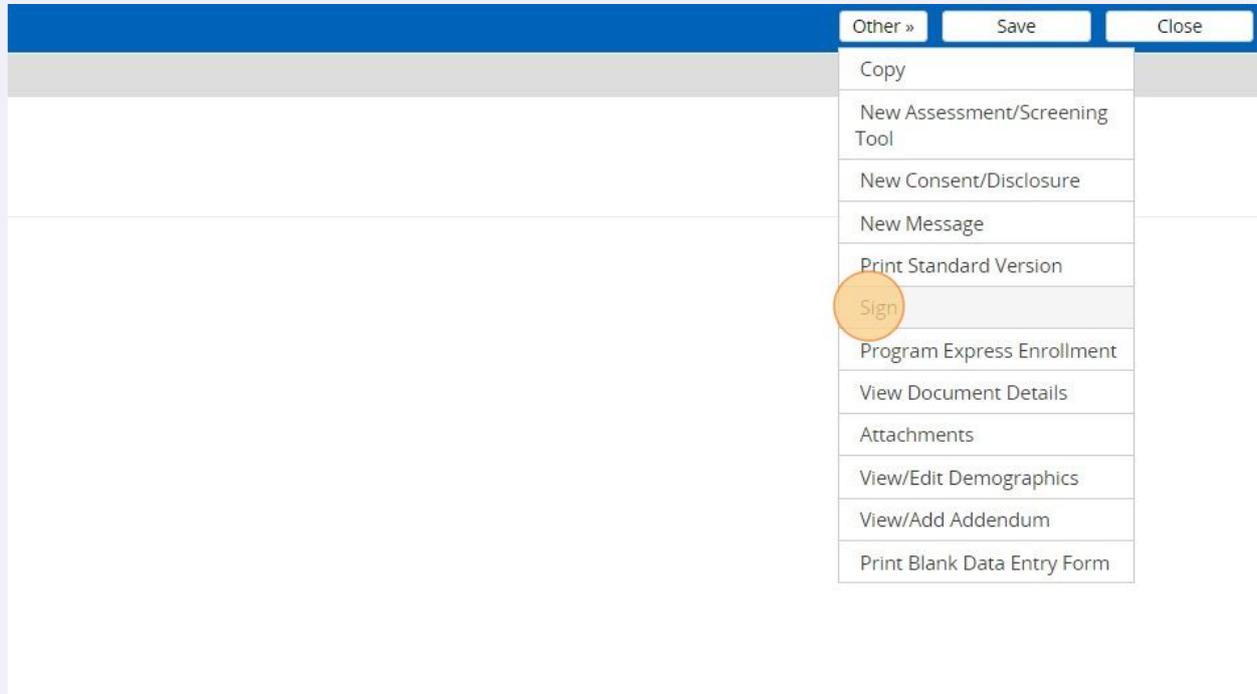
nily as written.

family with the following changes

Medicaid or state funds.

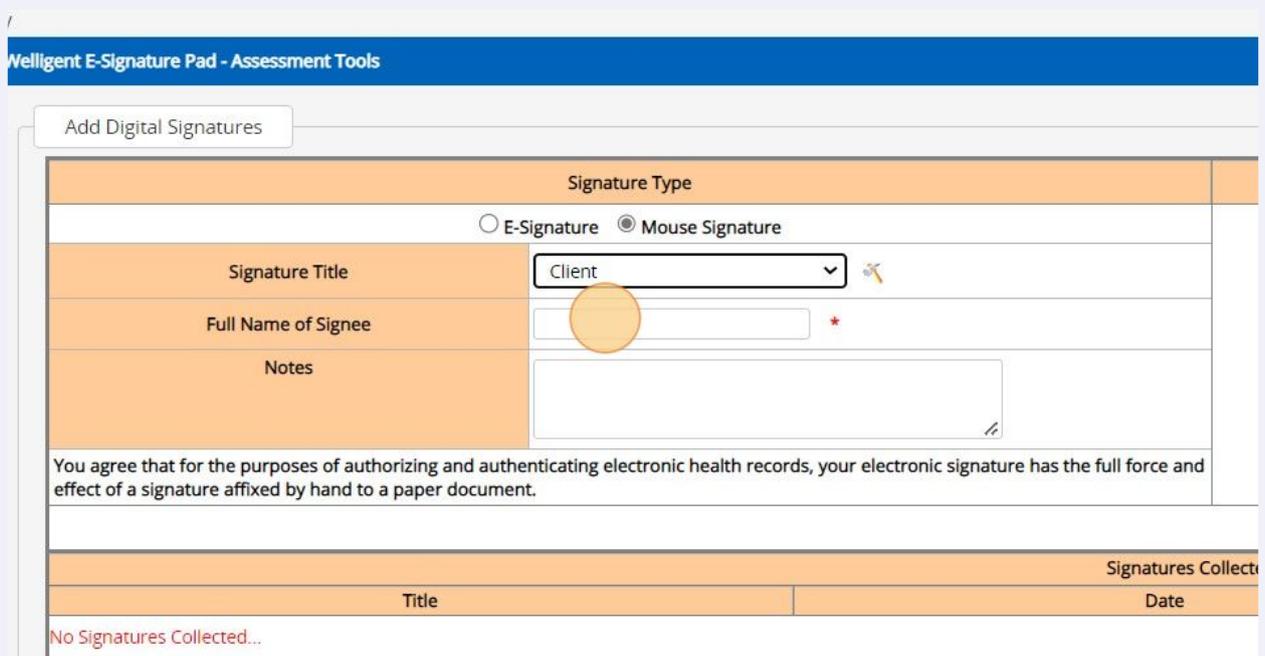
me and I understand them.

16 The page will refresh after saving. Click "Other" and then click "Sign"



The screenshot shows a software interface with a blue header bar. On the right side of the header, there are three buttons: "Other »", "Save", and "Close". A dropdown menu is open from the "Other »" button, listing several options: "Copy", "New Assessment/Screening Tool", "New Consent/Disclosure", "New Message", "Print Standard Version", "Sign", "Program Express Enrollment", "View Document Details", "Attachments", "View/Edit Demographics", "View/Add Addendum", and "Print Blank Data Entry Form". The "Sign" option is highlighted with a yellow circle.

17 Use the radio button to select Mouse Signature - select the Signature Title and enter parent/guardian name.



The screenshot shows the "Add Digital Signatures" form in the "Welligent E-Signature Pad - Assessment Tools" application. The form has a blue header bar with the text "Welligent E-Signature Pad - Assessment Tools". Below the header, there is a button labeled "Add Digital Signatures". The main form area is divided into several sections:

- Signature Type:** A section with two radio buttons: "E-Signature" (unselected) and "Mouse Signature" (selected).
- Signature Title:** A dropdown menu with "Client" selected.
- Full Name of Signee:** A text input field with a red asterisk next to it, indicating it is required.
- Notes:** A text area for entering notes.

Below the form fields, there is a disclaimer: "You agree that for the purposes of authorizing and authenticating electronic health records, your electronic signature has the full force and effect of a signature affixed by hand to a paper document." At the bottom of the form, there is a table with the following structure:

Signatures Collect	
Title	Date
No Signatures Collected...	

18 Parent then uses mouse or touch screen to sign. Click "Save Signature".

Signature

nd

Save Signature Clear

s Collected

Signed By	Delete?

19 Saved signature appears in the row underneath this section. Click "Close" at the top.

Close

Signature

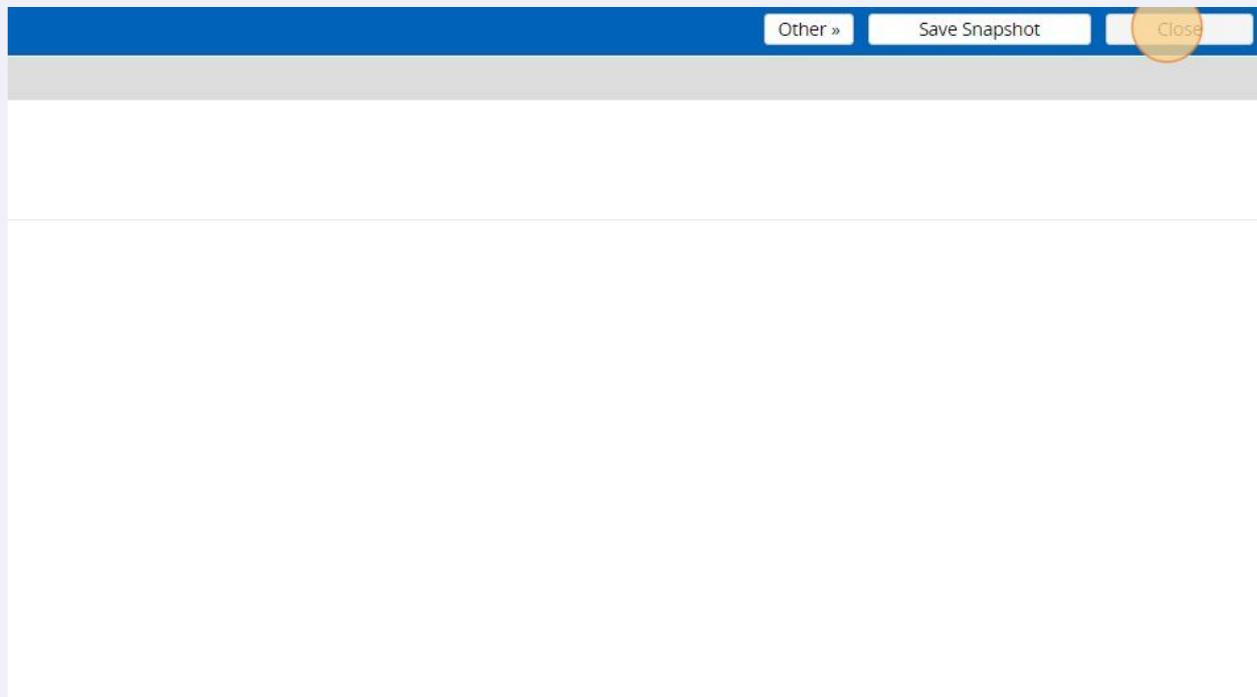
nd

Save Signature Clear

s Collected

Signed By	Delete?
Test Parent (D)	

20 The form is now saved and signed - click "Close" to exit the form.



21 This returns you to the child's Program Episode Details screen. Click "Refresh" in the Forms section; a 1 will appear next to the IFSP-Services form in this list.

