



# Early On Washtenaw Coordinated Individual Family Service Plan

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female Student UIC: \_\_\_\_\_

Name of Parent/Guardian/Surrogate Parent: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent/Guardian/Surrogate Parent \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's City of Birth: \_\_\_\_\_ State: \_\_\_\_\_  
Resident District: \_\_\_\_\_ Our Preferred Language Is: \_\_\_\_\_

Ethnic:  American Indian/Alaskan Native  Asian  Black/African American  White/Middle Eastern  
 Native Hawaiian or Other Pacific Islander Hispanic  Yes  No

## REFERRAL INFORMATION

Date of Referral: \_\_\_\_\_  Consent to Evaluate Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Initial IFSP: \_\_\_\_\_ First IFSP Meeting Date: \_\_\_\_\_

30 Day Placement: \_\_\_\_\_

Special circumstances that delayed IFSP for more than 45 days after referral: (Reason Required)

Reason for not meeting timeline: \_\_\_\_\_

Additional Information: \_\_\_\_\_

6 Month Review (or earlier): \_\_\_\_\_

Annual IFSP: \_\_\_\_\_  Transition - from 2 years, 3 months to 2 years, 9 months: \_\_\_\_\_

Exit Date (Must attach Exit Form): \_\_\_\_\_

## ELIGIBILITY

### Eligibility for Early On

(Must check one)

Yes  No

Move from Michigan Special Education Services

Established Condition: Primary:

Established Condition: Secondary:

Developmental Delay: Primary:

Percentage:

Developmental Delay: Secondary:

Percentage:

Other/Comments: \_\_\_\_\_ IEP Date: \_\_\_\_\_ MET Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

### Eligibility for Michigan Special Education Services

(Must check one)

Yes  No  Not Evaluated

Move from Early On Part C Referral Date: \_\_\_\_\_

Consent for Special Education Evaluation: \_\_\_\_\_

Primary Eligibility:

Secondary Eligibility:

**EVALUATION**

Must include all the following: the results of developmental assessments, developmental history, health status and observation of parent and child.

**PRESENT LEVEL OF DEVELOPMENT**

Area	Family Input and Priorities	Current Findings (Include method and/or evaluation instruments)	Name Title Date of Assessment
<b>Health &amp; Medical</b> (Including Vision & Hearing)		<p>Physician Health Status Form requested on (date): ____.</p> <p>Results showed:</p> <p><input type="checkbox"/> No physical health concerns</p> <p><input type="checkbox"/> Concerns raised: ____</p> <p><input type="checkbox"/> Physician did not return information by IFSP date</p> <p>Hearing or Vision Test by Physician (name): ____</p> <p>On (date): ____</p> <p>Results showed:</p> <p><input type="checkbox"/> No concerns</p> <p><input type="checkbox"/> Concerns raised: ____</p> <p>Early On Hearing and Vision Checklist administered on (date): ____</p> <p><input type="checkbox"/> Child passed and results showed no reason for further testing</p> <p><input type="checkbox"/> Checklist identified cause for concern:</p> <p style="padding-left: 40px;">further <input type="checkbox"/> hearing <input type="checkbox"/> vision testing for ____ did/will occur</p>	
<b>Movement</b> (Fine/Gross Motor)			
<b>Understanding &amp; Expression</b> (Communication)			
<b>Thinking &amp; Learning</b> (Cognitive)			
<b>Relationships &amp; Interactions</b> (Social/Emotional)			
<b>Doing Things for Him/Herself</b> (Adaptive/Self-Help)			
<b>Parent/Guardian Child Interaction</b> (Observable Relationships)			

**Attach Evaluation Reports**

**FAMILY NEEDS AND PRIORITIES**

**Complete only if the family has given permission for an interview on the *Consent to Evaluate Form*.**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Person Interviewed: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Tell me about your child, how would you describe him or her:

- |                                     |  |                                       |  |   |
|-------------------------------------|--|---------------------------------------|--|---|
| <input type="checkbox"/> Playful    | <input type="checkbox"/> Affectionate    | <input type="checkbox"/> Calm         | <input type="checkbox"/> Fearful or shy      | <input type="checkbox"/> Demanding        |
| <input type="checkbox"/> Overactive | <input type="checkbox"/> Hot tempered    | <input type="checkbox"/> Confident    | <input type="checkbox"/> Reckless            | <input type="checkbox"/> Hard to handle   |
| <input type="checkbox"/> Happy      | <input type="checkbox"/> Sad             | <input type="checkbox"/> Worried      | <input type="checkbox"/> Unusually sensitive | <input type="checkbox"/> Stubborn         |
| <input type="checkbox"/> Curious    | <input type="checkbox"/> Likes People    | <input type="checkbox"/> Fearless     | <input type="checkbox"/> Joyful              | <input type="checkbox"/> Good Disposition |
| <input type="checkbox"/> Angry      | <input type="checkbox"/> Hard to Comfort | <input type="checkbox"/> Other: _____ |  |   |

What is your child's typical day like, who is he/she usually with, what does he/she play with, and what are meal times/bath times/dressing times like?

On most days, what part of the day is the most enjoyable? The most difficult?

How does your child get along with people? With you? With others?

Is there anything about your child that worries you?

I want to know more about: (Check all that apply)

- Meeting with other families to share information, or to learn about a child like mine
- Finding or working with doctors or other specialists
- Planning for the future; what to expect
- People who can help me at home or care for my child so I/we can have a break
- Information on my child's disability, what it means
- Resources to help defray costs of my child's special needs (e.g., equipment, supplies, other)
- Housing, clothing, jobs, education, food, telephone, transportation
- Other:
- None of the Above

I want help for my child in the following area(s): (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Getting around                        | <input type="checkbox"/> Talking and listening  |
| <input type="checkbox"/> Thinking, learning, playing with toys | <input type="checkbox"/> Feeding, eating, nutrition   |
| <input type="checkbox"/> Having fun with other children        | <input type="checkbox"/> Behaviors & feelings (constant crying, he doesn't like to be held, doesn't look at me) |
| <input type="checkbox"/> Bathing, getting dressed, bed time    | <input type="checkbox"/> Sleeping   |
| <input type="checkbox"/> Calming down, quieting down           | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Seeing or hearing                     |   |
| <input type="checkbox"/> None of the Above                     |   |

# Early On Washtenaw Coordinated Individual Family Service Plan

## GOALS/OUTCOMES/REVIEW

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date: \_\_\_\_\_  Initial  6 Month Review  Transition  
 30 Day Placement  Annual Review

**Review of Outcomes** must be conducted at least every six months OR more frequently if the family requests a review to determine the degree of progress toward achieving outcomes and whether modifications or revision of the outcomes or services is necessary.

<b>Present Status</b> – What is happening now?	
<b>GOAL(S)/OUTCOME(S) STATEMENT:</b> <b>A</b> – Audience (Person targeted); <b>B</b> – Behavior (Procedures to be used); <b>C</b> – Criteria; <b>D</b> – Duration (Time Line)	
<b>Steps/Objectives</b> – To reach this outcome. For each Special Education goal list at least 2 short term objectives to meet each goal.	Expected Time Frame
<b>Strategies/Methods</b> – for working on this outcome during this child & family’s daily routines and activities.	People to be involved
If this outcome cannot be met in the natural environment with supplementary supports explain why it cannot not be met there and the timeline for it’s inclusion into the child’s natural environment.	

Date for reviewing the progress made on this outcome (must be within 6 months of the date written):	
<b>REVIEW OF OUTCOME(S)</b>	
<b>Progress Summary:</b> (What has changed since the outcome was last written or reviewed?)	
<b>Modifications/Revisions:</b> (What changes need to be made with this Outcome?)	
<input type="checkbox"/> I participated in the review of this outcome Parent Signature:	Date:

## Services

Prim Serv **	Service	Parent Initials	Frequency (how often?) Intensity (How long?)	Service Provider	(I) (G)*	Starting Date	Ending Date	Setting/ Location
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
**Must Select 1 (only) as Primary Service			Comments:			*Individual (I) Group (G)		

### OTHER SERVICES

To the extent appropriate, the IFSP must document services that are not required or covered under Part C. Listing the non-required services does not mean that those services must be provided, however, their identification can be helpful to both the family and the service coordinator to assist in securing those services, including those through public or private sources. These services must correspond to family identified outcomes.

Service	Start Date Mo/Day/Yr	Duration (months)	Provider Information	Location/Setting

### FOR SPECIAL EDUCATION ONLY

Consider and describe any program modifications and/or supplementary aids and services that the child needs to reach his/her outcomes/goals (i.e., transportation, assistive technology devices, building accessibility, etc.)

#### SUPPLEMENTARY AIDS/SERVICES/PERSONNEL SUPPORT

Supplementary Aids/Services/Support	Amount of Time	Frequency	Conditions	Location/Setting

### IEP Meeting Preparation

#### Attendance Not Necessary

The Parent and the local educational authority (LEA) agree that the attendance of a member listed below is not necessary because the member's area of curriculum or related service is not being modified or discussed in the meeting.

\_\_\_\_\_  
Other/ Role

\_\_\_\_\_  
Other/ Role

\_\_\_\_\_  
Other/ Role

\_\_\_\_\_  
Other/ Role

**Excusal Prior to the IEP Team Meeting**

A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related service, if:

- 1) The parent and the LEA consent to the excusal; and
- 2) The member submits, in writing to the parent and the IEP Team, input into the development of the IEPT Report prior to the meeting. A parent's agreement shall be in writing

Excused member: \_\_\_\_\_ Written report submitted  Parent Initial \_\_\_\_\_  
 Excused member: \_\_\_\_\_ Written report submitted  Parent Initial \_\_\_\_\_  
 Excused member: \_\_\_\_\_ Written report submitted  Parent Initial \_\_\_\_\_

**IFSP DEVELOPMENT TEAM AND CONTRIBUTOR ATTENDING MEETING:**

**IFSP meetings must include the parent/guardian/surrogate parent(s), other family members as requested by the parent/guardian/surrogate parent, and an advocate or person outside the family as requested by the parent, the services coordinator, person(s) directly involved in conducting the evaluations and assessments, as appropriate, persons who will be providing service to the child or family**

Printed Name and Role	Signature	Agency (if applicable)	Telephone

- I have signed an Authorization to Share Information.
- I helped write this plan. I understand and agree with its contents. I agree to each of the services I have initialed.
- Early On* has been explained to me, including my rights and voluntary participation with an evaluation survey.

**For special education eligibility:** (Initial in the boxes)

- I have been informed of all procedural safeguards and sources to obtain assistance.
- I understand the contents of the IEP and agree with its implementation.
- I do not agree with this plan       I request mediation

If a parent or public agency disagrees with this IEP, either party has the right to request a due process hearing by following the procedures outlined in the Procedural Safeguards.

\_\_\_\_\_  
 (For Special Education) Superintendent or Designee \_\_\_\_\_ Date

**Instructions for *Early On* (Part C) Records:**

The Intermediate School District must maintain certain information from the *Early On* (Part C) file for seven years. We need to have your instructions as to what you want done with the records.

After the seven year holding period:

- You have my permission to physically destroy the records.

\_\_\_\_\_  
 Parent/Guardian/Surrogate Parent Signature \_\_\_\_\_ Date

\_\_\_\_\_  
 Service Coordinator Signature \_\_\_\_\_ Agency \_\_\_\_\_ Date

Complete IFSP record, with supportive documentation on file with: Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

# Early On Washtenaw Coordinated Individual Family Service Plan

## Transition Planning Timeline

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Service Coordinator Name: \_\_\_\_\_

Transition Period Dates      2 years, 3 months \_\_\_\_\_ 2 years, 9 months \_\_\_\_\_

3<sup>rd</sup> Birthday Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### PLANNING AND DOCUMENTATION FOR TRANSITION

(Attach this sheet to IFSP)

The **IFSP** must include the steps to be taken to support the transition of the child into, within and from the *Early On* early intervention system. This section may be completed during a periodic review or evaluation of the **IFSP**, or at other times as appropriate. Transition activities include discussions with, and training of, parent/guardian/surrogate parent (s) regarding future placements, procedures to prepare the child, family and service providers for these changes. With parent/guardian/surrogate parent consent, information about the child is shared with receiving providers to ensure continuity of services and assist in planning. **Transition needs should be expanded in an outcome within the IFSP to provide more specific details.** Transition is a process not a single event or meeting. It starts at a child's 2 year, 3 months anniversary, the planning needs to be complete by 2 years, 9 months, and the plan should be carried out by the 3<sup>rd</sup> birthday, which is the actual transition date.

## Transition Step One

<b>Planning at a regular six month or annual review</b>	<b>Date</b>	<b>Brief description of conversation</b>			
Family & Service Coordinator begin discussing transition					
<b>Planning at a regular six month or annual review</b>	<b>Date</b>	<b>Action Plan</b>	<b>Contact Person/ Phone</b>	<b>Who is Responsible?</b>	<b>Completed/ Arranged</b>
Family & Service Discuss at least 2 options for future education. Options may have eligibility requirements and may not be funded by public schools <ul style="list-style-type: none"> <li>• Special education</li> <li>• Grant-funded preschool programs</li> <li>• Therapy/consultation</li> <li>• Early childhood programs</li> <li>• Everyday community learning activities</li> <li>• Other</li> </ul>					

## Transition Step Two

Planning at a regular review or special transition meeting or during services	Date	Choice or Action Needed	Contact Person/ Phone	Who is Responsible?	Completed/ Arranged
Family's choice of one of the available options (above)					
Actions for service coordinators and parents					
Strategies to prepare child to adjust to new setting					

## Transition Step Three

To be completed by 2 years, nine months	Date	Action taken	Contact Person/ Phone	Who is Responsible?	Completed/ Arranged
If appropriate, IEPT meeting is to be scheduled by the local district with parents and Early On staff.					
If appropriate, Special Education is informed in writing of child's potential transition to Special Education					

## Transition Step Four

To be completed at 3 <sup>rd</sup> birthday	Date of meeting and/or exit	Details on outcome of conference and placement of child
If appropriate, IEP Conference is completed Child is found eligible or not eligible		
Child is transitioning to (detail any program they will be participating in)		
Exit form is complete and filed with the WISD		

Transition date: \_\_\_\_\_ Transitioned to: \_\_\_\_\_

\_\_\_\_\_  
Service Coordinator Signature

\_\_\_\_\_  
Date

The content of the transition plan was explained to me:

\_\_\_\_\_  
Parent/Guardian/Surrogate Parent Signature

\_\_\_\_\_  
Date

# Michigan Child Outcomes Summary Form (COSF)

**Required for Entry IFSP, (unless child is 2.5 years or older at the time of entry), and Exit, (unless child was enrolled less than 6 months)**

## Child Identification Information

<b>Child's Name (last)</b>	<b>(first)</b>	<b>(mi)</b>	<b>Service Provider</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Gender</b>	<b>Date of Birth</b>	<b>District</b>	
M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<b>Type of Eligibility</b>	<b>Race/Ethnicity (Choose only one)</b>	<b>Hispanic (Please Select)</b>	
<hr/>	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Data Sources

<b>Primary Assessment Tool Used</b> <i>(Choose only one)</i>	<b>If Other Please Specify</b>	<b>Date Assessment Tool was Completed</b>
<hr/>	<hr/>	<input style="width: 100%;" type="text"/>

*(For Annual/Exit: Please use the ongoing assessment date, not the initial assessment date. Assessment and Parent Input dates must be within 90 days of the Date Ratings were determined)*

<b>Method for Obtaining Parent Input for COSF</b> <i>(Choose only one)</i>	<b>Date Parent Input was Gathered</b>
<hr/>	<input style="width: 100%;" type="text"/>

**Initial IFSP Date**  
*(Date Parent Signed)*

## Outcomes Ratings

<b>Date COSF Ratings were Determined</b>	<b>Type of Rating (Choose only one)</b>
<input style="width: 100%;" type="text"/>	<hr/>

<p>1. Children have positive social relationships. _____ (1 to 7)</p> <p><b>For Annual or Exit only:</b> Has the child shown <b>any</b> new skills or behaviors related to this outcome since the last outcomes summary?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Children acquire and use knowledge and skills. _____ (1 to 7)</p> <p><b>For Annual or Exit only:</b> Has the child shown <b>any</b> new skills or behaviors related to this outcome since the last outcomes summary?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>3. Children take appropriate actions to meet needs. _____ (1 to 7)</p> <p><b>For Annual or Exit only:</b> Has the child shown <b>any</b> new skills or behaviors related to this outcome since the last outcomes summary?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--	--