Answers4Families.org

Informed Parents PTI Nebraska
Improved Outcomes for Children with Disabilities

F2F HIC

PTI & Answers4families Webinar

Informational Sessions from the convenience of your Office or Home – 12:00pm or 8:30pm

Presented by PTI Nebraska
Guest Speaker –
Connie Shockley

INDIVIDUAL FAMILY SERVICE PLAN (IFSP)

PARENT TRAINING AND INFORMATION NEBRASKA

PTI Nebraska is a statewide resource for families of children with disabilities and special health care needs.

- *PTI Nebraska's staff are parent/professionals*
- *PTI Nebraska conducts relevant workshops across the state.*
- *PTI Nebraska has printed and electronic resources available at no cost.*
- *PTI Nebraska encourages and supports parents in leadership roles locally and statewide.*

FAMILY TO FAMILY HEALTH INFORMATION CENTER

PTI Nebraska is the home of
Nebraska's Family to Family
Health Information Center

"This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (H84MC08009, Family Professional Partnership CYSHCN, total $96,700, no other additional funds provided). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

THANK YOU TO OUR PARTNER

Answers4Families.org

Special thanks to
Answers4families in providing
the website connection allowing
PTI Nebraska to share
information with families and
professionals
free of cost.

Answers 4 Families.org

Check out

answers4families.org

For more information about children with special healthcare needs and/or disabilities:

- Self-Assessments for Services
- Discussion groups
- Ask an Expert
- Ask Rx
- Nebraska Resource & Referral System (NRRS)
  - A state wide system to locate services in your area by
  - State, county, city or zip code.

FOCUSED ON FAMILIES

- As the Parent Training and Information Center for Nebraska, our goal is to inform families of the systems and resources that serve their children.
- It is important for professionals to know about the information we share with families. We value their participation in the webinars.

Informed Parents PTI Nebraska Improved Outcomes for Children with Disabilities

WEBINAR INFORMATION

- Adjust your computer volume for your hearing and comfort.
- Please ask questions to guide your learning.
  - Open the chat box on your computer for questions or comments or
  - Email questions to nbaker@pti-nebraska.org for answers after the presentation
- Documents are available
  - All handouts will be emailed following final presentation
- Certificate of Attendance is available
  - Emailed to all registered participants

Parent Training and Information PTI Nebraska

Individualized Family Service Plan (IFSP)

Presented by Connie Shockley
402-403-3911
cshockley@pti-nebraska.org

YOU ARE IMPORTANT!!

- You are the most important people in your child's life
- You know your child better than anyone else
- You share your child's joys and challenges

Pacer Center, Inc.

EARLY INTERVENTION AND THE LAW

P.L. 94-142 EHA (1975)

↓

P.L. 99-457 EHA (1986)
PART H

↓

P.L. 101-476 IDEA (1990)

↓

P.L. 105-17 IDEA (1997)
PART C

↓

P.L. 108-446 IDEA (2004)

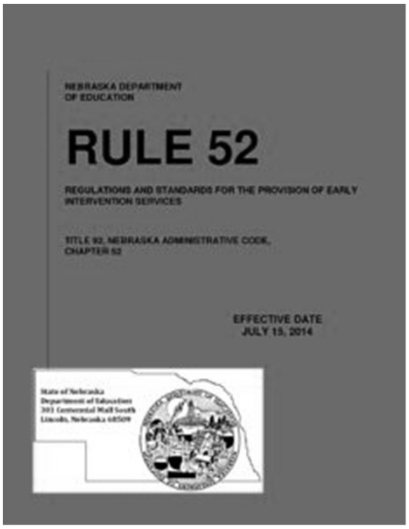
Modified Pacer Center, Inc.

In Nebraska, the Early Intervention program is called the Early Development Network program (EDN)

Overseen by:

- Nebraska Department of Education and
- Nebraska Department of Health and Human Services.

NEBRASKA REGULATIONS



- Early Intervention Regulations for Nebraska for children birth to age three
- Most recent update – July 15, 2014

Website:

https://www.education.ne.gov/nderule/provision-of-early-intervention/

NEBRASKA REGULATIONS

EDN Services Coordination Regulations 480 NAC 3

- Early Intervention Regulations for Nebraska Department of Health and Human Services
- Most recent update – November 26, 2014

Website:

https://edn.ne.gov/cms/edn-services-coordination-regulations-480-nac-3

FEATURES OF THE EARLY DEVELOPMENT NETWORK (EDN)

- Local Programs
- Family Centered Services
- Early Intervention model
- Coaching Model
- Primary Service Provider Model
- Parental Rights

EARLY INTERVENTION REVIEW

Individualized Family Service Plan (IFSP)

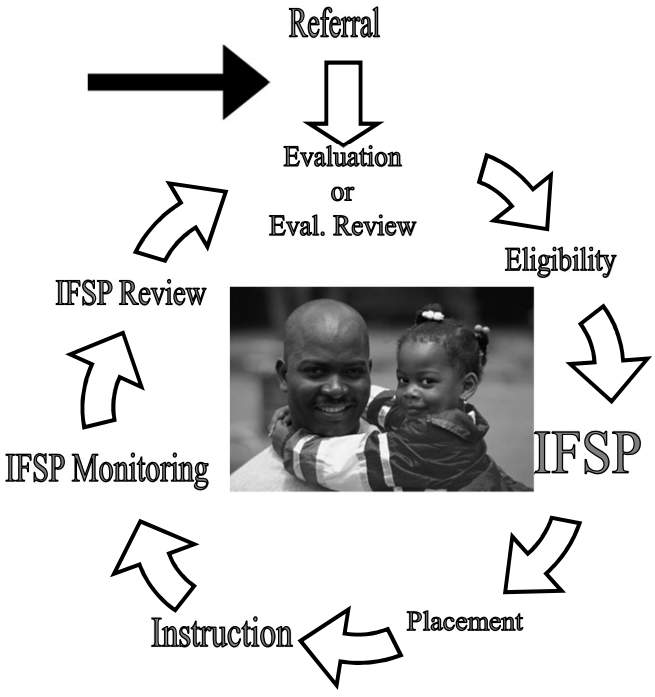
- It is both a process and a written plan. Includes resources, strengths and needs of families
- Builds upon and provides supports and resources to assist family members and caregivers to enhance infant and toddlers' learning and development through everyday learning opportunities.

Early Intervention Model

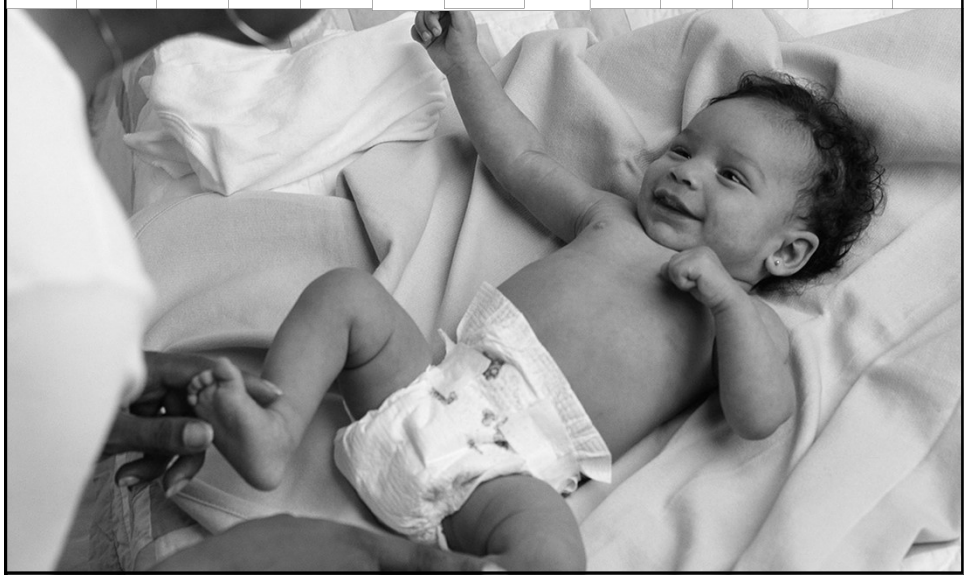
- Not a medical program that 'treats' your child.
- Based on the family centered practice that you are your child's most important teacher.
- You and your EDN team will work together to support and enhance the development of your child.

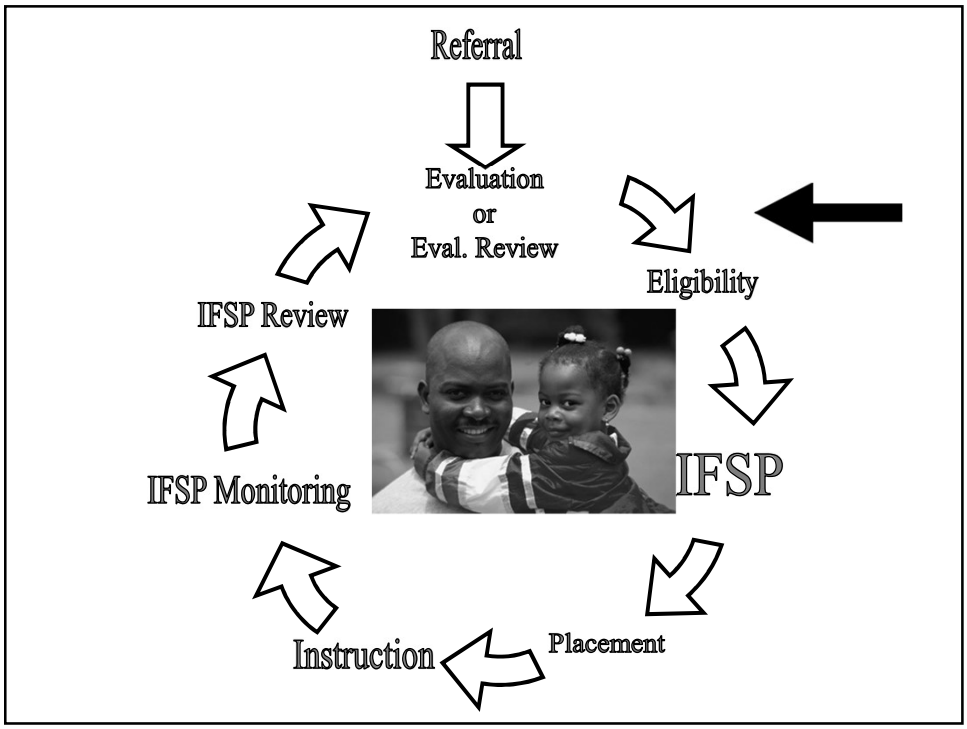
Early Intervention Model, cont.

- Your team will coach you on how to implement strategies into your child's daily routine and in-between provider visits.
- Your team will demonstrate and model techniques for you to use with your child.



HOW DO I START?





EVALUATION AND ASSESSMENT: A CLOSER LOOK

? ? ?

Evaluation and Assessment: A Closer Look

Evaluation:

- by trained personnel
- based on informed clinical opinion
- includes a review of records
- includes evaluation of functioning in all areas—
  - Physical development
  - Communication development
  - Cognitive development
  - Social or emotional development, and
  - Adaptive development
- Assessment of needs

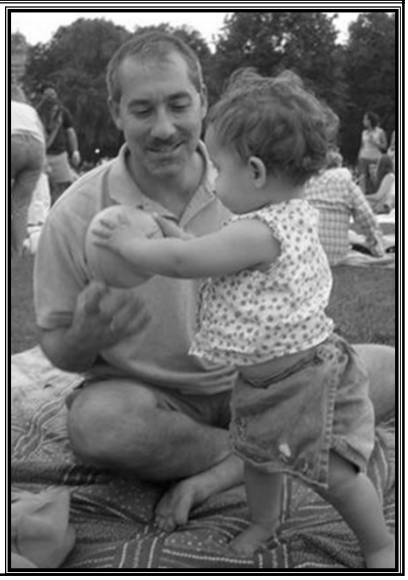
Evaluation and Assessment: A Closer Look

Family Assessment:

- Family-directed identification of resources, concerns, and priorities necessary to meet developmental needs of child
- Voluntary for the family

Timeline:

- **45** calendar days to complete
- Document why, if assessment cannot be completed in timeline – and develop interim IFSP

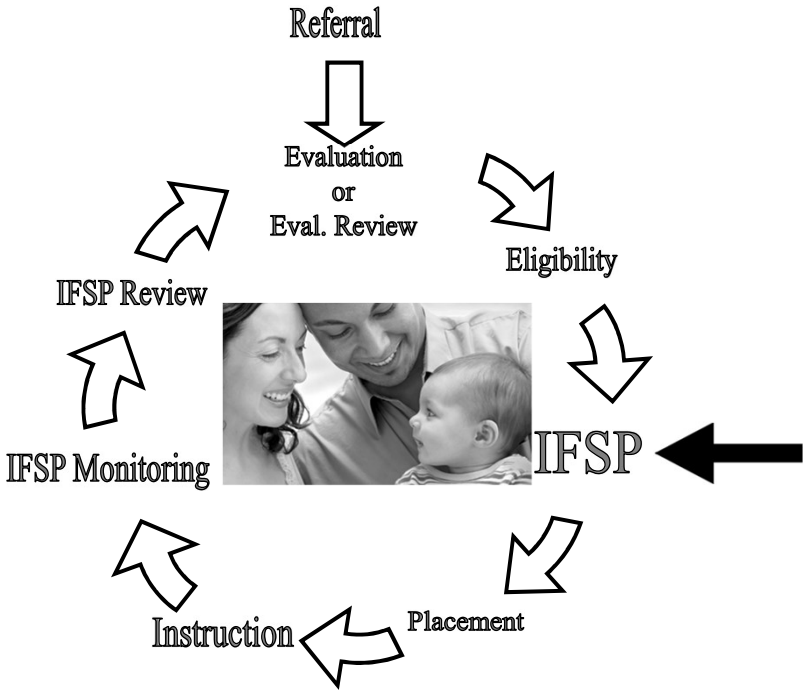


DISABILITY CATEGORIES

- Autism
- Emotional Disturbance (previously Behavior Disorder)
- Deaf-Blindness
- **Developmental Delay**
- Hearing Impairment
- Intellectual Disability (previously Mental Handicap)
- Multiple Impairments
- Orthopedic Impairments
- Other Health Impairment
- Specific Learning Disability
- Speech-Language Impairment
- Traumatic Brain Injury
- Visual Impairment including Blindness

IFSP – ELIGIBILITY PROCESS

- Parents should and can receive a copy of the Multi Disciplinary Team (MDT) report prior to the meeting. (Rule 52, Section 006.10)
  - Allows parents time to go over the report and ask questions
- **Parents need to know and understand what the MDT report states and if they agree with it.**
  - Why? It is the foundation of everything that comes next (goals/services/placement)
  - Parents need to have accurate information to make informed decisions and decide on next steps.



THE IFSP

- Written document
- Based on the evaluation
- Lists services the child and family need
- States how services are provided
- Measurable results (Outcomes) expected

IFSP WRITTEN DOCUMENT

The IFSP is a plan on how your child's early intervention program will be carried out.

- Changes with child, not written in stone
- Meetings (minimum):
  - IFSP – every six months (annual/periodic)
  - Parents or school can call an IFSP meeting as needed
- **All services, goals, accommodations, modifications, behavior plans, etc., must be recorded in the IFSP.**

The IFSP Team

Parent

Family members

Advocate

Service coordinator

Evaluator

Service providers

School District Rep

Others?

Who participates in the initial and annual IFSP meeting?

Service Coordinator

A service coordinator has knowledge about the infant's or toddler's needs and the family's needs.

He or she is responsible for implementing the IFSP and for service coordination with other agencies, including transition services.

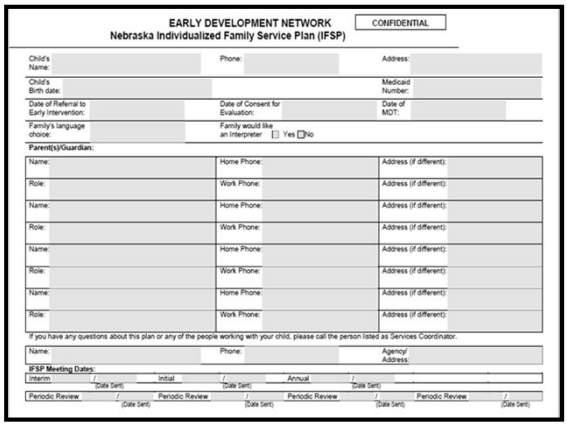
Service Coordinator

To help parents prepare for the IFSP meeting, the service coordinator may ask:

- What do you want your infant or toddler to learn?
- Who do you want at your meeting?
- What is important for you to talk about?
- Where/ when would you like to meet?

DEMOGRAPHICS

- Contact information
- Family
- Services Coordinator
- Providers
- Dates



EARLY DEVELOPMENT NETWORK
Nebraska Individualized Family Service Plan (IFSP)

CONFIDENTIAL

Child's Name: | Phone: | Address:

Child's Birth date: | Medicaid Number:

Date of Referral to Early Intervention: | Date of Consent for Evaluation: | Date of MDT:

Family's language choice: | Family would like an Interpreter ☐ Yes ☐ No

Parent(s)/Guardian:

Name:	Home Phone:	Address (if different):
Role:	Work Phone:	Address (if different):
Name:	Home Phone:	Address (if different):
Role:	Work Phone:	Address (if different):
Name:	Home Phone:	Address (if different):
Role:	Work Phone:	Address (if different):
Name:	Home Phone:	Address (if different):
Role:	Work Phone:	Address (if different):

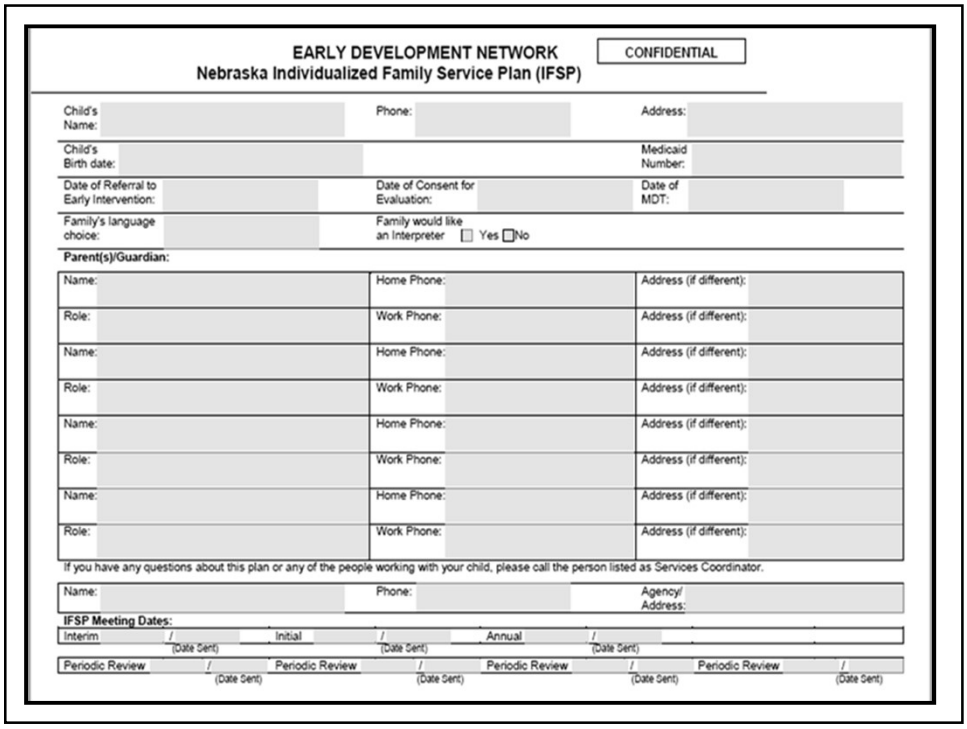
If you have any questions about this plan or any of the people working with your child, please call the person listed as Services Coordinator.

Name: | Phone: | Agency/ Address:

IFSP Meeting Dates:

Interim / (Date Sent) | Initial / (Date Sent) | Annual / (Date Sent)

Periodic Review / (Date Sent) | Periodic Review / (Date Sent) | Periodic Review / (Date Sent) | Periodic Review / (Date Sent)



EARLY DEVELOPMENT NETWORK
Nebraska Individualized Family Service Plan (IFSP)

CONFIDENTIAL

Child's Name: | Phone: | Address:

Child's Birth date: | Medicaid Number:

Date of Referral to Early Intervention: | Date of Consent for Evaluation: | Date of MDT:

Family's language choice: | Family would like an Interpreter ☐ Yes ☐ No

Parent(s)/Guardian:

Name:	Home Phone:	Address (if different):
Role:	Work Phone:	Address (if different):
Name:	Home Phone:	Address (if different):
Role:	Work Phone:	Address (if different):
Name:	Home Phone:	Address (if different):
Role:	Work Phone:	Address (if different):
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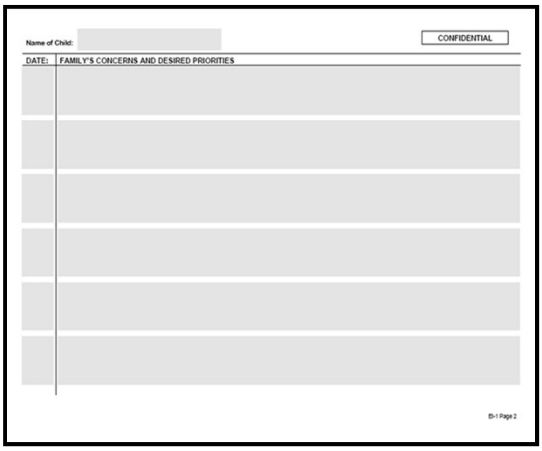
Periodic Review / (Date Sent) | Periodic Review / (Date Sent) | Periodic Review / (Date Sent) | Periodic Review / (Date Sent)

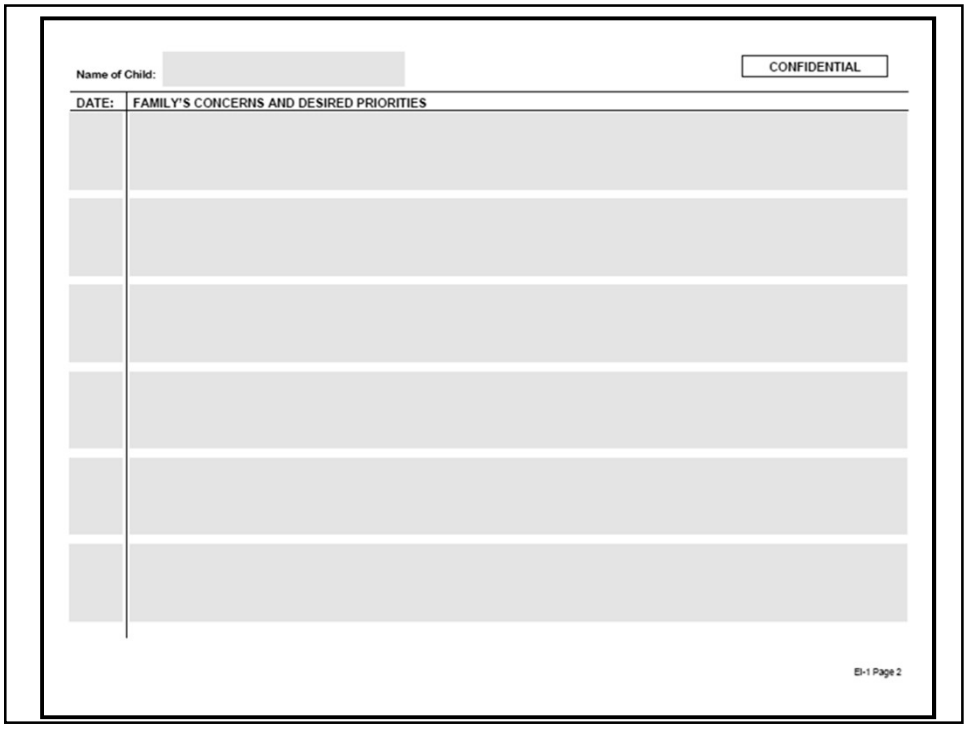
FAMILY CONCERNS AND DESIRED PRIORITIES

- Family Concerns
- Family Priorities
- Community
- Relatives
- Etc.



Name of Child: CONFIDENTIAL

DATE: | FAMILY'S CONCERNS AND DESIRED PRIORITIES



Name of Child:

CONFIDENTIAL

DATE:	FAMILY'S CONCERNS AND DESIRED PRIORITIES

EI-1 Page 2

FAMILY CONCERNS AND PRIORITIES

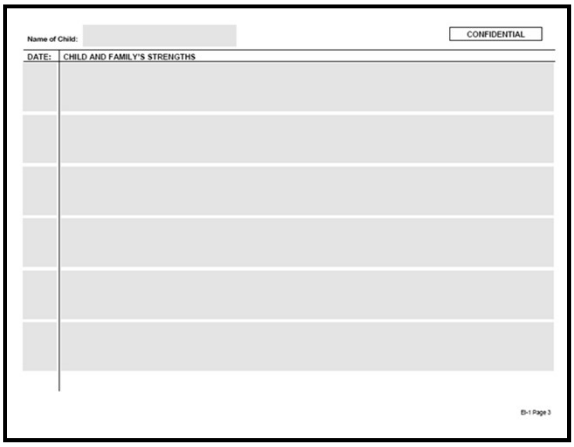
- Concerns, are defined as an awareness that there is a discrepancy between what is and what ought to be (by observation or opinion). It is often "what bothers me."
- A Need is an individual's recognition that something exists (i.e., a resource) that will reduce the discrepancy between what is and what ought to be.

FAMILY PRIORITIES

- It is the *family's role* to decide what is a priority need after hearing from the practitioners what they believe may be important.
- When only the professionals on the team decide what is priority, the family may not feel any commitment or interest in the plan because it doesn't address their needs.

CHILD AND FAMILY'S STRENGTHS

- Strengths
- Talents
- Resources
- Relationships


Name of Child:

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DATE:	CHILD AND FAMILY'S STRENGTHS

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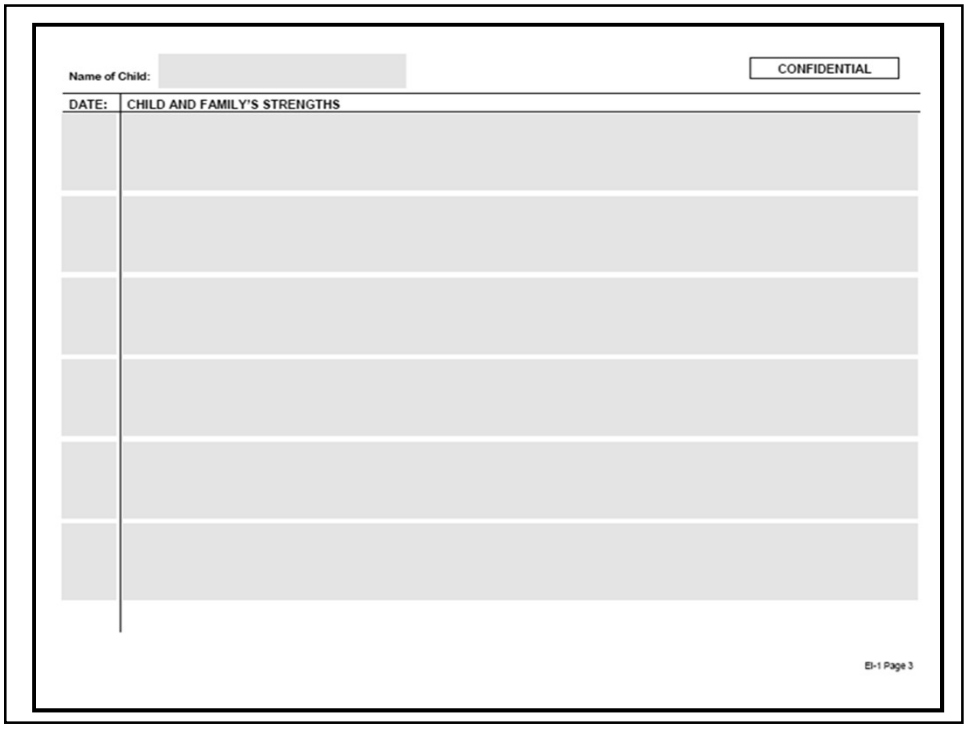


Name of Child:

CONFIDENTIAL

DATE:	CHILD AND FAMILY'S STRENGTHS

EI-1 Page 3

FAMILY-CENTERED SERVICES ARE BUILT ON EXISTING STRENGTHS

- Strengths are traits, efforts, talents and existing systems that can be used to achieve specific outcomes.
- The family is empowered to view itself as capable in meeting the needs of their child and the need for professional services is minimized.

FAMILY-CENTERED SERVICES ARE BUILT ON EXISTING STRENGTHS

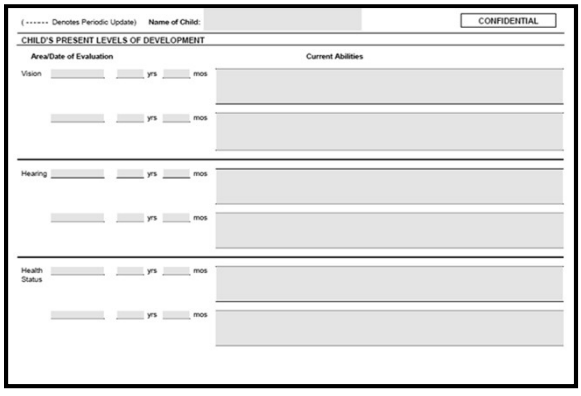
- A collaborative work relationship is established between family members and professionals when existing resources are mobilized first.
- Shared input permits mutual responsibility and pride for the outcomes targeted.

PRESENT LEVEL OF DEVELOPMENT

- Vision
- Hearing
- Health Status

This is a snapshot of your child today.

It needs to look like your child.


(------ Denotes Periodic Update) Name of Child: CONFIDENTIAL

CHILD'S PRESENT LEVELS OF DEVELOPMENT

Area/Date of Evaluation — Current Abilities

Vision ____ ____ yrs ____ mos

____ ____ yrs ____ mos

Hearing ____ ____ yrs ____ mos

____ ____ yrs ____ mos

Health Status ____ ____ yrs ____ mos

____ ____ yrs ____ mos

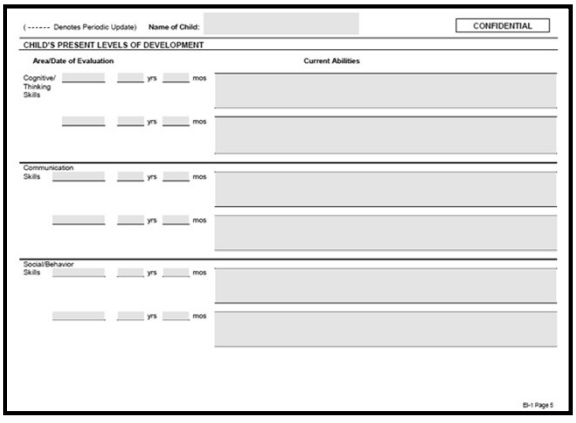
(------ Denotes Periodic Update) **Name of Child:** CONFIDENTIAL

CHILD'S PRESENT LEVELS OF DEVELOPMENT

Area/Date of Evaluation		Current Abilities
Vision	____ yrs ____ mos	
	____ yrs ____ mos	
Hearing	____ yrs ____ mos	
	____ yrs ____ mos	
Health Status	____ yrs ____ mos	
	____ yrs ____ mos	

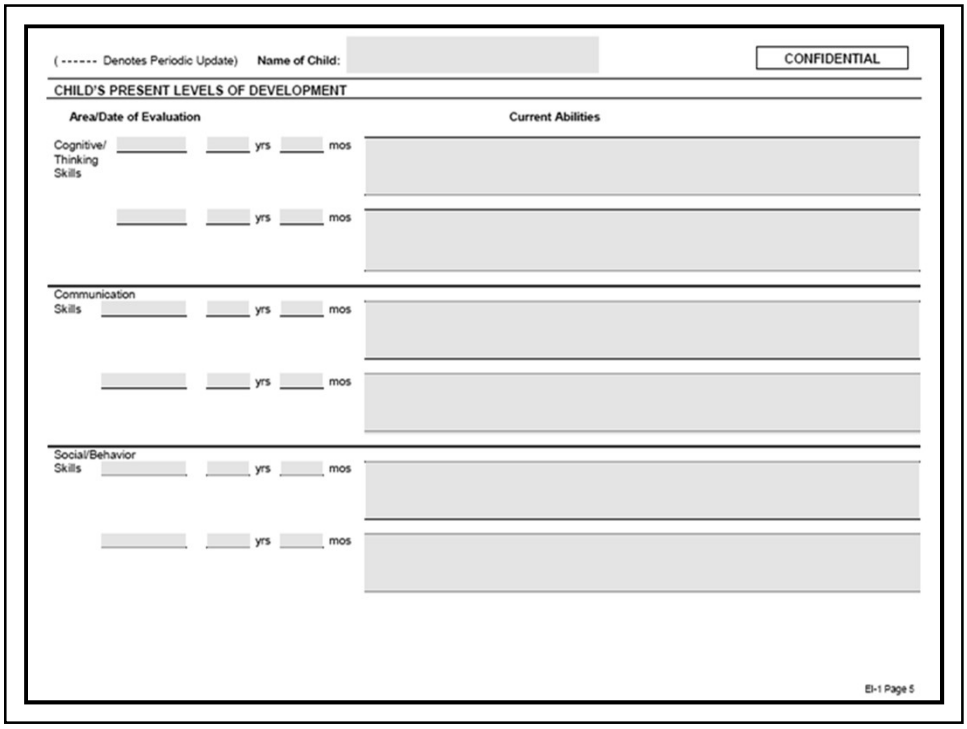
PRESENT LEVEL OF DEVELOPMENT

- Cognitive/ Thinking Skills
- Communication Skills
- Social/ Behavioral Skills


(------ Denotes Periodic Update) **Name of Child:** CONFIDENTIAL

CHILD'S PRESENT LEVELS OF DEVELOPMENT

Area/Date of Evaluation		Current Abilities
Cognitive/ Thinking Skills	____ yrs ____ mos	
	____ yrs ____ mos	
Communication Skills	____ yrs ____ mos	
	____ yrs ____ mos	
Social/Behavior Skills	____ yrs ____ mos	
	____ yrs ____ mos	



(------ Denotes Periodic Update) **Name of Child:**

CONFIDENTIAL

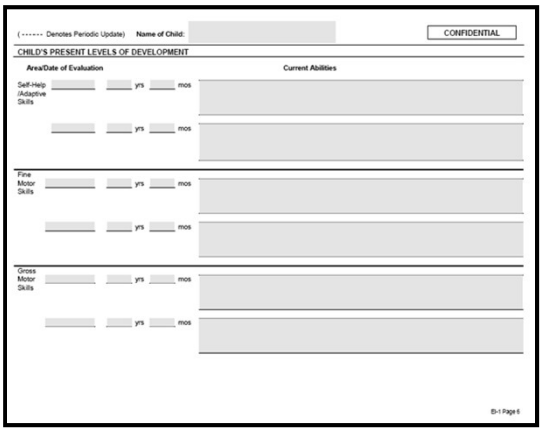
CHILD'S PRESENT LEVELS OF DEVELOPMENT

Area/Date of Evaluation		Current Abilities
Cognitive/ Thinking Skills	____ yrs ____ mos	
	____ yrs ____ mos	
Communication Skills	____ yrs ____ mos	
	____ yrs ____ mos	
Social/Behavior Skills	____ yrs ____ mos	
	____ yrs ____ mos	

EI-1 Page 5

PRESENT LEVEL OF DEVELOPMENT

- Self Help/ Adaptive Skills
- Fine Motor Skills
- Gross Motor Skills



(------ Denotes Periodic Update) **Name of Child:**

CONFIDENTIAL

CHILD'S PRESENT LEVELS OF DEVELOPMENT

Area/Date of Evaluation		Current Abilities
Self-Help /Adaptive Skills	____ yrs ____ mos	
	____ yrs ____ mos	
Fine Motor Skills	____ yrs ____ mos	
	____ yrs ____ mos	
Gross Motor Skills	____ yrs ____ mos	
	____ yrs ____ mos	

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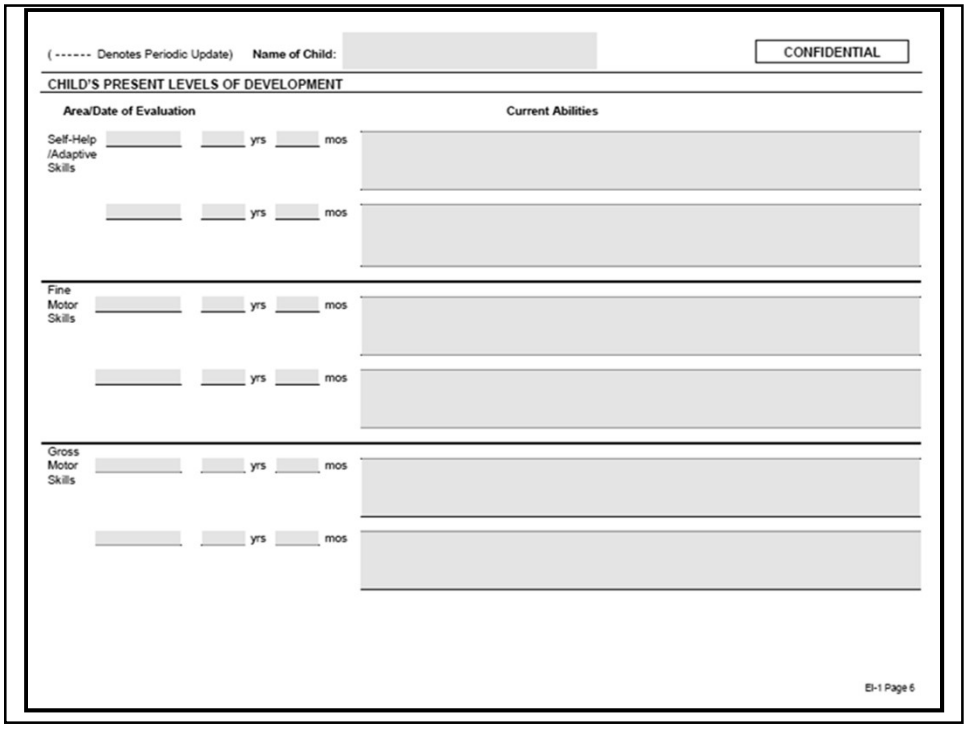

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CONFIDENTIAL

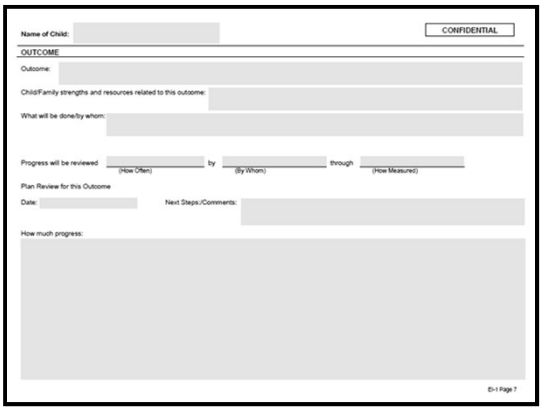
CHILD'S PRESENT LEVELS OF DEVELOPMENT

Area/Date of Evaluation		Current Abilities
Self-Help /Adaptive Skills	_____ yrs _____ mos	
	_____ yrs _____ mos	
Fine Motor Skills	_____ yrs _____ mos	
	_____ yrs _____ mos	
Gross Motor Skills	_____ yrs _____ mos	
	_____ yrs _____ mos	

EI-1 Page 6

OUTCOME PAGE

- Name of child
- Goal/Outcome
- Child & Family Strengths related to goal
- What will be done by whom



Name of Child:

CONFIDENTIAL

OUTCOME

Outcome:

Child/Family strengths and resources related to this outcome:

What will be done/by whom:

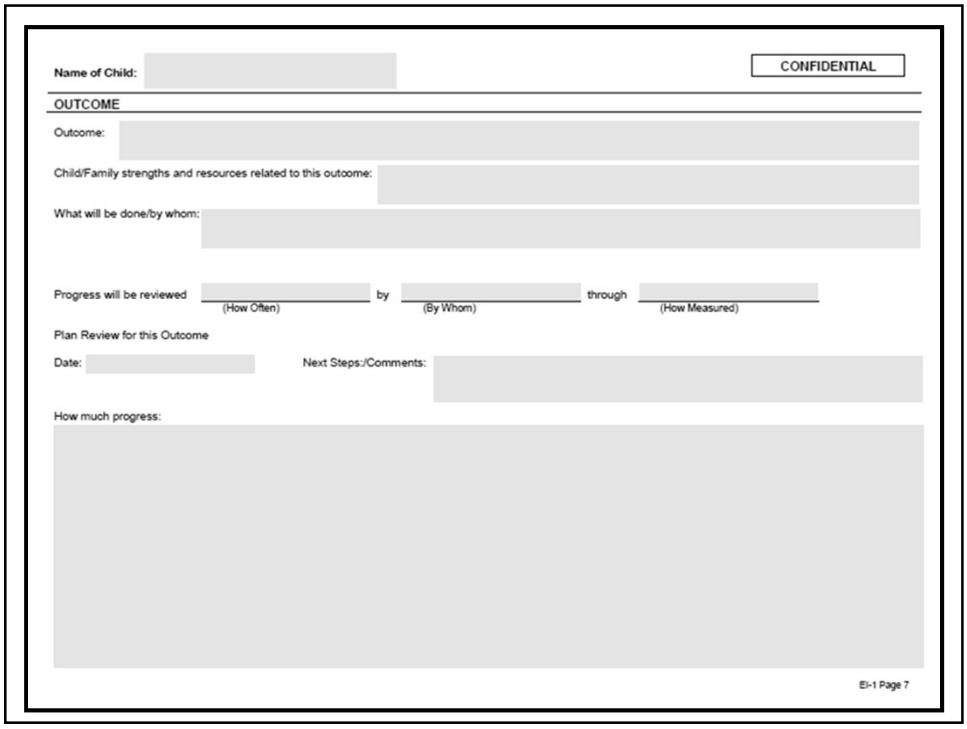
Progress will be reviewed _____ (How Often) by _____ (By Whom) through _____ (How Measured)

Plan Review for this Outcome

Date: Next Steps./Comments:

How much progress:

EI-1 Page 7



Name of Child:

CONFIDENTIAL

OUTCOME

Outcome:

Child/Family strengths and resources related to this outcome:

What will be done/by whom:

Progress will be reviewed _____ (How Often) by _____ (By Whom) through _____ (How Measured)

Plan Review for this Outcome

Date:

Next Steps:/Comments:

How much progress:

EI-1 Page 7

OUTCOMES

- Observable behaviors or products the team wishes to see or have in place in 6 months.
- Not helpful to write outcomes as "improvements" or "increases" in specific behaviors.
- Not a description or listing of services to be provided

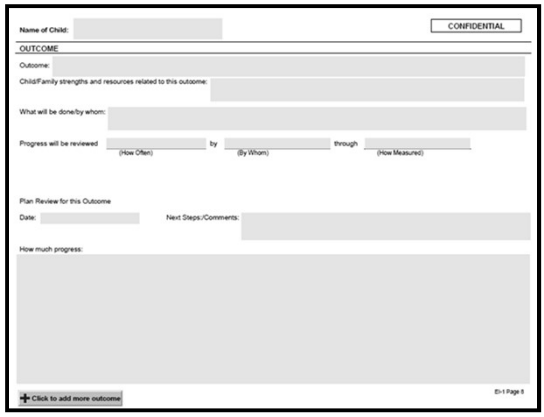
OUTCOMES

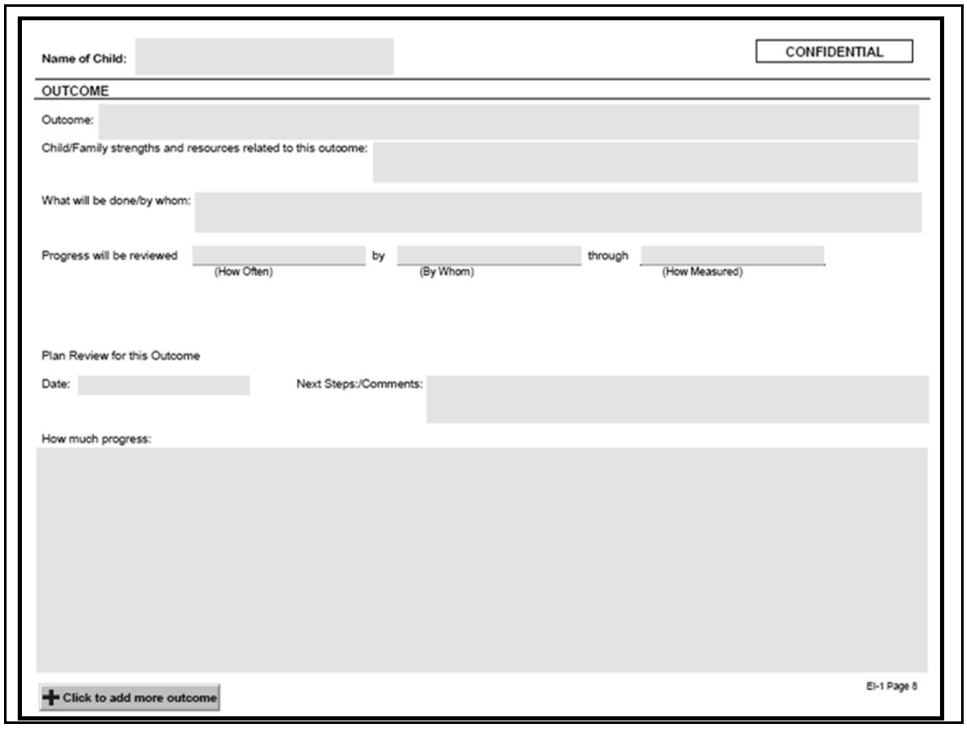
- Wording is reflective of the family's understanding of the outcome and reflecting the family's words and wants.
- Can assist families in knowing where their child is at in their development and develop a path to achieve goals important to the family.

OUTCOME PAGE

Progress:

- How often
- By whom
- How measured
- Plan Review
- Date:
  - How much progress
  - Next steps/ comments





Name of Child:

CONFIDENTIAL

OUTCOME

Outcome:

Child/Family strengths and resources related to this outcome:

What will be done/by whom:

Progress will be reviewed _____ (How Often) by _____ (By Whom) through _____ (How Measured)

Plan Review for this Outcome

Date:

Next Steps:/Comments:

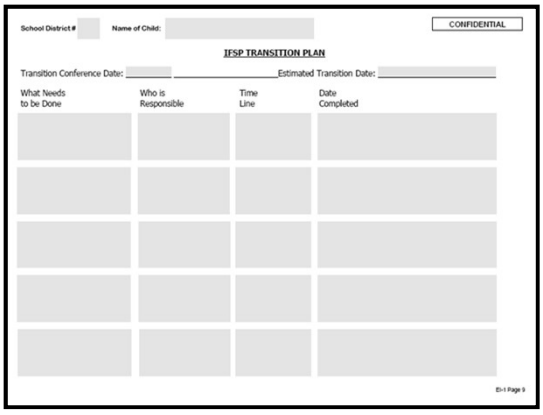
How much progress:

Click to add more outcome

EI-1 Page 8

IFSP TRANSITION PLAN

- To be used with all transitions
- Plan for the changes



School District #

Name of Child:

CONFIDENTIAL

IFSP TRANSITION PLAN

Transition Conference Date: _____ Estimated Transition Date: _____

What Needs to be Done	Who is Responsible	Time Line	Date Completed

EI-1 Page 9

School District # Name of Child: CONFIDENTIAL

IFSP TRANSITION PLAN

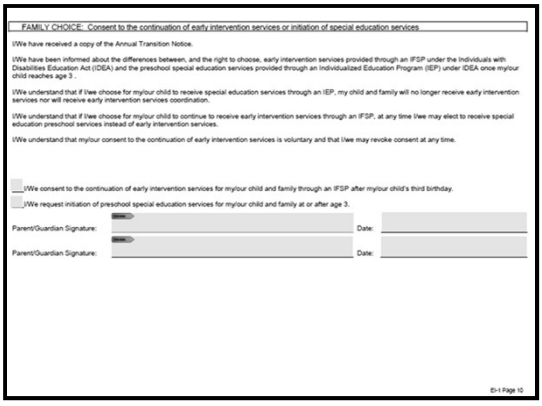
Transition Conference Date: _____ _____Estimated Transition Date: _____

What Needs to be Done	Who is Responsible	Time Line	Date Completed

EI-1 Page 9

IFSP TRANSITION PLAN FAMILY CHOICE

- Transition Notice
- Differences between IFSP/IEP
- Special Education or Early Intervention
- Signature



FAMILY CHOICE: Consent to the continuation of early intervention services or initiation of special education services

I/We have received a copy of the Annual Transition Notice.

I/We have been informed about the differences between, and the right to choose, early intervention services provided through an IFSP under the Individuals with Disabilities Education Act (IDEA) and the preschool special education services provided through an Individualized Education Program (IEP) under IDEA once my/our child reaches age 3 .

I/We understand that if I/we choose for my/our child to receive special education services through an IEP, my child and family will no longer receive early intervention services nor will receive early intervention services coordination.

I/We understand that if I/we choose for my/our child to continue to receive early intervention services through an IFSP, at any time I/we may elect to receive special education preschool services instead of early intervention services.

I/We understand that my/our consent to the continuation of early intervention services is voluntary and that I/we may revoke consent at any time.

__I/We consent to the continuation of early intervention services for my/our child and family through an IFSP after my/our child's third birthday.

__I/We request initiation of preschool special education services for my/our child and family at or after age 3.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

EI-1 Page 10

FAMILY CHOICE: Consent to the continuation of early intervention services or initiation of special education services

I/We have received a copy of the Annual Transition Notice.

I/We have been informed about the differences between, and the right to choose, early intervention services provided through an IFSP under the Individuals with Disabilities Education Act (IDEA) and the preschool special education services provided through an Individualized Education Program (IEP) under IDEA once my/our child reaches age 3 .

I/We understand that if I/we choose for my/our child to receive special education services through an IEP, my child and family will no longer receive early intervention services nor will receive early intervention services coordination.

I/We understand that if I/we choose for my/our child to continue to receive early intervention services through an IFSP, at any time I/we may elect to receive special education preschool services instead of early intervention services.

I/We understand that my/our consent to the continuation of early intervention services is voluntary and that I/we may revoke consent at any time.

___I/We consent to the continuation of early intervention services for my/our child and family through an IFSP after my/our child's third birthday.

___I/We request initiation of preschool special education services for my/our child and family at or after age 3.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

EI-1 Page 10

EARLY INTERVENTION BEYOND AGE 3

Any early intervention program serving children beyond age 3 includes an educational component that promotes school readiness, and

1. Teaches pre-literacy, language, and numeracy skills
2. *Tells parents of their rights and responsibilities in deciding whether to choose E.I. services or a preschool special education program

FLEXIBILITY TO SERVE BEYOND AGE 3 STATE REQUIREMENT

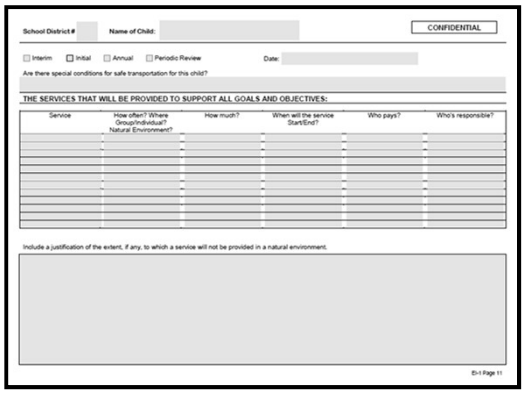
Annual parental notice:

- Parent's right to choose early intervention or special education services when their child turns 3

- An explanation of the differences between early intervention and special education services, including
  - Types and locations of services
  - Procedural safeguards
  - Possible costs of any services, including any fees that may be charged to parents of infants and toddlers

SERVICES PAGE

- Safe transportation?
- Service
  - How often? Where? Group/Individual? Natural Environment?
- Justification statement related to Natural Environments


School District # Name of Child: CONFIDENTIAL

Interim Initial Annual Periodic Review Date:

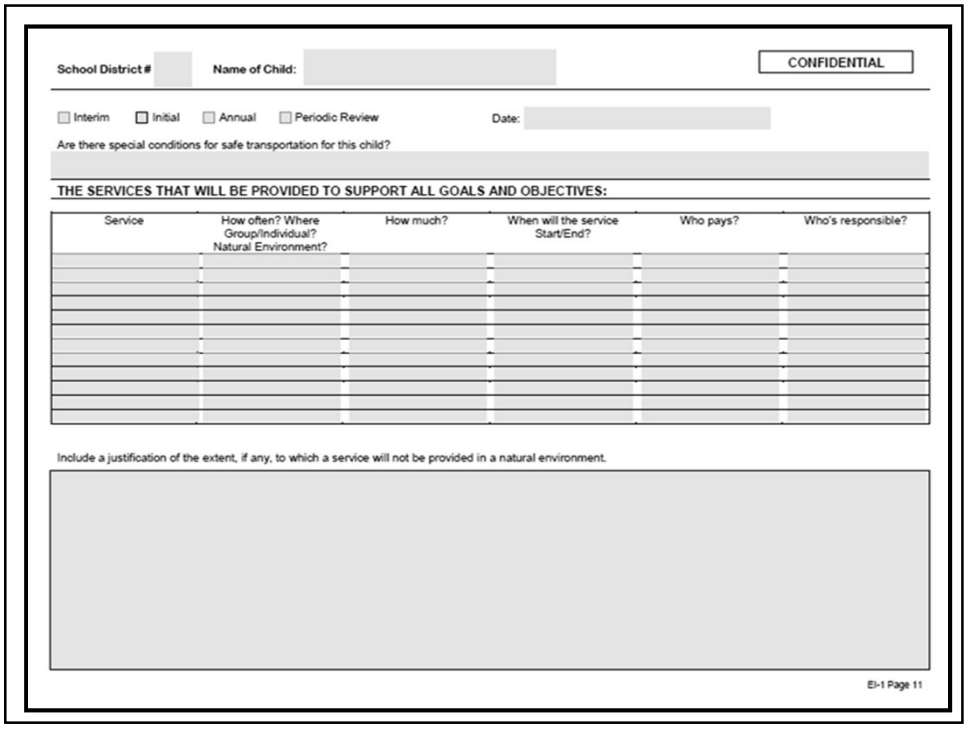
Are there special conditions for safe transportation for this child?

THE SERVICES THAT WILL BE PROVIDED TO SUPPORT ALL GOALS AND OBJECTIVES:

Service	How often? Where Group/Individual? Natural Environment?	How much?	When will the service Start/End?	Who pays?	Who's responsible?

Include a justification of the extent, if any, to which a service will not be provided in a natural environment.

EI-1 Page 11



School District # Name of Child: CONFIDENTIAL

☐ Interim ☐ Initial ☐ Annual ☐ Periodic Review Date:

Are there special conditions for safe transportation for this child?

THE SERVICES THAT WILL BE PROVIDED TO SUPPORT ALL GOALS AND OBJECTIVES:

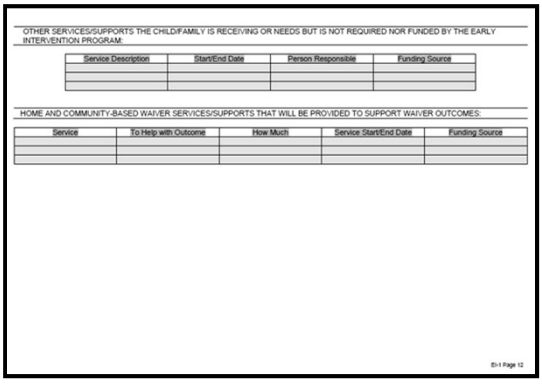
Service	How often? Where Group/Individual? Natural Environment?	How much?	When will the service Start/End?	Who pays?	Who's responsible?

Include a justification of the extent, if any, to which a service will not be provided in a natural environment.

EI-1 Page 11

OTHER SERVICES PAGE

- Extra Services Page
- Other Services/ Supports (i.e. Community) not funded through EDN



OTHER SERVICES/SUPPORTS THE CHILD/FAMILY IS RECEIVING OR NEEDS BUT IS NOT REQUIRED NOR FUNDED BY THE EARLY INTERVENTION PROGRAM:

Service Description	Start/End Date	Person Responsible	Funding Source

HOME AND COMMUNITY-BASED WAIVER SERVICES/SUPPORTS THAT WILL BE PROVIDED TO SUPPORT WAIVER OUTCOMES:

Service	To Help with Outcome	How Much	Service Start/End Date	Funding Source

EI-1 Page 12

OTHER SERVICES/SUPPORTS THE CHILD/FAMILY IS RECEIVING OR NEEDS BUT IS NOT REQUIRED NOR FUNDED BY THE EARLY INTERVENTION PROGRAM:

Service Description	Start/End Date	Person Responsible	Funding Source

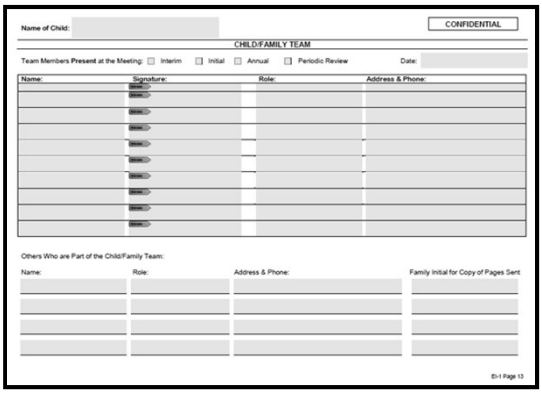
HOME AND COMMUNITY-BASED WAIVER SERVICES/SUPPORTS THAT WILL BE PROVIDED TO SUPPORT WAIVER OUTCOMES:

Service	To Help with Outcome	How Much	Service Start/End Date	Funding Source

EI-1 Page 12

CHILD/FAMILY TEAM

- Team Members Present
- Name
- Signature
- Role
- Address & phone
- Others
- Family initials for copies



Name of Child:

CONFIDENTIAL

CHILD/FAMILY TEAM

Team Members Present at the Meeting: ☐ Interim ☐ Initial ☐ Annual ☐ Periodic Review Date:

Name:	Signature:	Role:	Address & Phone:
	Above		
	Above		
	Above		
	Above		
	Above		
	Above		
	Above		
	Above		
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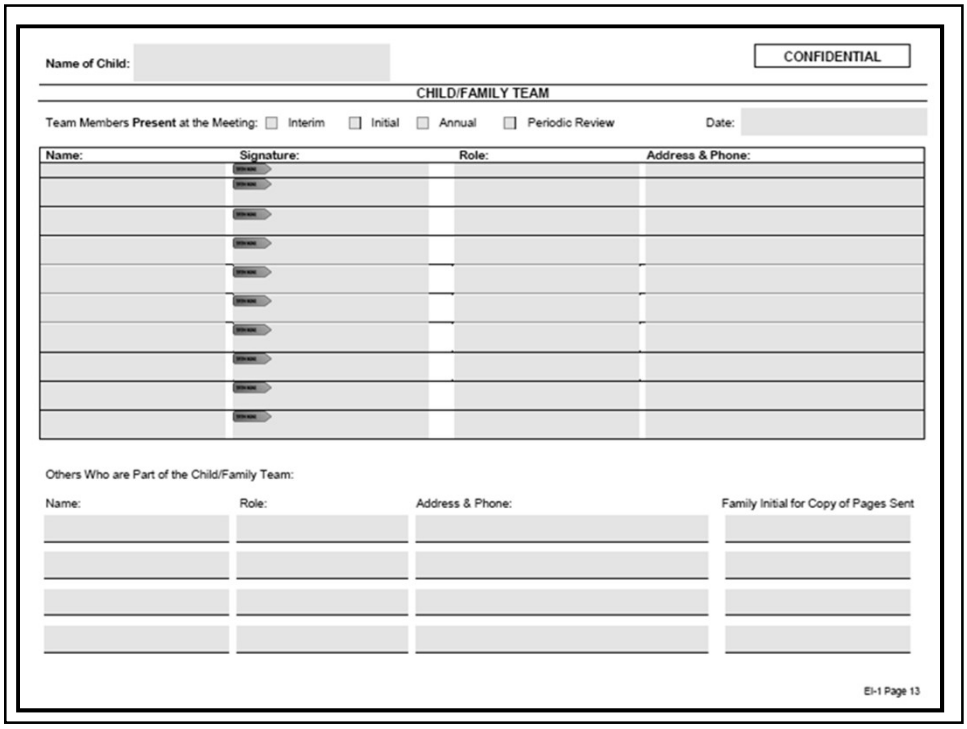
	Above		
	Above		

Others Who are Part of the Child/Family Team:

Name:	Role:	Address & Phone:	Family Initial for Copy of Pages Sent

EI-1 Page 13



Name of Child:

CONFIDENTIAL

CHILD/FAMILY TEAM

Team Members **Present** at the Meeting: ☐ Interim ☐ Initial ☐ Annual ☐ Periodic Review Date:

Name:	Signature:	Role:	Address & Phone:

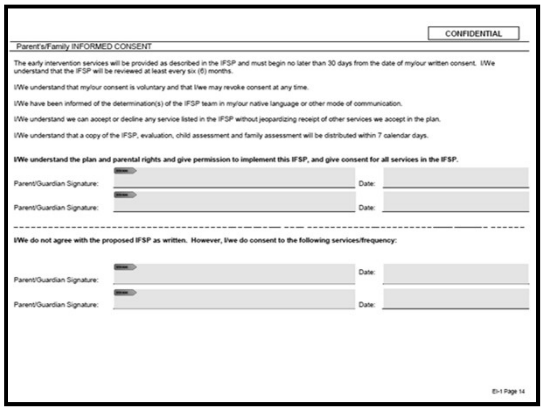
Others Who are Part of the Child/Family Team:

Name:	Role:	Address & Phone:	Family Initial for Copy of Pages Sent

EI-1 Page 13

INFORMED CONSENT PAGE

- Start of services
- When the IFSP is reviewed
- Native language
- Can accept or decline any service
- Understand content of the IFSP
- Signature(s)



CONFIDENTIAL

Parent's/Family INFORMED CONSENT

The early intervention services will be provided as described in the IFSP and must begin no later than 30 days from the date of my/our written consent. I/We understand that the IFSP will be reviewed at least every six (6) months.

I/We understand that my/our consent is voluntary and that I/we may revoke consent at any time.

I/We have been informed of the determination(s) of the IFSP team in my/our native language or other mode of communication.

I/We understand we can accept or decline any service listed in the IFSP without jeopardizing receipt of other services we accept in the plan.

I/We understand that a copy of the IFSP, evaluation, child assessment and family assessment will be distributed within 7 calendar days.

I/We understand the plan and parental rights and give permission to implement this IFSP, and give consent for all services in the IFSP.

Parent/Guardian Signature: Date:

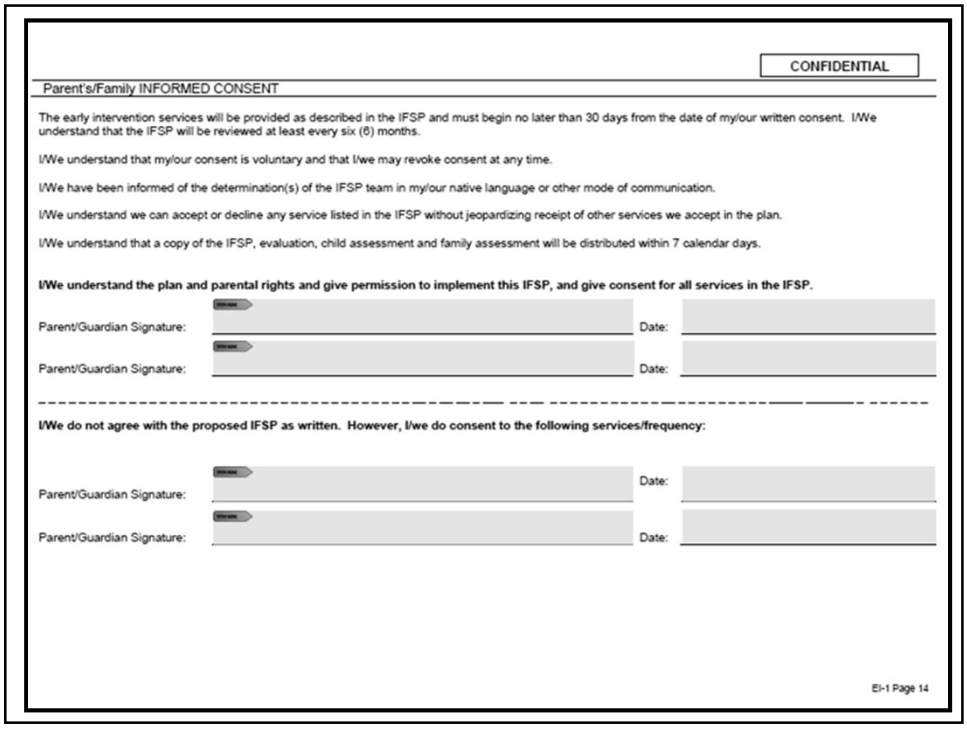
Parent/Guardian Signature: Date:

I/We do not agree with the proposed IFSP as written. However, I/we do consent to the following services/frequency:

Parent/Guardian Signature: Date:

Parent/Guardian Signature: Date:

EI-1 Page 14



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Parent/Guardian Signature: _____ Date: _____

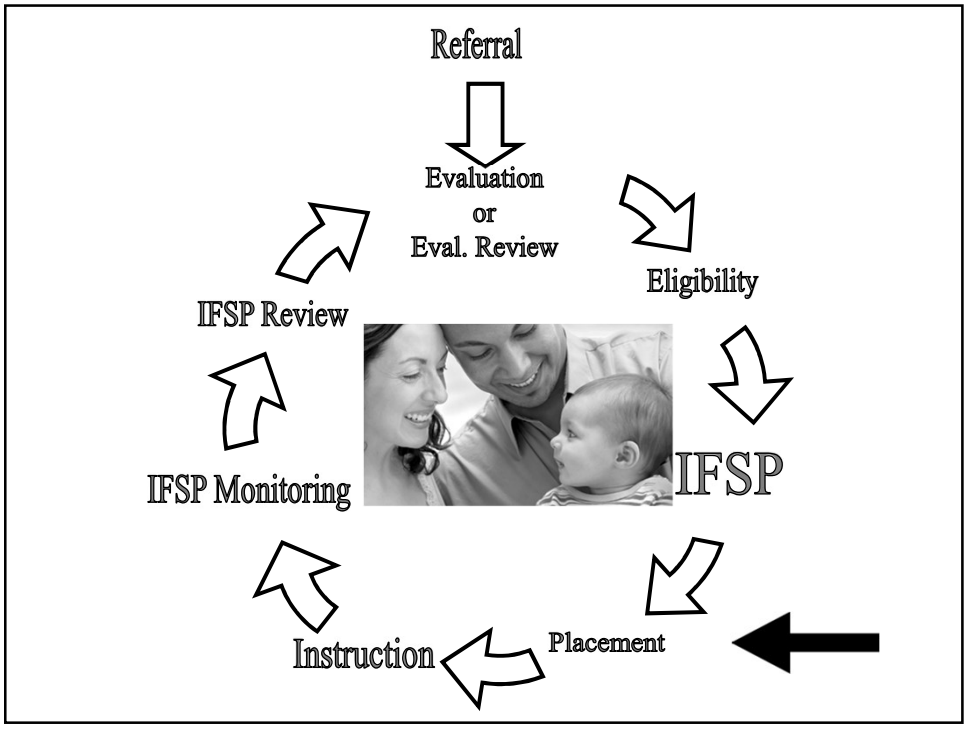
Parent/Guardian Signature: _____ Date: _____

EI-1 Page 14

IFSP – YEAR ROUND SERVICES

IFSP Year Round Services are Continuous Services should be just as frequent in July as in January

- only exception is if the family changes the frequency
- family/child may remain on an IFSP to August 31 of the school year they turn 3 years old. (Example: If Billy turns 3 in November, he may remain on an IFSP until August 31st of the next year.)
- Allows for continuation of Service Coordination and Year Round Services.

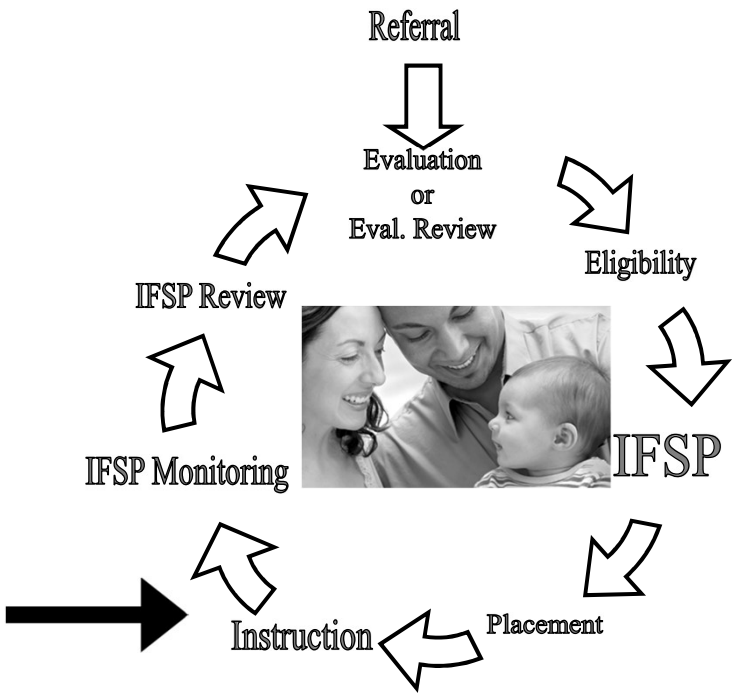

Referral
Evaluation
or
Eval. Review
Eligibility
IFSP
Placement
Instruction
IFSP Monitoring
IFSP Review


Natural Environments
Home and community settings where all children participate
Maximum extent appropriate

PLACEMENT – NATURAL ENVIRONMENT

Settings natural or normal for the child's same aged peers who have no disabilities:

- Home
- Extended family
- Child care
- Community
  - Services can be provided out in the community (i.e. library, restaurant, grocery store)

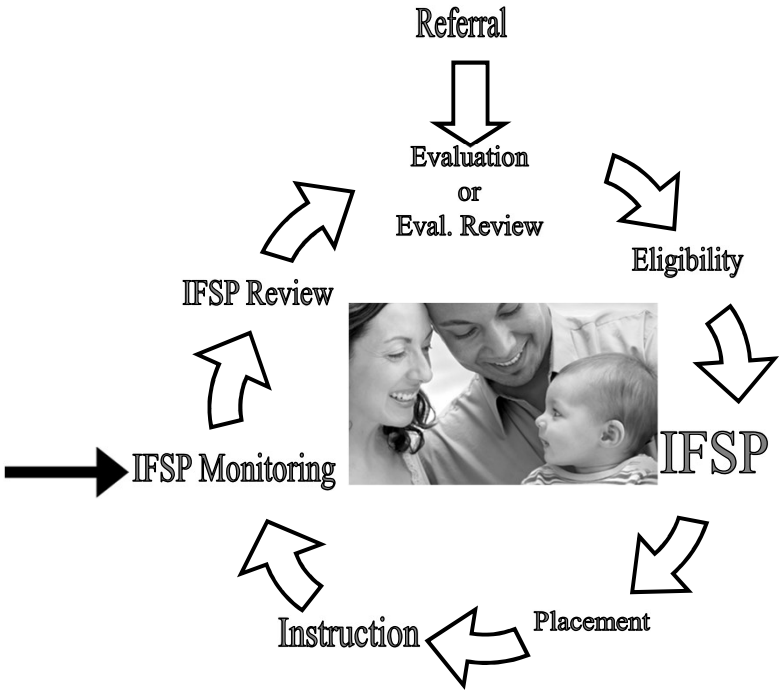


Focus of Services - Instruction

Help families enhance the learning and development of their child

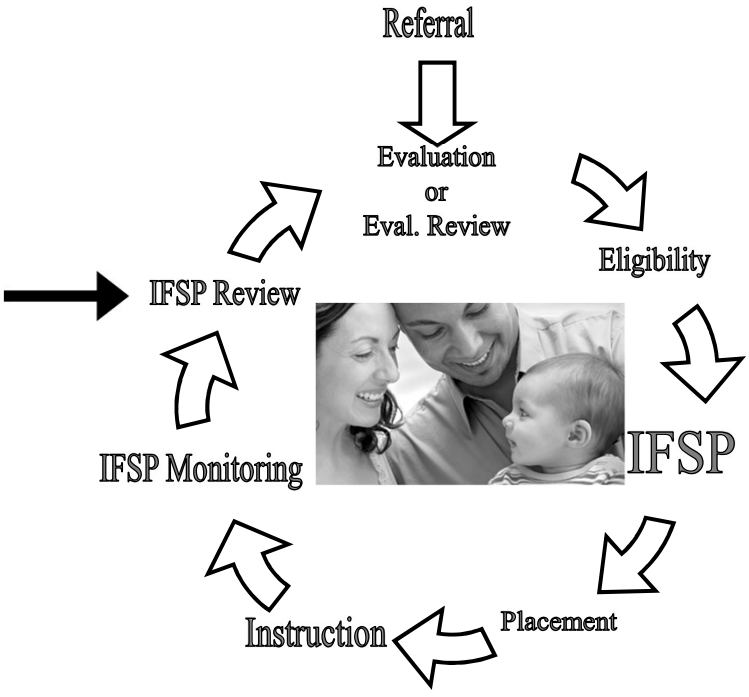
Assure children participate fully in family and community activities

Maximize naturally occurring learning opportunities



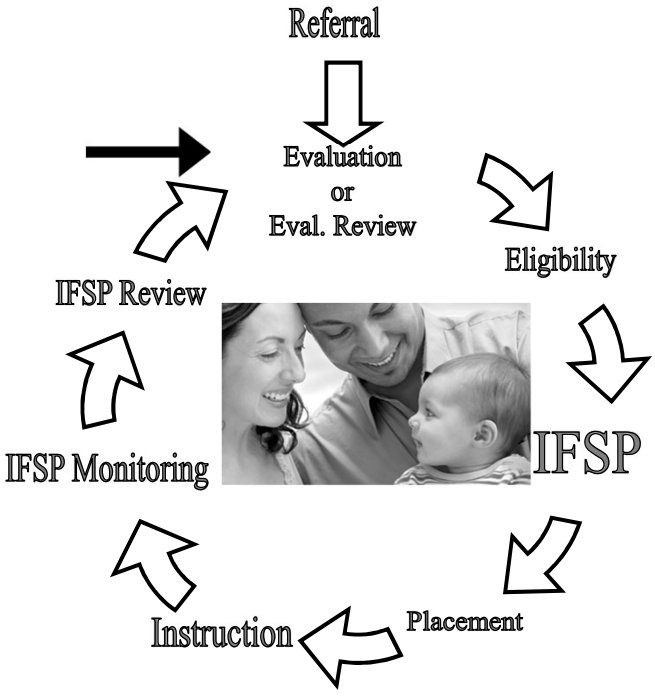
IFSP MONITORING

Ongoing assessment by service providers occurs as early intervention services are provided. Ongoing assessment information is used to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.



IFSP REVIEW

Rewritten once a year and reviewed every six months. Parents and providers can call for an IFSP meeting at any time.



IFSP RE-EVALUATION

- Re-Evaluation occurs every three years.
- IFSP – exiting EI services there may or may not be a full re-evaluation depending on when the last evaluation was completed and how much change is seen in the child.

Transitioning out of Early Intervention Services

Other Important Considerations

DOCUMENTATION – PUT IT IN WRITING! GET IT IN WRITING!

- It can be very helpful to place your requests and concerns in writing and send it to the appropriate agency/organization/staff. It can assist with clear communication, keep everyone informed and be a resource if needed.

DOCUMENTATION – PUT IT IN WRITING! GET IT IN WRITING!

- Information on referrals, evaluations, and decisions on verification as well as supports and services should be in writing.
  - For early intervention, Prior Written Notice is required around identification, evaluation, placement and the provision of a Free and Appropriate Public Education (FAPE).

PARENTAL RIGHTS

- Always try to take issues back to your Services Coordinator/IFSP team
- Request Prior Written Notice whenever there is an agreement to OR refusal of:
  - Identification
  - Evaluation
  - Placement
  - Provisions of Free and Appropriate Public Education

PARENTAL RIGHTS

Dispute Resolution

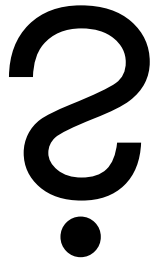
- Mediation – by outside third party to try and negotiate a resolution
- State Complaint – goes to Nebraska Department of Education for a review
- Due Process – formal hearing in front of a Hearing Officer

SUPPORTS/SERVICES

- Early Development Network
  - http://edn.ne.gov
- Nebraska Department of Education, Special Education
  - http://www.education.ne.gov/sped/
- Nebraska Autism Spectrum Disorders Network
  - http://www.unl.edu/asdnetwork/home
- IFSPWeb Tutorial – www.IFSPWeb.org
- Nebraska Resource and Referral Directory
  - https://nrrs.ne.gov/
- Parent Training and Information (PTI)
  - http://www.pti-nebraska.org/

QUESTIONS & ANSWERS

Q & A's



Answers

Questions

Q & A's

THANK YOU

CONNIE SHOCKLEY
CSHOCKLEY@PTI@NEBRASKA.ORG
402-346-0525 - OFFICE
800-284-8520 – TOLL FREE

Informed Parents
PTI Nebraska
Improved Outcomes for Children with Disabilities

Answers 4 Families.org

Informed Parents PTI Nebraska
Improved Outcomes for Children with Disabilities

F2F HIC

FOR MORE INFORMATION CONTACT:

Nina Baker
PTI Nebraska
402-403-3908
800-284-8520
nbaker@pti-nebraska.org

EVALUATION

- Please complete the evaluation when it arrives in your email tomorrow
- You will receive handouts and the presentation by email
- Future funding and support of PTI Nebraska programs benefit from your honest evaluations
- Changes to programs come through comments on evaluations

- http://www.surveymonkey.com/s/PTIwebinar

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Improved Outcomes for Children with Disabilities