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**Reissued**  
**Early Intervention Memorandum 95-2**

**To:** Early Intervention Officials  
Interested Parties

**From:** Donna M. Noyes, Ph.D., Director  
Early Intervention Program

**Reissue Date:** January, 2000

**Subject:** Individualized Family Service Plans

The purpose of this memorandum is to provide guidance and clarification regarding the development and contents of individualized family service plans under the Early Intervention Program.

The provision of an individualized family service plan (IFSP) to each eligible child and their family is a fundamental component of New York State's comprehensive system of early intervention services for infants and toddlers with disabilities and their families. The IFSP is defined in regulation as *"a written plan for providing early intervention services to a child eligible for the Early Intervention Program and the child's family that must be developed jointly by the family and appropriate qualified personnel, be based on the early intervention evaluation and assessment, and include matters specified in the early intervention regulation."*<sup>1</sup> The written IFSP document is developed through a *collaborative planning process* intended to result in a service package tailored to the child's unique developmental strengths and needs, and responsive to the family's concerns, resources, and priorities for their child's development. The intent of the IFSP planning process is for families, early intervention officials, and qualified personnel (service coordinators, evaluators, service providers) to work together as a team to:

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<sup>1</sup> 10 NYCRR 69-4.1(l)(v)

- **Develop outcomes** to meet child and family needs that are relevant to the Early Intervention Program.
- **Agree on appropriate early intervention services** that will be provided to achieve identified outcomes.
- Identify and mobilize **other services and supports** which are not reimbursed or required by the Early Intervention Program, but will enhance the child's development and the family's capacity to care for their child.

*What are the steps in the IFSP process?*

**Step 1. First contacts with the family.**

The IFSP process begins with the first contacts between the family and the initial service coordinator designated by the early intervention official. The initial service coordinator is responsible for promptly arranging a first contact in a time, place, and manner reasonably convenient for the parent.<sup>2</sup> During first contacts with the family, the initial service coordinator obtains basic information necessary to enroll the child and family in the Early Intervention Program, ensures parents have received *The Early Intervention Program: A Parent's Guide*, and provides parents with an overview of the program, including their rights and responsibilities under the program.<sup>3</sup>

The initial service coordinator also ascertains whether the child and family are presently receiving case management or other services from public or private agencies. When families are engaged in other case management services, the service coordinator discusses options with the parent for collaboration with other case managers working with the family and obtains consent for the release of information to facilitate collaboration. Finally, first contacts with the family also provide the initial service coordinator with opportunities to assist parents in meeting basic needs and/or immediate priorities other than early intervention services for the child and family (e.g., housing, food, primary health care, etc.) by identifying formal and informal resources to aid the family while continuing to proceed with other steps in the IFSP process.

**Step 2. Planning, obtaining, and understanding the results of the multidisciplinary evaluation and assessment for the child and the optional family assessment.**

The initial service coordinator is responsible for explaining the multidisciplinary evaluation process, reviewing evaluation options with the parent, and assisting the parent in planning and arranging all aspects of their child's evaluation, including the optional family assessment.<sup>4</sup> Initial service coordinators discuss pertinent information about potential evaluators with parents, including their location, the circumstances under which a developmental screening is performed as part of the evaluation (i.e., a screening should not be done when the child has a diagnosed physical or mental condition with a high probability of developmental delay), types of evaluations performed, and settings for evaluations. Initial service coordinators are also responsible for discussing with the parent any needs they might have pertaining to their child's

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<sup>2</sup> 10 NYCRR 69-4.7(b)

<sup>3</sup> 10 NYCRR 69-4.7(c)

<sup>4</sup> 10 NYCRR 69-4.7(j), 69-4.7(k)

evaluation. (For more detailed discussions of the evaluation process and initial service coordination, see Early Intervention Memorandum 94-1, *Screening and Evaluation* and Early Intervention Memorandum 94-4, *Service Coordination*).

During early contacts with the initial service coordinator, and in the course of planning their child's evaluation, families may identify concerns, priorities, and resources related to their child's development. With parental consent, initial service coordinators should share this information with the evaluator to provide input into the optional family assessment.

The optional family assessment is not an assessment of the family unit, but rather is the family's assessment of their strengths and needs related to caring for and enhancing their child's development, conducted with the support and assistance of a qualified professional. Family assessment is defined in regulation as "*the process of information gathering and identification of family priorities, resources and concerns, which the family decides are relevant to their ability to enhance their child's development.*"<sup>5</sup> The family assessment is intended to be a family-directed, interactive process that enables families and professionals to share and gather information. The family assessment must: be conducted by qualified personnel with training in appropriate methods and procedures; be based on information provided by the family through a personal interview; incorporate the family's description of their resources, priorities, and concerns related to the child's development; and be completed within 45 days from the date of the child's referral.<sup>6</sup> Parents identify which members of their family will participate in the family assessment. The method used should be one with which the family is comfortable (e.g., a structured or unstructured interview, questionnaires, or survey instruments).

It is important to note that while a family assessment is optional; a parent interview is a required component of every child's comprehensive, multidisciplinary evaluation.<sup>7</sup> The purpose of the parent interview is to gather information from the family about parent perceptions, thoughts, and observations related to their children's developmental progress. The parent interview should be used to capture information about the child that is best obtained from the parents, such as information about the child's sleeping and eating patterns, temperament, preferences, social responsiveness, and developmental milestones.

Once the multidisciplinary evaluation has been completed, the evaluator provides the parent with the opportunity to discuss the evaluation results and assists the parent in understanding the results of the evaluation.<sup>8</sup> The evaluator is responsible for submitting the written evaluation report and summary to the early intervention official, initial service coordinator, parent, and, with parental consent, the child's primary health care provider as soon as possible after completion of the evaluation and within a sufficient timeframe for the IFSP meeting to be convened within 45 days of referral.<sup>9</sup>

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<sup>5</sup> 10 NYCRR 69-4.1(o)

<sup>6</sup> 10 NYCRR 69-4.8 (a) (8)

<sup>7</sup> 10 NYCRR - 69-4.8 (a) (4) (iii)

<sup>8</sup> 10 NYCRR 69-4.8 (a) (9)

<sup>9</sup> 10 NYCRR 69-4.8(a) (9) (i)

At the family's request, the initial service coordinator may accompany the family to the child's multidisciplinary evaluation and participate in discussions of the results with the family and evaluator. Participation in the evaluation process may be beneficial to initial service coordinators in meeting their responsibilities to facilitate the family's understanding of the evaluation and in later discussions with the family about service options.

**Step 3. Planning the initial IFSP meeting and identifying the family's concerns, priorities, and resources.**

When a child is determined eligible for the Early Intervention Program, the initial service coordinator is responsible for facilitating the parent's understanding of the results of their child's multidisciplinary evaluation and assisting them in preparing for the IFSP meeting.<sup>10</sup> To enable the initial service coordinator to meet their responsibilities to facilitate the parent's understanding of the results of the evaluation prior to the IFSP meeting, it is important that the evaluator submit the report to all parties expeditiously. The initial service coordinator, early intervention official, and parent should receive the evaluation report and summary several days in advance of the IFSP meeting, to allow adequate preparation time.

The initial service coordinator discusses the IFSP process with parents and informs them:

- of the required participants in the IFSP meeting, and the parent's option to invite other parties;
- that the initial service coordinator may invite other participants, provided that the service coordinator explains the purpose of others' participation and obtains the parent's consent;
- that inclusion of family assessment information is optional;
- that family priorities, concerns and resources will play a major role in the identification of anticipated outcomes and strategies among the parent, evaluator, service coordinator and early intervention official;
- of the opportunity to select an ongoing service coordinator, who may be different from the initial service coordinator, at the IFSP meeting or at any other time after the formulation of the IFSP; and
- of the types of services available and their benefits, and the due process rights of parents under the Early Intervention Program.

An important part of planning the initial IFSP meeting is teamwork between the initial service coordinator and the parent to identify and explore options for appropriate early intervention services that may be included in the IFSP. The initial service coordinator is responsible for discussing service options with the parent prior to the initial IFSP meeting and facilitating the parent's investigation of various options as requested by the parent.<sup>11</sup> For example, the initial service coordinator may arrange for meetings with potential service providers and/or childcare sites or other community locations where early intervention services might be delivered. The initial service coordinator may also share materials and informational resources that might be helpful to the family in exploring options for service delivery, such as books, articles, and videotapes, and may help the family connect with other families with similar situations.

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<sup>10</sup> 10 NYCRR 69-4.7(p)

<sup>11</sup> 10 NYCRR 69-4.7 (p) (1)

**Step 4. Convening the IFSP meeting within 45 days of referral to develop outcomes and strategies to meet child and family needs.**

At each step of the IFSP process, information is gathered and shared to make informed decisions about appropriate early intervention services for the child and family. The purposes of the IFSP meeting are to:

- review what has been learned about the child's developmental strengths and needs and the family's priorities, resources, and concerns;
- develop outcomes (expected changes for the child and family);
- discuss the strategies, activities, and services that will result in the achievement of the outcomes; and
- agree to criteria and timelines for evaluating the extent to which an outcome has been achieved.

The IFSP meeting is intended to be a collaborative decision-making process among the parent; the service coordinator; the early intervention official; the evaluator; as appropriate, persons who will be providing services; and other participants invited by the parent or the initial service coordinator. The meeting must be convened within 45 days of the child's referral to the program, unless there are exceptional circumstances (such as illness of the child or parent).<sup>12</sup> When the IFSP meeting is not convened within 45 days of referral, the reason for postponement should be documented in the child's record and the meeting should be convened as soon as possible.

***Who is responsible for convening IFSP meetings, and where and when are they held?***

The early intervention official is responsible for convening the initial meeting to develop the IFSP and subsequent annual meetings to evaluate the IFSP.<sup>13</sup>

IFSP meetings are held at a time and place convenient to the parents.<sup>14</sup> The service coordinator should assist the parent in identifying an appropriate location for the meetings, which may include the family's home or a community-based site (e.g., child care site, community center, library, county office, service provider's facility, etc.).

***Who attends the initial and annual IFSP meetings and participates in periodic reviews?***

The "IFSP team" - the participants in the initial and annual IFSP meetings include:<sup>15</sup>

- the parent;
- the early intervention official (or designee);
- a person or persons directly involved in conducting the evaluation;
- the service coordinator; and,

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<sup>12</sup> 10 NYCRR 69-4.11(a) (1)

<sup>13</sup> 10 NYCRR 69-4.11(a)(1)

<sup>14</sup> 10 NYCRR 69-4.11(a)(4)(i)

<sup>15</sup> 10 NYCRR 69-4.11(a)(2)

- any other persons, such as the child’s primary health care provider, or child care provider, who the parent or initial service coordinator, with the parent’s consent, invite.

Extenuating circumstances may sometimes prevent persons who have been directly involved in conducting the evaluation from being present at a scheduled IFSP meeting (for example, unexpected illness). If the evaluator is unable to attend the IFSP meeting, arrangements must be made for the evaluator's involvement by participating in a telephone conference call, having a knowledgeable, authorized representative attend the meeting, or making pertinent records available at the meeting.<sup>16</sup> At least one person who has been directly involved in conducting the evaluation should **routinely** be a direct participant in the IFSP meeting and alternate measures for participation should be necessary only under exceptional conditions.

Other individuals may also participate in the IFSP meeting,<sup>17</sup> including:

- an advocate or person outside of the family, if the parent requests that person to participate;
- persons who may be providing services to the child or family; and
- the local social services commissioner for children in the care and custody or custody and guardianship of the commissioner.

When a parent's availability to the child is limited due to life circumstances (such as residing in an institution or far from the child or the child's placement in the custody of the local social services commissioner), the early intervention official facilitates the parent's involvement in early intervention services as appropriate.<sup>18</sup> Steps to facilitate the parent's involvement may include providing the parent with transportation or enabling the parent's participation in IFSP meetings via telephone, and advising the parent of the option to voluntarily consent to the appointment of a *person in parental relationship* to the child who may act in place of the parent.

If a child is a ward of the state or has no person in parental relation, the early intervention official appoints a surrogate parent for the child.<sup>19</sup> The surrogate parent has the same rights and responsibilities as the parent under the Early Intervention Program, including representing the child at the initial and annual IFSP meeting.<sup>20</sup>

### ***What are the required contents of an IFSP?***

The IFSP must be in writing. The required contents of the IFSP are found in regulation.<sup>21</sup> Each IFSP must include the following components:

- *A statement, based on objective criteria, of the child's present levels of functioning in each of the following domains: physical development, including vision and hearing; cognitive*

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<sup>16</sup> 10 NYCRR 69-4.11(a)(2)(iii)(a)

<sup>17</sup> 10 NYCRR 69-4.11(a)(3)

<sup>18</sup> 10 NYCRR 69-4.16 (b)

<sup>19</sup> 10 NYCRR 69-4.16 (d)

<sup>20</sup> 10 NYCRR 69-4.16 (g)

<sup>21</sup> 10 NYCRR 69-4.11(a)(10)

*development; communication development; social or emotional development; and adaptive development.* The statement of the child's level of functioning in each developmental area should be obtained from (and therefore consistent with) the child's current evaluation. The objective criteria of the child's present level of functioning may include standardized measurements or a description of the child's condition based on informed clinical opinion, as appropriate for the child's age, condition, and types of diagnostic instruments available.

- *With parental consent, a statement of the family's strengths, priorities and concerns that relate to enhancing the development of the child.* Under the Early Intervention Program, parents are provided with the option of including information about their family's strengths, priorities, and concerns related to enhancing their children's development. Information about the family's priorities, resources, and concerns related to their child's development may be shared by the parent at many different points in the IFSP process, including through discussions with the service coordinator;<sup>22</sup> during the child's multidisciplinary evaluation;<sup>23</sup> through a formal family assessment process;<sup>24</sup> in preparation for the IFSP meeting;<sup>25</sup> and during the meeting itself. In addition, this information may be gathered in a variety of different ways, from informal discussions with the family to more formal interviews and instruments.

A useful tool for documenting family resources, priorities, and concerns related to their child's development was developed by the Project Dakota staff for New York State as part of a training program on IFSP development sponsored by the Department of Health in 1994. This tool, "*Family Considerations for the Individualized Family Service Plan* " is available from the department upon request.

- *A statement of the major outcomes expected to be achieved for the child and the family, including timelines.* The concept of developing "expected outcomes" (in contrast to "therapeutic goals and objectives") for the child and family is central to the family-centered philosophy of the Early Intervention Program. An IFSP outcome is a statement of the results family members want to see for their child and/or themselves. Outcomes are identified by the IFSP team through a collaborative process and may target any area of the child's development or aspect of family life that the parent feels is related to the child's development.
- *The criteria and procedures that will be used to determine whether progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary.* An important part of the process for the IFSP team is reaching agreement as to how the team will know whether and when outcomes identified for the child and family are achieved. The IFSP should include specific criteria that can be used to measure successful attainment of outcomes and criteria that will be used to determine when to "quit" working on an outcome, identify new strategies/services for outcomes which are not being realized, or identify new outcomes.

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<sup>22</sup> 10 NYCRR 69-4.7(o) (3) (4)

<sup>23</sup> 10 NYCRR 69-4.8 (a) (4) (iii)

<sup>24</sup> 10 NYCRR 69-4.1 (o)

<sup>25</sup> 10 NYCRR 69-4.7 (p)

- *A statement of specific early intervention services, including transportation and mode of transportation, necessary to meet the unique strengths and needs of the child and the family, including the frequency, intensity, location and the method of delivering services.* The statement of specific early intervention services drives both service delivery and reimbursement for services. The intent of the IFSP meeting is for the participants to discuss and reach agreement about *appropriate* early intervention services to be delivered to the child and family to achieve the *outcomes* specified in the IFSP.

Federal and state regulations require that the IFSP include a statement of the frequency, intensity, and method of delivering services. The terms “*frequency*” and “*intensity*” refer to the number of days or sessions a service is to be delivered, and the length of time the service is provided during each session and whether the service is provided on an individual or group basis. “*Method*” means how a service is provided.<sup>26</sup> In New York State, the statement of early intervention services is developed using the taxonomy of services specified in regulation.<sup>27</sup> Frequency may be identified in terms of the number of times per week, month, or six-month period a service is to be delivered. While intensity is partially defined within the service taxonomy itself (e.g., basic home-community based visit, extended home-community based visit, group developmental intervention, etc.), the approximate amount or range of direct contact time should be specified as well (e.g., a home visit may be planned to last 45 minutes, 90 minutes, etc.; a group developmental intervention may be planned for one hour, two hours, two and a half hours, etc.). The IFSP must also identify the specific *location(s)* where a service will be delivered (e.g., the child's home, childcare site, clinician's office, etc.) and service providers. **Specificity in the IFSP will help to avoid misunderstandings that may result later in disputes among the family, early intervention official and service provider about what was agreed to.**

It is important to note that *ongoing service coordination* is an early intervention service and must be included in the IFSP. The number of hours per month of service coordination should be included in the IFSP, and should be estimated based on the needs and circumstances of the child and family. (See Early Intervention Memorandum 94-4, *Service Coordination*).

- *A physician's, nurse practitioner's, or physician's assistant's order pertaining to early intervention services which require such an order and which includes a diagnostic statement and purpose of treatment.* Under state education law, the following services may not be provided without written orders from specific medical professionals: physical therapy, occupational therapy, and nursing services. Physical therapy services require a written order from a physician, physician's assistant, or nurse practitioner; occupational therapy services must have a written order from a physician or nurse practitioner; and nursing services must have a written physician's order. These orders may be obtained from the child's primary health care provider if s/he provides the evaluation of the child's physical development for the child's multidisciplinary evaluation or from a physician who conducts a supplementary evaluation of the child's physical development.<sup>28</sup> If the physician who performs the

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<sup>26</sup> 34 CFR 303.344(d)(2)

<sup>27</sup> 10 NYCRR 69-4.10, 69-4.30

<sup>28</sup> 10 NYCRR 69-4.8 (a) (4) (i) (a)

evaluation of the child's physical development is present at the IFSP meeting, s/he may provide an order at the time of the meeting. If the physician is unable to attend the IFSP meeting, then the service coordinator, a person involved in conducting the evaluation, or parent may follow up with the physician to obtain any necessary orders based on agreements reached at the IFSP meeting.

A written recommendation from a physician, nurse practitioner, or speech pathologist, resulting from the child's evaluation, is necessary for speech pathology services.

For many children receiving regular and continuous primary pediatric care, a physical examination may not be necessary as part of the early intervention evaluation process (i.e., when an examination has been performed recently).<sup>29</sup> Under these circumstances, the extent of the involvement of the primary pediatric care provider will depend upon the preference of the family and physician. It is permissible to obtain physician's orders from county medical directors for physical and occupational therapies and nursing services as needed and appropriate.

- *The projected dates for initiation of services and the anticipated duration of these services.* To ensure that eligible infants and toddlers have the full benefit of early intervention services, services should begin as soon as possible after the IFSP meeting. Dates for initiation of services and duration of services are also required elements to receive authorization for reimbursement of services. "*Duration*" refers to the specific number of weeks or months during which the services will be provided.
- *A statement of other services, including medical services, that are not required under this program but are needed by the child and family, and the payment mechanism for these services. (Listing of non-required services does not constitute responsibility for payment of those services on the part of the municipality.)* Children and families eligible for early intervention services will often have service needs beyond the scope of the Early Intervention Program. These services, including primary health care, should be included in the IFSP to facilitate access to and coordination of services. It is important to note that including these services in the IFSP **does not** obligate the municipality in any way for payment of these services.
- *A statement of other public programs under which the child and family may be eligible for benefits, and a referral where indicated.* Many children eligible for early intervention services and their families will also be eligible for other public programs and services, such as SSI, the Physically Handicapped Children's Program, Department of Social Services Preventive Services, and other programs which target young children and their families. These services should be included in the IFSP. Follow-up should be provided by the service coordinator to assist the child and family in accessing these services.
- *The name of the ongoing service coordinator who will be responsible for the implementation of the IFSP and coordination with other agencies, services and persons.* At the time of the

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<sup>29</sup> 10 NYCRR 69-4.8 (a) (4) (i) (a) (1)

IFSP meeting, the parent may select the ongoing service coordinator who will be responsible for monitoring the delivery of early intervention services in accordance with the IFSP. For a detailed description of the responsibilities of the ongoing service coordinator, please refer to Early Intervention Memorandum 94-4, *Service Coordination*.

***What does the IFSP need to include about the delivery of early intervention services in natural environments?***

Federal and state regulations require that early intervention services be provided, to the maximum extent appropriate to the needs of the child, in natural environments, including the home and community settings in which infants and toddlers without disabilities participate.<sup>30 31 32</sup> For children receiving early intervention services, "natural environments" means settings that are natural or normal for the child's age peers who have no disability, including the home, a relative's home when care is delivered by the relative, child care settings, or other community settings in which children without disabilities participate.<sup>33</sup>

The IFSP team should explore all options for delivery of services in natural settings to the maximum extent appropriate. For infants and toddlers, their own home or child care site (e.g., family day care home or day care center) will often be the most appropriate setting in which to deliver early intervention services. Other appropriate community locations include the homes of relatives or friends, recreational centers, libraries, playgroups, and other community sites typically used by families with children under age three.

The IFSP document must include the following components related to delivery of services in natural environments:

- *A statement of the natural environments in which early intervention services shall appropriately be provided.*<sup>34</sup>
- *When the child is in day care and when appropriate, a plan for qualified professionals to train the day care provider to accommodate the needs of the child.*<sup>35</sup>

In addition, when the IFSP team agrees that early intervention services should be delivered in group settings without typically developing peers, the IFSP must document the reasons why the parent, early intervention official, service coordinator, and evaluator agree that this setting is most appropriate to meet the unique needs of the child.<sup>36</sup>

***When is the IFSP deemed final?***

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<sup>30</sup> 34 CFR 303.12(b)

<sup>31</sup> 10 NYCRR 69-4.9 (i)

<sup>32</sup> 10 NYCRR 69-4.1(ae)

<sup>33</sup> 10 NYCRR 69-4.1(ae) , 69-4.9 (i)

<sup>34</sup> 10 NYCRR 69-4.11 (a) (10) (vi)

<sup>35</sup> 10 NYCRR 69-4.11 (a) (10) (vii)

<sup>36</sup> 10 NYCRR 69-4.11 (a) (10) (viii)

The IFSP is deemed final at the IFSP meeting when the early intervention official and the parent reach agreement on the IFSP.<sup>37</sup> If a designee of the early intervention official attends the IFSP meeting, s/he should have sufficient authority to agree to the IFSP.

Agreement on the IFSP and parental consent for the initiation of services must be documented in writing. This can be achieved either by including a signature line for the parent on the IFSP document or by using a separate consent form for the IFSP.

If the early intervention official and the parent cannot reach agreement on the IFSP, the sections of the IFSP that are not in dispute are implemented and the parent may seek a mediation or impartial hearing to resolve the dispute.<sup>38</sup> Written parental consent must be obtained for provision of those services not in dispute.

***When must services in the IFSP be initiated?***

There is no rule giving a specific period of time within which services must begin. As described above, the IFSP must include the projected dates for initiation of services as soon as possible after the IFSP meeting.

***Are there special requirements for IFSPs when a child is transitioning from the Early Intervention Program to preschool special education services or other services?***

Yes. For children who are transitioning from the Early Intervention Program to preschool special education services, the IFSP must include the specific steps to support the child's and family's smooth transition to new services.<sup>39</sup> These steps include:

- discussions with and education for parents regarding potential options and other matters related to the child's transition;
- procedures to prepare the child for potential changes in service delivery, including steps to help the child adjust to and function in a new setting;
- with parental consent, procedures to prepare program staff or individual qualified personnel who will be providing future services to the child to facilitate a smooth transition; and,
- with parental consent, the transmission of information about the child to the local school district's committee on preschool special education, to ensure continuity of services, if appropriate, including evaluation and assessment information or a copy of the Individualized Family Service Plan.

***What is an interim IFSP and when should one be developed?***

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<sup>37</sup> 10 NYCRR 69-4.11 (a) (7)

<sup>38</sup> 10 NYCRR 69-4.11 (a) (9)

<sup>39</sup> 10 NYCRR 69-4.11 (a) (10) (xiv)

Early intervention services for an eligible child and the child's family may begin before completion of the evaluation and assessment when the child and family have an immediate and pressing need for services. Early intervention officials are required to establish a procedure for approval of interim services for children and families who are in immediate need of early intervention services prior to the completion of the full evaluation and IFSP process.<sup>40</sup> The initial service coordinator is responsible for informing the parent of the availability of interim services for a child known to be eligible based on a diagnosed condition, and for whom an immediate need for early intervention services has been identified. For example, an interim IFSP would typically be appropriate and indicated for a child referred to the Early Intervention Program with an established hearing impairment and in need of a hearing aid. Other examples of circumstances in which an interim IFSP would typically be appropriate include:

- A recommendation by a physician that a child with cerebral palsy begin receiving physical therapy as soon as possible.
- The need for nutritional or therapeutic intervention related to feeding (for example, in cases of failure to thrive).
- A recommendation by the local social services official that the prompt provision of early intervention services may prevent the out-of-home placement of the child.

In order for interim early intervention services to be provided to an eligible child, the following conditions must be met:<sup>41</sup>

- parental consent to deliver services must be obtained;
- approval of interim services must be obtained from the early intervention official;
- an interim IFSP must be developed in conjunction with the parent; it must include: the name of the initial service coordinator; the early intervention services needed immediately by the child and the child's family, including the location, frequency, intensity and provider(s) of the services; and a physician's or nurse practitioner's order pertaining to those early intervention services which require such an order;
- within 45 days of the initial referral to the early intervention official, the evaluation and assessment must be completed, and a meeting to develop an IFSP must be convened.

***When must the IFSP be reviewed and evaluated and who is responsible?***

The early intervention official must convene a meeting at least annually to evaluate and, as necessary, revise the IFSP for the child and family. The results of any current child evaluations and any other information available from the ongoing assessment of the child and optional family assessment must be used in determining the services that are included in the revised IFSP.

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<sup>40</sup> 10 NYCRR 69-4.11 (c)

<sup>41</sup> 10 NYCRR 69-4.11 (c) (2)

The early intervention official is also responsible for ensuring that a review of the IFSP is conducted every six months or more frequently if conditions warrant, or if the family requests a review. The purpose of the review is to determine the degree to which progress toward achieving the outcomes is being made, and whether modification or revision of the anticipated outcomes or the services is necessary.<sup>42</sup>

The periodic reviews may be conducted by a meeting or other means amenable to the parent. For example, if no major changes to the IFSP are needed or anticipated, the service coordinator could coordinate a telephone review of the IFSP, as long as the review process involved the required participants (see page 6 of this document, "*Who attends the initial and annual IFSP meetings?*")

***What is the process for modifying the IFSP in the interim periods between periodic reviews and annual evaluations?***

There may be instances in which changes or revisions to the IFSP are needed between periodic reviews and annual evaluations. For example, an outcome may be successfully achieved more easily than expected and a service no longer needed; conversely, a new need may be identified as the result of an unanticipated change in the developmental status of the child or family circumstances.

The following individuals may request that the IFSP be reviewed: the parent, early intervention official, service coordinator, service provider, and for children in the custody of the local social services commissioner, the local social service commissioner or designee. If the parent and the early intervention official agree on changes to the IFSP, the plan can be finalized and the ongoing service coordinator authorized to implement the plan.<sup>43</sup>

***Is there a required form that must be used for the IFSP?***

No. Early intervention officials have the flexibility to prescribe a written form for the IFSP that best meets local needs as long as all of the required contents of the IFSP are included.

The Project Dakota IFSP training sponsored by the Department of Health provided participants with sample IFSP tools designed specifically for New York State by project staff. These materials are available from the department upon request.

In addition, as part of quality improvement efforts, the department is currently engaged in a clinical record review of a random sample of children's records drawn from twenty-four counties and New York City. An intended outcome of this review is to offer technical assistance to municipalities and service providers on ways to improve the quality, accuracy and organization of children's records.

***What happens if the IFSP team disagrees about the services to be included in the IFSP?***

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<sup>42</sup> 10 NYCRR 69-4.11 (b)

<sup>43</sup> 10 NYCRR 69-4.11 (a) (7)

If the early intervention official and the parent cannot reach full agreement on the IFSP, the service coordinator must implement the services that are not in dispute and the parent may exercise due process rights to resolve the dispute.<sup>44</sup>

Extensive due process rights are afforded to parents and are described for parents in *The Early Intervention Program: A Parent's Guide*.<sup>45</sup> These include the right to request mediation services<sup>46</sup> and the right to an impartial hearing to resolve disputes about services to be provided to the child and family.<sup>47</sup>

If an existing IFSP is in place and a dispute arises about a proposed change in services, the early intervention official must ensure continuation of the services provided under the existing plan while any mediation, impartial hearing, or appeal is in process.<sup>48</sup>

### ***What happens if the family moves to another state or county?***

Any family with an IFSP who moves to another municipality in New York State or to another state should be assisted by their ongoing service coordinator in the transition. For a child and family moving to a new municipality within the state, the early intervention official of the municipality to which the child and family has moved should ensure that the services in the existing IFSP are provided to the extent feasible until a new IFSP has been developed or the existing IFSP has been modified.<sup>49</sup> The service coordinator should work with the parent to ensure the transmittal of the child's record to the early intervention official in the family's new municipality of residence.

All states and U.S. jurisdictions currently participate in the federal early intervention program (Part H/Part C of the Individuals with Disabilities Education Act -IDEA). A family moving to another location within the United States should be referred by their service coordinator to the Part C early intervention program in that state or territory and, with parental consent, the service coordinator should facilitate the transmittal of appropriate documentation. A list of the early intervention contacts in other states and jurisdictions has been sent to Early Intervention Officials under separate cover.

The department recognizes the challenges encountered by families and professionals in the IFSP process. Early Intervention Program staff are available to assist all participants when questions arise about policy or procedures. Disputes about what specific services are appropriate for a particular child and family, or the appropriate frequency, intensity, method or location of services for a particular child and family, must be resolved at the local level or through the due process channels provided by the program (i.e. mediation and/or impartial hearing).

For further information and assistance, please contact the Department of Health Early

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<sup>44</sup> 10 NYCRR 69-4.11 (8) (9)

<sup>45</sup> 10 NYCRR 69-4.7 (c) (1)

<sup>46</sup> 10 NYCRR 69-4.17 (g)

<sup>47</sup> 10 NYCRR 69-4.17 (h)

<sup>48</sup> 10 NYCRR 69-4.17 (j)

<sup>49</sup> 10 NYCRR 69-4.17 (j) (2)

Intervention Program at 518-473-7016.