

North Carolina Infant Toddler Program

Instructions for Completing the Individualized Family Service Plan (IFSP)

Section I. Child and Family Information; IFSP Team Members

The information section includes basic demographic data about the child and family. It also has space for listing the IFSP team members. This section can serve as a directory for the team members.

Child's Name: Enter the first, middle, and last name of the child.

Date of Birth: Enter month/day/year of child's birth. Date format is mm/dd/yy.

Gender: Check appropriate box for male or female.

Age at Referral: Enter child's chronological age at time of referral to the Infant-Toddler Program.

Date of Referral: Enter month/day/year the child was referred to the Infant-Toddler Program. Date format is mm/dd/yy.

IFSP Meeting Date: Enter the month/day/year the IFSP meeting actually occurred (IFSP is developed). Date format is mm/dd/yy. The 45-day timeline is met when the IFSP team meeting occurs and the IFSP is developed.

IFSP Start Date: Enter the month/day/year the family signs the IFSP. Date format is mm/dd/yy. This date is used in calculating the 30-day timeline for start of services on the IFSP.

Interim IFSP Date: If this document is an interim IFSP, enter the month/day/year the family signs the IFSP. Otherwise, enter "NA." Date format is mm/dd/yy.

Parents' Names: Enter the name(s) of parent(s) or guardian.

Address(es): Enter street, route, or post office box address(es) of parent(s) or guardian.

City/State/Zip: Record city, state, and zip code.

Phone Number(s): Enter all phone numbers where parent(s) can be reached and check appropriate box for work, home or cell.

Email Address(es): Enter parent(s) email addresses if provided.

Language of parent: Enter the language(s) spoken by the primary caregivers in the home where the child lives.

Language of child: Enter the primary language spoken by the child.

Resident School District: Enter the school or school district in which the child's current address is located.

County: Enter the county where the child resides.

Page Footer: Enter the following information in the footer. Information will automatically show on all subsequent pages.

Child's Name: Enter the first, middle, and last name of the child.

DOB: Enter the date of birth of the child.

Medicaid #: Enter the Medicaid number, if applicable.

Agency: Enter name of Children's Developmental Services Agency serving the child and family.

IFSP Team: Enter the family members' names first, followed by the EI Service Coordinator and other team members. Include guardians, foster, and surrogate parents as team members. Enter the name of the team member, the relationship/role, the phone number, the address, and the date the team member began working with the family.

Section II: Family's Concerns, Priorities and Resources

Section II is completed by staff who conduct the family-directed assessment. When reviewing this section with the family, emphasize that this information was gathered during the family-directed assessment and should only contain information family members are comfortable sharing.

Date Family-directed Assessment is Completed: Enter the date the family-directed assessment was completed. If the assessment occurs over multiple sessions, enter the completion date. Date format is mm/dd/yy.

Participants: List the names of the participants involved in the family-directed assessment.

Name of the Family-directed Assessment Tool: List the full name(s) of the family-directed assessment tool(s) used.

Family's Areas of Concern: Document challenges or difficulties the child or family encounter during everyday activities and routines, (such as waking up, feeding/meal time, dressing, playtime, bath time, bedtime) that the family shared during the family-directed assessment. Ask if anything has changed since sharing the information during the family-directed assessment.

Priorities of the Family: Document activities and/or routines that the family would like to get started on. Examples:

- Getting child to sleep through the night;
- Getting child to talk (use more words) to let me know when he wants something and what he wants;
- Having child learn to crawl/walk to get a toy.

Strengths and Resources:

Document the people and agencies or services that provide a support system for the family. Specify activities and outings that the child and family enjoy doing.

- Examples of people: Relatives, family friends, co-workers, neighbors, etc.
- Examples of agencies or services: Case Management through the local Health Dept., Sensory Support Programs, Parents as Partners, Dept. of Social Services, Day Care, PT, OT, Speech, Home Health, etc.
- Examples of activities and outings: Playgroups, library story time, going to the park, having picnics, visiting relatives or friends, etc. Remind the family about information they shared during the family-directed assessment. Ask if anything has changed since sharing the information during the family-directed assessment.

Additional Information:

Document other information about the child, the family, the home or anything else the family thinks would be helpful to know as we plan supports and services. Examples of additional information:

- Information regarding the child's natural environment (home, daycare, etc.) that would be beneficial to those providing services, such as, pets, specific allergies or medical information,
- Preferred appointment times, such as, no morning appointments due to parent working night shift; times when both parents can be available, etc.

Section III. Summary of Child’s Present Abilities and Strengths

Part III of the IFSP, “Summary of Child’s Present Abilities and Strengths” is divided into four main sections: Child’s Present Skills and Abilities, Child’s Health Information, Child Assessment, and Initial Evaluation and/or Child Assessment Results.

Child’s Present Skills and Abilities

This section is a template for describing the child’s present abilities and behaviors based on the five developmental domains that are evaluated to determine eligibility or can be used to document a child’s initial assessment if the child does not need an eligibility evaluation (Part III “Child Assessment” can also be used for the initial child assessment).

Date(s) of Evaluation/Assessment: Enter the date(s) of the evaluation/assessment. The evaluation/assessment may occur on two or more different dates.	
Who Participated: List everyone who provided information that contributed to the evaluation/assessment and their discipline, if applicable. This typically includes the EI service coordinator, professionals representing several disciplines, and the family.	
Child’s Age: Document the age of the child in years and months.	Adjusted Age: Indicate if this is not applicable by writing N/A.
Evaluation/Assessment Tools/Other Methods Used: Document the multiple sources of information, including evaluation tool, parent report, clinical observation, review of records and formal evaluation tools that were used to gain information on the child’s development.	

The next part of this section summarizes, by domain, the information gathered about the child during the **assessment** and evaluation process. The child’s level of functioning and unique strengths and needs are identified. Evaluation and assessment of what the child can do and next steps or challenges for the child are identified to help guide the development of the IFSP.

The following **are** examples of the kind of information that might be included.

Communication:

Kimmy follows easy requests, like “put toys in the box,” “get your shoes out of the shoebox,” and “go get your cup.” At bedtime story, Kimmy points to pictures when her father labels them for her. She names one of the TeleTubbies on TV by saying “LaLa” and pointing. Her vocabulary is limited to a few single words for favorite objects/activities (book, baby).

It is difficult for her family to understand what Kimmy wants. She is not imitating words, but will sing the boat song with her mother during bath time.

Motor skills:

Savona likes the computer, but has trouble pointing to hit the right key. She loves the cash register toy, but gets frustrated when she can’t get the coin in the slot. After snack at daycare, Savona likes to stack the plastic cups and puts them in the sink. On the playground, Savona plays chase with her caregiver and is starting to climb the steps of the slide. Savona is fearful, as she gets closer to the top of the slide and needs to have her caregiver near her.

Child's Health Information

This section summarizes the child's current health status based on review of pertinent records and/or parent report and provides a place to document other important information about the child's health.

Document any pertinent health and medical history information in this section. Specify the source of the information, i.e. parent report, medical records, CDSA evaluation.

- Include information that the family and/or health care provider gives about medical diagnoses, nutrition and growth, and concerns about vision or hearing. List any medication(s) that the child is taking and the reason for the medication(s).
- List the child's medical home or the health care practice/clinic that serves the child for well child checkups, or when the child is sick. Identify the date of the last well child check or physical. This can help determine if the child is receiving care according to the schedule recommended by the American Academy of Pediatrics (AAP).
- List any medical specialists that the child has seen and diagnostic testing that the child has undergone.
- Document results of most recent vision and hearing screening.
- Document any other important factors regarding the child's health to better plan and provide services for the child and family.

Child Assessment

This section is a summary of functional assessments and observations of the child in his/her day-to-day environment. Information noted in this section can include a summary from the initial child assessment (if not completed in the "Summary of Child's Present Abilities and Strengths") as well as on-going child assessments. This section of the IFSP provides information that will be helpful in determining supports and services that are most appropriate to meet the specific child's needs.

Date: Enter the date the assessment was completed. mm/dd/yy

Description: List individuals involved in the assessment, the procedures used to assess the child (e.g., parent interview, child observation in the home or other setting(s)), results and child's unique strengths and needs. Address all developmental domains if this is an initial child assessment.

Results of Initial Evaluation and/or Child Assessment

This section should briefly summarize the results of the initial evaluation (if conducted) and initial child assessment including any "next steps" discussed with the family. Documentation in this section should help lead to development of IFSP outcomes in Section IV.

Section IV. IFSP Outcomes

IFSP outcomes should be discussed at the IFSP meeting by all team members as related to the family's concerns, priorities, and resources, the child's abilities and needs or both. New outcomes can be added at any time additions are desired or needed.

Outcome#: Enter the sequential number of the outcome in the first line. Enter the child/family outcome statement following the question "What would you and your family like to see happen for your child/family in the next six months?"

Outcome statements should include:

1. What the family would like to see happen (e.g., child will ... by...)
2. Where, when, and/or with whom it should occur
3. How daily functioning will be impacted (e.g., so that..., in order to..., to...)

Example: Billy will share toys with his brother during playtimes at home so Grandmother can prepare meals.

What's happening now? Include information on the child's current abilities, parental concerns, how it affects the family, and resources/supports/activities the family is already using or can access.

Example: Billy is home with his grandmother and brother most of the day. The boys "fight constantly" over toys and must often be kept apart when they play. Billy will entertain himself with a toy for 5-10 minutes. He will snatch toys from his 6-year-old brother and will hit if his brother takes a toy he wants, even if he is not playing with it at the time.

What are the ways in which your family and team will work toward achieving this outcome? Identify who will do what, related directly to the stated outcomes, always including parents/grandparents and other caregivers. Incorporate strategies into existing family routines and activities. Describe how and/or where the strategies will take place. Write strategies so they are family-centered, understandable, developmentally appropriate, and realistic. Timelines for strategies can be included as well.

Example: Billy's grandmother and the CBRS provider will work together to identify ways Billy and his brother can play with their toys while grandmother prepares family meals. They will also discuss the option of other family members playing with the boys during meal preparation.

How will we know we've made progress or if revisions are needed to the outcomes, strategies or services? Enter an observable action or behavior that will show progress is being made. Describe any procedures being used to measure progress. Include timelines to be used to determine progress. Enter "start date" and "target date" for completion.

Example: Grandmother will report progress made on the boys being able to play in 10-15 minute segments, with supervision/guidance, in order for her to prepare meals.

How Did We Do? IFSP Reviews Ratings: In order to track progress on the outcomes, at the next IFSP review, enter the meeting date beside "Achieved" or "Continue" in answer to **How did we do?** If "**The situation has changed,**" enter the IFSP review date beside "Discontinue" or "Revise." Enter an explanation or comments about the situation change, as appropriate.

Section V. IFSP Service Delivery Plan

The IFSP Service Delivery Plan is intended to identify important details in carrying out the activities written in the IFSP Outcomes Section IV. The IFSP Service Delivery Plan provides a way to record specific information to explain how, when, where, and under what conditions the early intervention services are expected.

Family members and professionals are encouraged to discuss services openly and to make joint decisions based on the outcomes chosen by the parents or family members. The services should be provided by qualified individuals in the child's natural environment(s). The cost for services to family members is an important matter to be considered in planning services. Use all available cost information. Expectations about how long the services will be provided are another detail to be discussed. Reaching agreement will help all who have a responsibility identified in the plan to meet family members' expectations and providers' information needs.

Primary Place of Early Intervention Services: Enter the primary location of service delivery (i.e. home, child care, etc.)

Early Intervention Service: Enter the name of the required EI service the IFSP team has agreed will help achieve a child/family outcome on the IFSP. Required EI services are:

Assistive Technology Services & Devices	Nutritional Services	Sign Language and Cued Language
Audiology Services	Occupational Therapy	Special Instruction
Family Training, Counseling, and Home Visits	Physical Therapy Services	Speech/Language Pathology Services
Health Services	Psychological Services	Social Work Services
Medical Services	Respite Services	Transportation
Nursing Services	Service Coordination	Vision Services

Provider: Record the agency/organization (not the name of an individual staff member) that will provide the service.

Projected Start Date: Record the month, day, and year the service is planned to begin. Start date for services should not exceed 30 days from the date the parent signs the IFSP, unless there is an exceptional family circumstance. Date format is mm/dd/yy.

Actual Start Date: Record the month, day, and year the service actually begins. Date format is mm/dd/yy.

Location/Most Natural Environment: Record the actual place or places where the service will be provided. To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments including the home and community settings where children without disabilities participate. If the most natural environment is not utilized, indicate this in **Section VI**, which is identified as “Natural Environments/Settings,” and follow instructions for that section.

Frequency/Length/Intensity/Method: Record the following for each service:

Frequency means the number of days or sessions that a service will be provided (such as 4 times a month, once monthly, 2 times per week);

Length means the length of time the service is provided during each session of that service (such as an hour or other specified time period);

Intensity means whether the service is provided on an individual or group basis;

Method means how a service is provided (specific intervention method), if identified.

Cost to Family/Payment Arrangement: Record the estimated cost of the service to the child’s family. The cost is the amount the family will be obligated to pay. The estimated cost should be based on the usual and customary fees charged by the provider and excludes amounts expected to be covered by insurance and sliding fee scale allowances. Put “none” if there is no cost to the family. Sources of payment typically are one or more of the following: Medicaid, private insurance, self-payment, other public or private resource.

Anticipated Duration: Record the month, day, and year that represents how long the service is expected to be provided. Date format is mm/dd/yy and should not exceed one year from the IFSP date.

Date Ended: Record the month, day, and year the service was ended. Date format is mm/dd/yy.

Other Services: The IFSP Team should identify other services (e.g. child care, medical appointments, etc.) and supports in addition to the ITP services needed by the child and family. If the family has none, indicate “none” rather than leaving this section blank. By including these on the IFSP, a complete, coordinated plan is developed for the child and family. Listing these on the IFSP does not obligate the Infant-Toddler Program to provide or pay for these services. However, Service Coordination may assist the family in securing these services.

Provider: Record the agency/organization that will provide the service.

Start Date: Record the date the other service began. Date format is mm/dd/yy.

End Date: Record the date the other service ended. Date format is mm/dd/yy.

If needed, how EI will help family access other services: Record any support to be provided by any EI staff and/or providers related to the “Other Services”.

Section VI. Natural Environment/Setting

Federal regulations require early intervention services be provided in natural environments and may only be provided in other settings when outcomes cannot be achieved satisfactorily in the natural environment. The IFSP team’s decision that the outcome cannot be achieved satisfactorily in the natural environment must be justified in this section.

Outcome #: Identify which outcome (by number) cannot be achieved satisfactorily in the natural environment. If there is more than one outcome complete sections for each one individually.

Service: List the specific service.

#1. Discuss efforts and rationale as to why outcome cannot be met in the natural environment. Provide supportive information from the team. Lack of service providers who are willing to provide services in the

natural environment is not a justification, nor is family choice. Justification should specify the rationale for why the setting selected is appropriate for the child.

- #2. **Describe how the intervention will be generalized into the child's and family's daily routines and activities.** Provide information about what the service provider, the family, or other caregivers are doing that is consistent with the daily routines and activities. When is intervention occurring in daily routines/activities?
- #3. **Identify steps for moving intervention into a natural environment.** Provide intervention strategies for moving from a setting, which is not considered natural or typical for the child into a natural environment. Think about gradually moving from one setting to the other, mixing the settings, and eventually transitioning to all settings that are natural environments.

Section VII. Transition Planning

The transition plan is to be developed as early as nine months prior to the child's third birthday, but must be developed no later than 90 days prior to the child's third birthday. Keep in mind this is intended to be a record of planned activities and not documentation of what has already occurred. Development of the plan typically occurs during or following the Transition Planning Conference. For each step of the plan, the EISC should complete:

Specific Action: Briefly describe activities, as deemed appropriate, for the child and his/her family along with who is anticipated to participate.

Person Responsible: Name the person(s) responsible for each specific action.

Date Started: Enter the date each activity was projected to start. Date format is mm/dd/yy.

Date Completed: Enter the date each activity was completed. Date format is mm/dd/yy.

1. **Discuss what "transition" from early intervention means.** A family must be informed that the entitlements afforded them and their child under the Infant-Toddler Program's end at the child's third birthday. Discussions should take place throughout the child's enrollment in the Infant-Toddler Program as deemed appropriate. Educate the parents, as early as the child's enrollment in the Infant-Toddler Program, about future placements, what "transition" from Infant-Toddler Program means, and what we can do to plan for this transition. Document what the Service Coordinator will do (between ages 30 and 36 months of the child) to make sure the family has this information. Documentation of EISC discussions with the parent should be in progress notes (not in the IFSP).
2. **Discuss possible program options that may be available when child is no longer eligible for Part C.** Explore with the family the preschool special education services as well as other community program options and resources that may be appropriate for the child. Review program options from the child's third birthday through the remainder of the school year.
3. **Child Find: The LEA where the child resides has been notified.** Explain the notification process to the family when developing the Transition Plan. Typically, child find information is sent 9 months before the child's 3rd birthday. Describe how notification will take place under "Specific Action."
4. **Send specified information to Part B and/or other community programs, with parental consent.** The family must provide written consent before release of information to public schools and other programs or services. Check "yes" if the family gives permission or "no" if they do not. Explain here what will be sent and to whom. Example: assessment reports, IFSP, etc. EISC should document additional information in progress notes.
5. **Provide an opportunity for parents to meet and receive information from the local education agency and/or other community program representatives as appropriate and meet to develop a transition plan with steps, activities and transition services.** These meeting(s) can occur as early as nine months prior to the child's third birthday, but must occur no later than 90 days prior to the child's third birthday. The following participants must be invited to the transition meeting(s): parent; Local Education Agency representative; representative of the evaluative agency if the child has been evaluated, and any other person or service providers who might help support & develop the transition plan.

6. Establish procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting. Document in this area **and** in Section IV "IFSP Outcomes," as appropriate, specific strategies planned to prepare the child for leaving one program and transitioning to another. Specify how the responsible person(s) will help prepare the family and child for these changes. Refer to the specific Section IV outcome number where these actions occur, as appropriate.

Section VIII. IFSP Agreement

The contents of the IFSP must be fully explained and the agreement statement must be reviewed. The parent or guardian should be informed that his/her signature will indicate:

- Participation in developing the plan;
- Acknowledgment that rights and procedural safeguards have been provided, reviewed and explained;
- Advisement on all services and costs involved;
- Choice to accept or reject any specific service(s) or the entire plan;
- Right to change decision at any time; and
- Consent for the provision of the early intervention services identified on the IFSP Service Delivery Plan

Prior Written Notice: To provide parents with prior written notice before the Infant-Toddler Program proposes or refuses to initiate or change the identification, evaluation, or placement of a child or the provision of early intervention services for a child and family. Inclusion of the Prior Written Notice section with the IFSP Agreement page allows for notice of the actions proposed or refused to be part of the IFSP development process.

Prior Written Notice must inform the parent about:

- The action that is being proposed or refused;
- The reason(s) for taking the action;
- All procedural safeguards that are available under the Infant-Toddler Program; and
- The Infant-Toddler Program complaint procedure, which includes a description of how to request a complaint resolution and the timelines under these procedures. *A copy of the North Carolina Infant-Toddler Program Notice of Child and Family Rights should accompany all prior written notice forms.*

Notice of Rights and Procedural Safeguards: Parents should initial on the line provided in this section to confirm that they have received a written copy of and understand the notice of rights and procedural safeguards. The EI Service Coordinator should review with the parent and ensure their understanding of all pertinent rights and safeguards related to Prior Written Notice and consent.

Parental Consent for Provision of Early Intervention Services: The parent, as identified by the NC Infant-Toddler Program, should:

- review the parent consent statement; and
- check whether he/she consents to receive the early intervention services outlined on the IFSP or to decline a service or services.

Consent to Bill Insurance/ Medicaid

Consent to use a family's insurance must be obtained prior to billing insurance for any early intervention service(s); and each time consent for services is required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP. Notification of child and family rights and related financial policy using the NC ITP System of Payment Notification must occur whenever consent for the use of insurance is requested. Parents should initial the line to confirm that they have received a written copy of the NC ITP System of Payment Notification and that the notifications related to billing private and public insurance

benefits have been explained and they understand them. The EI Service Coordinator should review with the parent all pertinent notifications, rights, and safeguards related to use of insurance benefits and consent for use of insurance.

When applicable, parents should initial the line to confirm they understand that when covered by private insurance and Medicaid, private insurance must be billed first under Medicaid policy, before Medicaid benefits can be accessed.

Once all notification, rights, and safeguards have been explained to the parent, the parent, or surrogate parent, should use the appropriate check boxes to indicate consent instructions for use of insurance including any exceptions when applicable.

Signatures

The final step is signing the Agreement Page. The parent signs and dates where indicated. The EI Service Coordinator and other Agency Representative(s) or their designee(s) sign and date where indicated acknowledging their agreement to work with the family.

Section IX. IFSP Review

This section is to be used any time there is an IFSP review. It is not necessary to wait until a Semi-Annual or Annual Meeting to review the plan and make changes needed or desired by the family.

Review Date: Enter the month, day, and year the review takes place. Date format is mm/dd/yyyy.

Summarize Review Results: The EI Service Coordinator should summarize all activities occurring at the review meeting in this section. Information that may be relevant to summarize would include:

- Reasons why a review was not conducted on schedule (semi-annual or annual)
- Progress being made toward achieving outcomes and/or new outcomes developed
- The family's satisfaction with services being received
- Changes made in service provision
- Any new and relevant information related to the child and family (concerns, priorities, and resources)
- The results of any evaluations and assessments conducted
- Plans until the next scheduled review
- Team members who were present or how team members not present contributed to the review

Review Cycle: Check the box that corresponds to the kind of review that was held. Use a new Section IX every time there is a review.

Target Date for Next Review: Record the date when the next scheduled review will be conducted. Date format mm/dd/yy. A review of the IFSP must occur every six (6) months following the date of the signing of the IFSP. If a review is delayed, the next review should occur on schedule from the date of the signing of the initial IFSP, even if a full six months has not elapsed. The annual meeting must occur twelve months (no later than 365 days) following the date of the signing of the initial meeting. The annual meeting to evaluate and revise the IFSP incorporates the semi-annual review.

Prior Written Notice: To provide parents with Prior Written Notice before the Infant-Toddler Program proposes or refuses to initiate or change the identification, evaluation, or placement of a child or the provision of early intervention services for a child and family. Inclusion of the Prior Written Notice section with the IFSP Review page allows for notice of the actions proposed or refused as part of the IFSP development process.

Prior Written Notice must inform the parent about:

- The action that is being proposed or refused;
- The reason(s) for taking the action;
- All procedural safeguards that are available under the Infant-Toddler Program; and

- The Infant-Toddler Program complaint procedure, which includes a description of how to request a complaint resolution and the timelines under these procedures. *A copy of the North Carolina Infant-Toddler Program Notice of Child and Family Rights should accompany all Prior Written Notice forms.*

Notice of Rights and Procedural Safeguards: Parents should initial on the line provided in this section to confirm that they have received a written copy of and understand the notice of rights and procedural safeguards. The EI Service Coordinator should review with the parent all pertinent rights and safeguards related to Prior Written Notice and consent.

Parental Consent for Provision of Early Intervention Services: The contents of the IFSP must be fully explained and the agreement statements must be reviewed. The parent should be informed that his signature will indicate:

- Participation in developing the plan
- Acknowledgment that Rights and Procedural Safeguards have been provided, reviewed and explained
- Advisement on all services and costs involved
- Choice to accept or reject any specific service(s) or the entire plan
- Right to change decision at any time
- Consent for the provision of the early intervention services identified on the IFSP Service Delivery Plan

The parent, as identified by the NC Infant-Toddler Program, should

- review the parent consent statement, and
- check whether he/she consents to receive the early intervention services outlined on the IFSP or to decline a service or services.

Consent to Bill Insurance/ Medicaid: Consent to use a family's insurance must be obtained prior to billing insurance for any early intervention services; and each time consent for services is required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child's IFSP. Notification of child and family rights and related financial policy using the NC ITP System of Payment Notification must occur whenever consent for the use of insurance is requested.

Parents should initial the line to confirm that they have received a written copy of the NC ITP System of Payment Notification and that the notifications related to billing private and public insurance benefits have been explained and they understand them. The EI Service Coordinator should review with the parent all pertinent notifications, rights, and safeguards related to use of insurance benefits and consent for use of insurance.

When applicable, parents should initial the line to confirm they understand that when covered by private insurance and Medicaid, private insurance must be billed first under Medicaid policy, before Medicaid benefits can be accessed.

Once all notification, rights, and safeguards have been explained, the parent, or parent surrogate, should use the appropriate check boxes to indicate their consent instructions for use of insurance including any exceptions when applicable.

Signatures: The final step is signing the IFSP Review page. The parent signs and dates where indicated. The EI Service Coordinator and other Agency Representative(s) or their designee(s) sign and date where indicated acknowledging their agreement to work with the family.

Disposition: The original IFSP and subsequent IFSP Review Pages must be kept in the ITP Record created for the child. A copy of the Agreement Page and Review Page may be made and forwarded to the CDSA Business Office for processing. Infant-Toddler Program records, including financial and automated information, must be maintained based upon the ITP's record retention policy. Records must be archived in accordance with ITP and state requirements to ensure their preservation for the required length of time.