

**Appendix E - UNIVERSITY HONORS PROGRAM
SENIOR PROJECT - APPROVAL**

Name: Karyn Bailey
College: Education Department: Theory & Practice
Faculty Mentor: Dr. Sharon Judge
PROJECT TITLE: Early Intervention Services in East Tennessee

I have reviewed this completed senior honors thesis with this student and certify that it is a project commensurate with honors level undergraduate research in this field.

Signed: Sharon Judge, Faculty Mentor
Date: 4/19/04

General Assessment - please provide a short paragraph that highlights the most significant features of the project.

Comments (Optional):

Karyn has written an excellent paper researching 4 different early intervention programs in East Tennessee. Her findings summarize the degree to which families are involved in the decision-making process. Her findings will be a wonderful resource to families and service providers.

Family Centered Early Intervention Services and East Tennessee

Karyn R. Bailey

Honors Project 2004

Abstract:

Early intervention services refer to special services provided for children identified under special education law and children considered being at-risk for school failure. Natural environments may be home-based or child -care center based programs. Family centered practices, or practices that seek to create positive partnerships with families, are essential to successful intervention for young children with special needs (Brambring et. al, 175). Interview questions to determine the degree of family-centeredness of service providers have been adapted from the Brass Tacks: A Self-Rating of Family Centered Practice in Early Intervention programs for both families and service providers. The agencies highlighted in this paper include: the Little Tennessee Valley Educational Cooperative servicing Loudon, Blount, and Monroe counties, Tennessee Early Intervention System, Tennessee Infant Parent Service, and Child Find of Knox County.

Introduction:

The years between the ages of birth to three year are pivotal years for learning and development in young children. Within the United States it is estimated that approximately 3% of infants and toddlers receive early intervention services (U.S. Department of Education, 2000). Early intervention services refer to special services provided for children identified under special education law and children considered being at-risk for school failure. “At its most basic level, early intervention is an interaction between one or more family members and a representative of a service agency”, (Thurman, 19). Special education law is known as the Individuals with Disabilities Education Act 1997. Part H of the act specifically addresses the needs of infants and toddlers. Within Part C of the IDEA act it is stated that early intervention services should be provided within the most natural environment for young children. The natural environment refers to the most natural placement for a typically developing child of the same age to the greatest possible extent. Natural environments may be home-based or child -care center based programs.

Within early intervention service agencies an increasing amount of focus has been placed on the importance of including families in the decision making process regarding the needs of their children. Family centered practices, or practices that seek to create positive partnerships with families, are essential to successful intervention for young children with special needs (Brambring et. al, 175). The guiding principles of family-centered practices are outlined in the chart below.

Premises, Principles, and elements of Family-Centered Services

<u>Premises</u>	<u>Guiding Principles</u>	<u>Service Provider</u>
1. Parents know their children best and what the best for their children. 2. Families are unique and different. 3. Optimal child functioning occurs within a supportive family and community context: The child is affected by the stress and coping of other family members.	1. Each family should lead the decision-making process concerning the type and amount of support and services they receive. 2. Parents should have ultimate responsibility for the care of their children. 3. Each family and family member should be treated with respect. 4. The needs of all family members should be considered. The involvement of all family members should be supported and encouraged.	<u>Behaviors</u> 1. Encourage parent decision-making 2. Assist in identification of child strengths. 3. Provide information to parents. 4. Assist in identifying child needs. 5. Collaborate with parents 6. Provide accessible services 7. Respect families and all family members 8. Support and accept decisions made by families 9. Accept family diversity and cultural needs 10. Believe and trust parents 11. Consider the psychosocial needs of all family members 12. Respect coping styles 13. Build on family strengths

(CanChild Centre for Childhood Disability Research, 2002).

Within this paper I aim to identify four early intervention services within the East Tennessee area and through interviews with program staff and families determine the degree to which families are involved in all aspects of the intervention process. Interview questions have been adapted from the Brass Tacks: A Self-Rating of Family Centered Practice in Early Intervention programs for both families and service providers. Interview questions will explore the degree to which families are involved in the decision-making process and the degree to which service providers strive to create partnerships with families. Questions will also focus on the degree to which service providers acknowledge and support the culture, values, and traditions of families, and the extent to which families are given the information and support necessary to enable them to support the educational and development needs of their children.

This paper is designed to serve as an informational resource for parents, teachers, families, and others who work with children with special needs, providing information about services rendered by four local Early Intervention Service Agencies. Each section outlines the services provided by each agency for parents, children, and families, along with the administrative structure of the program, the guiding philosophies of each program, the role of families within each program, and contact information for each program. The agencies highlighted in this paper include: the Little Tennessee Valley Educational Cooperative servicing Loudon, Blount, and Monroe counties, Tennessee Early Intervention System, Tennessee Infant Parent Service, and Child Find of Knox County. The goal is that interested professionals and families will use this paper as one tool to determine the best possible placement to meet the needs of their particular child.

Little Tennessee Valley Educational Cooperative:

Interview with: Carolyn Critcher, Program Coordinator

The Little Tennessee Valley Educational Cooperative is an Early Intervention Program for children between the ages of birth to three years of age who have been identified as having special needs. The program serves children within Loudon, Blount, and Monroe counties in Eastern Tennessee. All children living within these counties are eligible for free screening. The program, coordinated by Mrs. Carolyn Critcher, is based out of Loudon County with center-based programming being based at Lenoir City Elementary School. Focusing on five areas including, “services to children, family support, staff development, interagency collaboration, and community information” the program provides a variety of services to children and their families.

Little Tennessee Valley Educational Cooperative provides weekly home visits lasting approximately one hour for children within the program. Children may receive physical therapy, educational psychology services, assistive technology, vision, health services, and occupational therapy within the home environment. There is also a center-based element to the program available for seven children within the program once a week. Within the center-based program, based at Lenoir City Elementary School, the children participate in a half-day inclusive program. The program consists of three to four children with identified special needs and three typically developing children, or children who are at risk for developmental delays under Part C of the IDEA 1997 Act. The center-based program is operated like a preschool program featuring an integrated, play based, and thematic program philosophy. The main curriculum utilized is the Kids Are Kids curriculum model, an activity based program in which the individual goals

identified on the IFSP (Individual Family Service Plan), are integrated into classroom activities. The adult to child ratio within the program is at least 1 adult to every 2 children.

Children may be referred to the program through many avenues including doctors, other agencies such as Tennessee Early Intervention System, and by parents who have concerns about the growth and development of their children. The Little Tennessee Valley Educational Cooperative, in conjunction with other agencies, coordinates annual screenings within the community. Children are evaluated using several assessment strategies including the Developmental Assessment of Young Children upon entrance into the program. Children are also evaluated each spring and fall using the PEACH evaluation.

The Tennessee Early Intervention System initially works with families helping to establish eligibility for services and helping to formulate the Individual Family Service Plan. Once parents are referred to the program the Little Tennessee Valley Educational Cooperative uses parent information forms and initial parent interviews to determine the needs, goals, and desires of the parents and families of children.

The Little Tennessee Valley Educational Cooperative considers itself a family-centered program, considering the supports provided to families to be the most important. Staff members work to educate families and provide emotional support for the families and children within their care. Families are encouraged to participate in home based intervention services with the service coordinators during weekly visits and are also encouraged to play an active role in the center-based program when they have the opportunity. Parents are encouraged to act as volunteers within the center -based program and to participate in family field trips.

The main contact within the program is Mrs. Carolyn Critcher. Mrs. Critcher serves as the lead teacher within the center-based component of the program as well as the Speech-Language

Pathologist. Mrs. Critcher is the Loudon county coordinator of the program and handles referrals, participates in interagency meetings, and works with transitioning children to other programs. The Little Tennessee Valley Educational Cooperative places a large focus on staff development. Staff development is considered vital to the success and effectiveness of the program. Each staff member goes through a rigorous orientation program and receives training throughout the year.

The overall program goals for the Little Tennessee Valley Educational Cooperative include maximizing every child's potential and helping children to grow in the direction that the parents and family feel are most important. The program often pairs with agencies that the families have had a previous relationship with in order to help families feel at ease with the program. The program is funded by the United Way and through state funds.

Each year program participants are asked to complete surveys ranking their satisfaction with the program. Consistently over the past five years parents have responded that they are extremely happy with the program. Specifically parents have noted that they particularly pleased with the help provided by weekly home visits and the flexibility of the scheduling. Parents report that home visitors and staff take a genuine interest in the needs of their children and families.

On the whole I would describe Little Tennessee Valley Educational Cooperative as a family-centered program that involves parents in the program as much as possible. The program works to include the whole family and to be as flexible as possible when working with families. One of the greatest strengths of the center-based element of the program is that children work with typically developing peers who can serve as models for appropriate behaviors. The program also works to empower families helping to give them the knowledge and skills to help their children become successful. For more information on the Little Tennessee Valley Educational Cooperative contact Carolyn Critcher at (865)-458-8900.

Child Find of Knox County:

Interview With: Meghann Ferguson, Child Development Specialist

Child Find of Knox County is a public, preschool program for children with special needs coordinated through Knox County Schools. Child Find identifies children within Knox County who have special educational needs in areas such as vision, hearing, speech and language development, motor development, cognitive development, and adaptive behavior. The purpose of the program is to provide support for children between the ages of three and five years of age who are unable to acquire age level skills without additional support. The program components include preschool programs at several Knox County elementary schools. The main office of Child Find is located in Fort Sander's Elementary school in room 210. Child Find also provides special education consultation to regular classroom teachers, and speech and language therapy. Educational supports available through Child Find include occupational therapy, physical therapy, vision services, audiological services, and nursing services. Child Find also works with five local Head Start centers to provide special education support as well as to the Title I preschool programs at Fair Garden School and Sam E. Hill School.

The target population for Child Find includes children between the ages of three and five years of age with special educational needs. Children are referred from a variety of agencies including Tennessee Early Intervention System, doctors and other medical professionals who work with families, preschool teachers within other programs, and parents who may suspect their child is experiencing a developmental delay or having problems learning. Parents must begin the early intervention process with Child Find.

The program is based out of Fort Sander's Elementary School. Initially children are referred for services from a variety of sources. Parents must set-up an appointment to discuss any needs and concerns they have for their children. After an initial meeting with parents children will be assessed and if delays or disabilities are discovered parents will be interviewed about their goals and desires for their children. An IEP (Individualized Education Plan), team will meet to develop the IEP for the child within the program. Parents play an integral role in the development of the IEP and in determining the placement for the child. After the child is assessed and parent needs and desires are fully taken into account an appropriate preschool program placement is determined based upon the child's needs. Within Fort Sander's Elementary school there are several preschool special education classrooms servicing children with a variety of needs.

Within the preschool program the classrooms follow a very structured, developmental program philosophy. The goal is to provide a structured environment in order to help children to grow developmentally. Children receive report cards every 9 weeks evaluating their progress towards their IEP goals. The report card takes the form of a progress report and children do not receive letter grades. The IEP team meets yearly to re-evaluate the goals and objectives of the IEP.

Family needs are identified through a variety of channels. Parents complete a pre-referral form outlining the strengths and weaknesses of their child along with detailing the concerns, goals, and objectives they have for their children. Parents also participate in an in-depth parental interview in which they again discuss their vision for their child's progress within the program. Parents play an integral part in the development of the IEP and nothing goes onto the IEP without the approval of the parents. Parents are also encouraged to participate in classroom activities as

volunteers, to serve as members of the Parent-Teacher Association, and to help with fundraising projects for the preschool program.

The main services available for families within the program take the form of preschool educational services and services related to the development and growth of children, such as physical therapy, speech-language therapy, occupational therapy, and nursing services. Child Find also works to provide contact information for families of children with special needs for outside supports such as support groups and counseling services.

The staff has a variety of roles within the program including arranging for medical releases and coordinating services with other agencies for pre-referral services. The Multidisciplinary team is responsible for coordinating services and determining services for which children will be eligible. The IEP team works to develop the Individualized Education Plan and teachers are responsible for incorporating the goals of their children into daily activities. The IEP team also decides upon the frequency of services and works to coordinate services with other programs.

The physical arrangement includes preschool classrooms within an elementary school setting. Along with preschool services children also receive weekly physical education and music classes. The program is based upon a family-centered model in that everything relates to the needs and desires of the family. The family must get the ball rolling in order to have their child assessed for service eligibility and takes an active role in the development of goals and objectives in the IEP. Child Find is funded through Knox County Schools and state funds.

The Child Find program is an extremely strong program in that children have access to a large variety of services all within one building. Children receive services within a school-based setting, a natural environment for many young children. One of the weaknesses of the program is

that it is a self-contained environment and children do not have much exposure to their typically developing peers within the program. Child Find is working towards rectifying this by inviting typically developing peer tutors to participate in the program once a week for half a day. For more information the Child Find program please contact Judy Miller in the Child Find office at (865)-594-1530.

Tennessee Infant Parent Services:

Interview with Patricia Cooper, Regional League Teacher

The Tennessee Infant Parent Service is a home-based, Early Intervention service for children and their families between the ages of birth to age three with special needs. The main offices for the program are located at 2725 Island Home Blvd in Knoxville, TN. Children identified as having a 40% delay in one developmental domain or a 25% delay in two or more developmental domains are eligible for services. The purpose of Tennessee Infant Parents Services is to provide support, knowledge, skills, emotional support, coping strategies, problem-solving skills, and developmental information to the parents of children identified as having special needs. Within the program specially trained home visitors make weekly visits to the home of the child and family receiving services and provide developmental training to the parents and caregivers of children. Home visitors also visit childcare facilities where children receiving care attend and provide specialized training to outside caregivers.

Children may be referred to Tennessee Infant Parent Services through a variety of means including medical professionals, teachers, other adults who work with children, and concerned parents. The program is completely home-based, occurring in the child's natural environment. Home visitors make an initial home visit and discuss children's strengths and weaknesses with

parents. After discussing what parents view as the primary concerns for their children the home visitor with the help of the parents determine what curriculum they will implement with the child. Curriculum options include the VIISA curriculum for children with special needs, the AHEAD curriculum which is a dual program used for children who spend time both at home and in a child care setting, the INSITE curriculum, and the SKI*HI curriculum. As the parents and home visitor decide upon a curriculum to implement with the child the home visitor will visit the family weekly and provide in-depth training in the curriculum for parents and other primary caregivers, helping them to implement the curriculum in their homes. Home visitors also refer families and caregivers to a variety of outside resources including support groups and counseling services.

Before being referred to Tennessee Infant Parent Services children will be assessed and found eligible for special education services. The evaluations provided by Tennessee Infant Parent Services are primarily programming evaluations. Evaluations such as the PEACH and the HAWAII evaluation tools are used to determine what the most integral components of the home based curriculum will be, coupled with parental concerns. These evaluative tools are used to develop the most comprehensive developmental program for the child within their home environment. Curriculum topics often include developing family interaction plans to assist in the increase in communication of the child. Home visitors help families develop natural, stimulating, language rich environments for children. Home visitors also help to educate parents on the importance of play in the social, emotional, and cognitive growth of children and help families to facilitate play in the home. Family support discussions facilitated by the home visitor help families identify and cope with feelings associated with having a child with a disability. A

multidisciplinary meets with Tennessee Early Intervention Systems to develop the Individual Family Service Plan for children receiving services.

Family needs are the backbone for the Tennessee Infant Parent Service program and are identified in a variety of ways. Initially home visitors meet with parents and care givers of children and interview them about their concerns and needs for their children. Families also complete needs surveys where they share their concerns as well. Because the program is home-based program parents participate extensively in weekly sessions with the home visitors and children and have opportunities to share any burgeoning concerns with the home visitor. The principal services available within the program include curriculum planning and develop in conjunction with family needs and weekly monitoring of child progress. Tennessee Infant Parent Services also refers families out for a variety of services including Speech-Language therapy, physical therapy, and occupational therapy in conjunction with Tennessee Early Intervention Services.

Because services take place predominantly in the home, parents are extremely involved in the implementation of programming ideas. Parental concerns are the driving force behind the development of the curriculum and work to implement the curriculum daily within the home.

Home visitors are responsible for weekly visits for each of the children they are responsible for. Home visitors plan curriculum, work with parents to implement curriculum, and work with outside agencies to coordinate other services. Services are coordinated with the help of the Tennessee Early Intervention System with whom they work very closely. The program is extremely family- centered. The success of the program falls heavily on the shoulders of active parents. The program is funded through the Tennessee Department of Education.

The Tennessee Infant Parent Service is an extremely strong program. One of the many strengths of the program includes the strong family-centered philosophy. Families drive the program and are responsible for the implementation of programming within their homes. The program empowers parents because they learn to take a proactive role in the education and development of their children. They also have a very strong relationship with Tennessee Early Intervention System and work closely with this program in service coordination. Another strong point of the program is the individual program developed to fit the individual, unique needs of each family. One of the weaknesses of the program could be that for parents who feel that they don't have enough knowledge to take such a strong role in the education of their children may feel overwhelmed by the program, although the group works hard to help parents feel empowered. For more information on the Tennessee Infant Parent Service contact Janet Caldwell at (865)-579-3099.

Tennessee Early Intervention System:

Interview with Kathleen Rutherford, Child Find Coordinator

The Tennessee Early Intervention System is a statewide Early Intervention System operated by the Tennessee Department of Education. The system has offices throughout the state of Tennessee. The mission of the Tennessee Early Intervention System includes empowering the families of developmentally delayed children between the ages of birth to three, coordination of an expansive network of services for children with special needs, and the development of an intensive transition program for children and families. The Tennessee Early Intervention System works to accomplish its mission through increasing awareness of the importance of Early Intervention services for young children with special needs, providing resources and referrals for

families within their program, advocating for the needs of families, and developing a statewide system with an emphasis on natural settings and respecting the wishes of the family first.

The philosophical basis of services provided by Tennessee Early Intervention System is the family first. All services are tailored to meet the needs, wants, and desires of the family for the child. The rule of thumb for Tennessee Early Intervention System is that the family is the first teacher and the needs of the family must always be respected and valued.

The target population for the Tennessee Early Intervention System is children between the ages of birth to three years of age. Children must have a 40% delay within one developmental domain or have a 25% delay within two or more developmental domains to be eligible for services. Children may also receive services if they have a diagnosed condition that puts them at risk for developmental delays.

Children are referred for services through a variety of means including physicians and other health care professionals, teachers, and concerned families. The Tennessee Early Intervention System has offices in nine districts across the state. The offices are responsible for identifying children with special needs through assessment, evaluating children to determine if they meet eligibility requirements, and coordinating all of the services that a particular child will need. Tennessee Early Intervention System staff works with the family to develop the Individual Family Service Plans and works closely with other local agencies to meet the needs of the children within their care.

Children are identified using the BATEL and the DAYC assessment programs. They are given a variety of multidisciplinary evaluations to determine the components of their Early Intervention program. Following child evaluations and interviews with families a multidisciplinary team meets to determine the services available for each child.

The family is the corner stone of programming for the Tennessee Early Intervention System. Family needs are the first priority of the program. Families complete a Family Assessment noting the needs, desires, and major concerns they have for their children during their child's assessment. Staff from Tennessee Early Intervention System makes home visits and interview families in the home in order to further gauge their needs. All assessments are completed within the home and families are the driving force behind the goals and objectives listed on a child's Individual Family Service Plan. Families also are encouraged to participate in therapy and other services that take place in the home.

Staff within the Tennessee Early Intervention System has a variety of roles and responsibilities, including working with children and families in the home, helping write Individual Family Service Plans, and coordinating a variety of services with a myriad of agencies. Tennessee Early Intervention Services coordinates services including physical therapy, occupational therapy, speech and language therapy, and other services as well. The main office for the Tennessee Early Intervention System in Knoxville is located at 10521 Research Drive. Services are coordinated with a variety of agencies based upon the individual needs of each child.

The program is funded by the Individuals with Disabilities Education Act of 1997 and through the Tennessee Department of Education. The Tennessee Early Intervention System is another strong system. Because the system is so large, covering 16 counties and spanning the entire state, they have an endless abundance of resources and contacts. Each program identified in this paper has ties to the Tennessee Early Intervention System. Another strength of the program is the strong focus on the needs of the family within the system. The only weakness of the program is that because it is so large families may feel overwhelmed by the size and scope of the system.

For more information on the Tennessee Early Intervention System contact Kathleen Rutherford in Knoxville, TN at (865)-974-2838 or utilize their toll free number 1-800-852-7157 anywhere in the state of Tennessee.

A Parental Interview:

An Interview with Ms. Nadine O., mother of 2-year-old daughter with special needs

Ms. Nadine O. is the mother of a 29-month-old daughter with delays in speech. Ms. O. first became concerned when she noticed that her child was not speaking although she was over a year old. After speaking with a nurse at the local Women's, Infants, and Children's Clinic Ms. O. decided to contact the Tennessee Early Intervention System about her concerns. After speaking with staff at the local Tennessee Early Intervention System office, and arranging for an assessment, it was determined that Ms. O's daughter did qualify for services and was experiencing a significant delay in speech language as well as experiencing some problems with her hearing. Ms. O shares her experiences with the Tennessee Early Intervention System.

When asked about her experiences with the Tennessee Early Intervention System Ms. O responded that she has been extremely pleased. "Everyone that I have worked with at the office has been extremely helpful. 'Baby O' was my first child and I knew something was wrong but was not sure what. The staff at TEIS has really taken the time to walk me step by step through 'Baby O's' assessment process and helped me understand everything that involves her speech-language therapy".

Ms. O also reported that the speech-language pathologist who is working with "Baby O" has helped her understand ways in which she can help "Baby O". "I've learned lots of methods for

helping 'Baby O' become more comfortable with speech and language in general. We work on it at home all the time".

Finally, when ask whether she would recommend the Tennessee Early Intervention Service to parents of children with special needs she responded, "Definitely. They have really blessed me. When I brought 'Baby O' in I didn't know what was wrong, I was just very worried. Now I feel like she's getting all the help she needs, and I feel like I can help her myself".



Appendix A: Sample Interview Questions from *Family-Centered Practices*

Appendix B: Sample Individualized Family Service Plan

INDIVIDUALIZED FAMILY SERVICE PLAN

Child's Name: _____
 Birthdate: _____

IFSP Meeting Date: _____
 IFSP Type: Initial Annual
 Designated Service Coordinator: _____
 Service Coordinator Phone #: _____

Six Month Review
 Annual IFSP
 Additional Review Dated

Date Due Date Completed

 m/d/y m/d/y m/d/y m/d/y m/d/y m/d/y

Date Due Date Completed

Transition Dates

Notification of Local Education Agency (LEA) by age two.

Planning Conference with Parent/s, Lead Agency, LEA and other Service Providers, as appropriate.

(At least 90 days, or up to 6 months prior to child's third birthday)

Transition to LEA, as appropriate.

Natural Environments/Settings

To the maximum extent appropriate, services will be provided in natural environments, including the home, and community settings that are natural or normal for the child's age peers who have no disabilities. Natural environments for young children are those environments/situations that are within the context of the family's lifestyle – their home, their culture, daily activities, routines and obligations. Services will only be provided in settings not identified as the natural environment when it is determined that the desired outcome/s cannot be satisfactorily achieved within the natural environment of this child and family.

The natural environment for _____ includes the following places/settings:

Page One: COVER PAGE

Enter

Child's Name (first, middle, last)
Child's Birthdate

IFSP Meeting Date – date of this meeting
IFSP Type – check if Initial or Annual
Designated Service Coordinator – name and agency
Service Coordinator's Phone #

Planned **Six Month Review** date and **Annual IFSP** date – enter the approximate Date Due and, later, enter the Date Completed (actual date the meeting was completed.)

Additional Review Dates – enter the actual date(s) of occurrence(s).

Transition Dates

Notification of Local Education Agency, Planning Conference, and Transition to LEA – enter the approximate due dates and, later, the actual dates completed.

Natural Environment/Settings

Enter the name of the child, and list or describe places and settings the team, including the family, has identified as natural environments for the child.

Page Two: IDENTIFYING INFORMATION

Enter **Child's Name, Birthdate, Social Security Number, Address, Phone Number.** Enter **Parent's Name(s)** – the natural or adoptive parent and **Parent's Address**, if different from child's.

Eligibility

Enter a check next to the Part C eligibility which indicates the Part C eligibility criteria the child meets (check only one.) If eligible for DMR and/or CSS, check the appropriate box.

Referral

Enter the date of referral and state the specific agency, professional, or person making the referral.

Documentation (To be completed at the end of the meeting)

All members of the IFSP team should

1. Sign (if team member contributed but was not present, see #4.)
2. Enter the agency/title of the team member.
3. Enter date – the date of the meeting.
4. If team member contributed/not present at the IFSP meeting, print the name in the signature column and describe the method of contribution (conference call, written input, telephone call, etc.)
5. If team member fully agrees with the IFSP, check under "Fully Agree." If team member disagrees with part of the IFSP, use the space indicated to document area(s) of concern. Attach additional pages if necessary.

Designated Service Coordinator/Agency and Rationale

Enter the name of the person/agency the team selected and the rationale the team used in selecting this person.

Informed Parental Consent

Parent check the appropriate boxes (each must be checked yes.) Parent(s) signature indicates that procedural safeguards have been followed.

IDENTIFYING INFORMATION

Child's Name: _____

Child's Birthdate: _____ Child's Social Security #: _____

Child's Address: _____

_____ Street

City: _____ TN Zip: _____

Phone: _____ County: _____

Parent's Name(s): _____

Parent's Address (if different from child): _____

_____ Street

City: _____ TN Zip: _____

Phone: _____

	Part C/TEIS/TIPS	DMR	CSS
Eligibility	From Tennessee' Definition of Developmental Delay Meets: (check if applicable) % of Delay ☐ Diagnosed Condition ☐ Informed Clinical Opinion ☐	DMR ☐	CSS ☐
Referral	_____ m/d/y _____ Source	_____ m/d/y _____ Source	_____ m/d/y _____ Source

DOCUMENTATION

IFSP Team Member – If present, sign If not present, list member's name	Agency/Title	Date	Contributed/ not present/method	Fully Agree	Area(s) of Concerns/ Comments
(Service Coordinator who organized this IFSP meeting)					
(Parent)					
(Parent)					
(Evaluator/Assessor)					

Designated Service Coordinator/Agency and Rationale

Name	Agency	Address	Phone #	Rationale
Informed Parental Consent				
yes	no			
☐	☐	I am the parent/legal guardian/Department of Education trained surrogate parent of this child.		
☐	☐	I have been informed of & understand my rights as a parent in Tennessee under Part C Regulations. I have received a copy of <u>Rights of Infants and Toddlers with Disabilities</u> .		
☐	☐	I have participated in the development of the IFSP and understand its contents.		
☐	☐	I agree to its implementation to the degree noted above.		
Parent		Date	Parent	Date

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Pages Three and Four: PRESENT LEVELS OF DEVELOPMENT

Record, next to the word "By," the name of the professional(s) who conducted the formal or informal screening, evaluation, or assessment which provided the information for the present levels of development. Enter the Date of the procedure and the child's Chronological Age at the time of the procedure. If the child was at least four weeks premature and under the age of two, enter the Adjusted Age. A narrative statement must be provided which records the strengths and needs of the child in each area of development. Test results should be reported in quantitative form (age level, percentiles, etc.). If the adjusted age is less than zero, the quantitative form of test results is not required.

Record the strengths and needs of the child in the developmental areas, based on professionally acceptable, objective criteria. This information, along with the family's resources, priorities, and concerns, will be used in determining the major outcomes. The "Other" space may be used for any additional information, including the family's assessment of the child's present levels of functioning (especially if the family has chosen not to have a Summary of the Family Resources, Priorities, and Concerns discussed at the IFSP meeting.)

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PRESENT LEVELS OF DEVELOPMENT

Child's Name

(Include a statement of functional strengths & needs in each area)

Health Date	By Chron. Age	(Adj. Age)		<u>Needs</u>
Vision Date	By Chron. Age	(Adj. Age)		<u>Needs</u>
Hearing Date	By Chron. Age	(Adj. Age)		<u>Needs</u>
Physical Development-Gross Motor Date	By Chron. Age	(Adj. Age)	Instrument	<u>Needs</u>

Physical development/Fine Motor Date	Chron. Age <u>Strengths</u>	By (Adj. Age)	Instrument	<u>Needs</u>

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PRESENT LEVELS OF DEVELOPMENT (Continued)
(Include a statement of functional strengths & needs in each area)

Child's Name _____

Communication Development (Speech/Language)			By	Instrument	
Date	Chron. Age	(Adj. Age)			<u>Needs</u>
	<u>Strengths</u>				
Cognitive Development			By	Instrument	
Date	Chron. Age	(Adj. Age)			<u>Needs</u>
	<u>Strengths</u>				
Social/Emotional Development			By	Instrument	
Date	Chron. Age	(Adj. Age)			<u>Needs</u>
	<u>Strengths</u>				
Adaptive Development			By	Instrument	
Date	Chron. Age	(Adj. Age)			<u>Needs</u>
	<u>Strengths</u>				
Other			By	Instrument	
Date	Chron. Age	(Adj. Age)			<u>Needs</u>
	<u>Strengths</u>				

Page Five: SUMMARY OF FAMILY RESOURCES, PRIORITIES, AND CONCERNS RELATED TO ENHANCING THE DEVELOPMENT OF THE CHILD

Information given in this summary is to reflect the **Resources, Priorities, and Concerns** of the family as identified by the family. The assessment is voluntary on the part of the family. The assessment should come from multiple sources which could include focused interviews, informal interviews, surveys.

Indicate, by checking wither "yes" or "no" in the statements at the top of the page, the family's decision concerning participation in a voluntary family-directed assessment and the inclusion of the voluntary family-directed assessment information in the IFSP.

Enter the type(s)/method(s) of family assessment used, the date(s) that the family assessment(s) took place and the names of all who participated in the assessment process, including family members and professionals.

Enter in narrative or list form, a summary of

1. **Family Resources** that are available to the family, including formal and informal supports systems, educational resources, personal resources of family members (for example, the mother does not work outside the home and is very motivated to take her child and has time readily available to take her child to needed appointments, or the family is aware of their financial situation and is willing to accept financial help if it can secured.)
2. **Priorities** of the family—those things which are most important for the child and family.
3. **Concerns** of the family, including concerns the family has regarding their ability to cope with the child's situation (for example, the family has a low income and is very concerned about its ability to pay for services their child needs.)

Child's Name _____

SUMMARY OF FAMILY RESOURCES, PRIORITIES, AND CONCERNS RELATED TO ENHANCING THE DEVELOPMENT OF THE CHILD

yes no

☐ ☐ Family agreed to a voluntary family-directed assessment.

☐ ☐ Family agreed to the inclusion of the voluntary family-directed assessment in the IFSP.

Type(s)/method(s) of Family Assessment Used: _____

Date(s) of Family Assessment: _____

Participants

Family Resources	Family Priorities	Family Concerns
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Page Six: OUTCOME/ACTION STEPS

Major Outcomes

Based on information discussed prior to and during the IFSP meeting and documented on Page Two (Present Levels of Development) and on Page Three (Summary of Family Resources, Priorities, and Concerns Related to Enhancing the Development of the Child), the team (family and professionals) will identify major outcomes—changes the family and the other members of the team would like to see for the child and/or family. Major outcomes may range from broad, long-term goals to short-range objectives. Major outcomes should be written in commonly understood language. An outcome should be written so that it could be used to determine whether the goal/objective was met. A separate page is to be used for each major outcome.

Enter:

Major Outcome # The outcomes are numbered in the box for reference purposes only.

Major Outcome—for example

Johnny will eat table foods at family meals.

Ricky will learn to cruise in order to develop independent walking.

Mary will locate food placed in front of her in order to learn to feed herself.

Susan will find a child care center in order to provide adequate supervision of children enabling her to maintain a full-time job.

David will smile and make vocalizations during play and care giving to show that he is happy, pleased, satisfied.

Timeline (Target Date)—the date by which the team hopes this outcome will be reached. This is usually one year but may be less than one year but no more.

Action Steps

List the steps, activities, strategies needed to achieve outcomes, for example:

--have feeding assessment

--refer to and participate in feeding therapy if recommended by feeding assessment

--Susan will obtain a list of possible child care centers from friends and DHS

--home base interventionist will provide information to family on feeding strategies

Enter the name of the person(s) and agency responsible for each step, activity, or strategy.

Review/Changes

Review Status and **Date** are to be completed when reviews are completed and/or modification to the outcome is made with agreement by the family (and documented with a Review/Change form.)

Enter in the box beside review status the number which specifies the current status of the outcome.

If a modification is made the outcome, enter the modification to the outcome or steps on the Review/Change Form.

Comment is a brief statement or modification relating to the major outcome.

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OUTCOME/ACTION STEPS

Child's Name _____

Major Outcome # ☐ _____ Timeline (Target Date) _____

Action Steps	Person(s) Responsible

Review/Changes

Comment

* ☐ Review Status _____	Date: _____ m/d/y
* ☐ Review Status _____	Date: _____ m/d/y
* ☐ Review Status _____	Date: _____ m/d/y
* ☐ Review Status _____	Date: _____ m/d/y

*Review Status Key (1) on going (2) completed (3) delayed (4) unavailable (for non-required services only) (5) modified

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Page Seven: SERVICES

Enter

Services needed to achieve the outcome. These include services required by Part C and also additional services not required by Part C. Non-required services might include those provided through informal supports and/or community resources/services. Also list services (not required by Part C) that are needed but unavailable at this time.

Outcome #(s)--the reference number for the major outcomes.

Provider name--the agency or person recommended to provide the service.

Required or Non-required--enter an "R" if the service is required by Part C or an "N" if the service is not required by Part C--see listing of required services on Page Eight (Outcome/Service Summary Page.)

Starting Date--the date on which the service is scheduled to begin.

Expected Duration--approximate length of time (weeks/months or actual date) that the service is expected to last.

Environment--in which the service is to be provided.

Frequency--the number of sessions scheduled each week or month, whichever is most appropriate. Do not use "TBD" or "to be determined."

Intensity--the length of time a service is provided during each session and whether it is provided on a group or individual basis.

Payor--by whom or how the provider will be compensated. Part C funds should be used only as a "last resort" after all other resources have been accessed.

Review Date and Review Status--columns are to be filled in when reviews are completed and/or modifications to the services are agreed upon (and documented with a Review/Change Form.) Add the service(s) from the Review/Change Form to this page.

Enter

Review date--the date on which the review took place.

Review status--use the status key at the bottom of the page and enter the appropriate number.

JUSTIFICATION FOR PROVISION OF SERVICE IN ENVIRONMENT/SETTING NOT IDENTIFIED AS THE NATURAL ENVIRONMENT

If any of the above environments are not listed on Page One as natural for this child/family, complete this section.

Service--the required service listed above that is not being provided in the natural environment.

Options Considered--the environments/settings that were identified by the family and team as natural environments/settings and were considered by the team as possible environments for service delivery.

Complete the statement "**The desired outcome could not be achieved in the natural environment because:**" This will be the justification for the services not provided in the natural environment.

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SERVICES										Child's Name		
Service	Outcome #/s	Provider	Required or Non/Req	Starting Date	Expected Duration	Environment	METHOD	Frequency	Intensity	Payor	Review Date	*Review Status

Justification for Provision of Service in Environments/Settings not Identified as the Natural Environment

Service: _____ Options Considered _____

The desired outcome could not be achieved in the natural environment because:

Service: _____ Options Considered _____

The desired outcome could not be achieved in the natural environment because:

Service: _____ Options Considered _____

The desired outcome could not be achieved in the natural environment because:

*Review Status Key (1) on going (2) completed (3) delayed (4) unavailable (or nonrequired services only) (5) modified

Page Eight: OUTCOMES/SERVICES SUMMARY PAGE

In the left hand column of this page, list the **Major Outcomes** (by number and description) from Page(s) Six. Across the row, identify those **Services to be Provided (required by Part C)** to the child entering a "C", those services to be provided to the family by entering an "F", and those services which will provided to child and family by entering "CF." Services which are required to be provided by Part C when needed are listed.

List other **Non-Required Services** which have been identified as beneficial to the child and/or family in the spaces provided.

C/F-Child and Family

Child's Name _____

[illegible]

Page Nine: REVIEW/CHANGE FORM

This is a multipurpose page. It is used to enter

1. Changes/additions to identifying information entered on Page Two.
2. Information if there is a change in the child status.
3. Information regarding an IFSP review/change.

Enter **Child's Name**.

Enter **Date of Current IFSP**.

Enter **Review Date**—the date this form was completed. Also enter the review date on the Cover Page.

Enter a check under **Review Type** to indicate reason form is used.

Enter a check under **Review Status** to indicate the status of the IFSP.

Complete the box regarding **Inactive Status** if form is being completed to reflect inactive status (otherwise, do not complete.)

Enter the date when inactive status began. Circle one of the listed reasons for inactive status or specify "other" by giving a written description.

Enter reference of page/outcome#/service where changes/additions have been made.

Complete information regarding changes in outcomes or services as they occur.

Complete information regarding progress of outcomes at six month reviews or sooner if outcomes are completed.

This space may also be used to enter any changes to identifying information recorded on Page Two such as address, phone, parent.

Parent(s) check the appropriate boxes indicating their participation and approval and consent to the changes in the IFSP. Signatures of parent(s) and designated service coordinator are required.

Other IFSP Team Members Contributing to Review

Enter

Name (signature, if present, or printed, if not present, at time of review)

Title/Agency

Date contributed

Method of contribution (phone call, conference call, written review)

REVIEW/CHANGE FORM

Child's Name _____
Date of Current IFSP _____

Inactive Status _____ **Date inactive status began** _____

no longer eligible _____

transition (Part B/Other) _____

parent declined further service _____

whereabouts unknown _____

other (specify) _____

Review Date	Review Type	Review
IFSP _____	_____ six month	_____ continue
IFSP _____	_____ parent request	_____ change
IFSP _____	_____ provider request	_____ inactive

Enter reference of page/outcome#/service where changes/additions have been made.

yes no

☐ ☐

☐ ☐

I have participated in the review of this IFSP.

I approve the review status indicated and consent to the changes of outcome(s) and/or service(s) as in the IFSP.

noted

Parent _____ Date _____

Parent _____ Date _____

**Other IFSP Team Member
Contributing to Review**

Name	Title/Agency	Date	Method

TRANSITION FROM PART C SERVICES PLAN

Today's Date _____
m/d/y

Child's Name _____

Date of Birth _____

Current Program	Name	Type

Anticipated Date of Transition: _____

[illegible]

Transition Plan (cont.)

Child's Name _____
Transition Page # ____

Planned Transitioning Procedures	Implementor	Timeframe	Date Completed

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LEA _____

PLANNING CONFERENCE TRANSITION FROM PART C SERVICES

Child's Name: _____ Child's Address: _____ City: _____ State: _____ Zip: _____ Child's Birthdate: _____ Child's Phone Number: _____ Parent's Name: _____	Date of Conference: _____ m/d/y (No later than 90 days, and up to 6 months, prior to the child's third birthday) Note: Attach additional pages for notes or signatures, as needed
Conference Notes: List/summarize activities discussed and/or planned to facilitate a smooth transition for this child and family from Part C Services	
Conference Participants: (Signature)	

Parent/s participation: (Signature) _____	☐	I have participated in the decisions made during this Transition Conference.
_____ Date _____	☐	I agree/disagree with the decisions made at this meeting.
_____ Date _____	☐	I have been informed of my Rights as a parent of a child with disability under Part B of IDEA.

Other Participants/Name	Title	Agency/LEA	Date
	Designated Service Coordinator		
	LEA Representative		
	TEIS Representative		
	Other Agency Representatives		

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6/22/98 Please fax a copy of this completed document to the State Department of Education at (615)532-9412 following this Planning Conference.

Planning Conference Transition From Part C Services Instructions

Required or Equivalent Form

Purpose: To document discussion and plans made at the transition meeting held 6 months to 90 days prior to the Part C eligible child's third birthday. CFR 303.148 (b) (2) ; CFR 303.344 (h)

Method: The designated service coordinator completes this form during the transition meeting or shortly afterwards. It is faxed to the Department of Education, Division of Special Education, Office of Early Childhood, where it is filed for monitoring purposes.

Directions:

1. Complete the identifying information regarding the child and family.
2. Complete the date the transition conference was held (90 days to 6 months prior to the third birthday.)
3. Summarize the discussion and plans made during the transition meeting. The complete transition plan is included in the IFSP.
4. Document the parent's participation in the meeting and their agreement to the plans. Document that parents have received a copy of parental rights under Part B.
5. Document the other participants attendance at the transition meeting by signatures. At a minimum the participants consists of the parents, designated service coordinator, TEIS representative, who may also be the designated service coordinator and LEA representative.

6. Fax this form to the Department of Education following the conference.

Works Cited

1. Brambring, Michael, Hellgard Rauh. and Andreas Beelman (1996). Early Childhood Intervention: Theory, Evaluation, and Practice. Walter de Gruyter: Berlin.
2. CanChild Centre for Childhood Disability Research (2002). *Premises, Principles, and Elements of Family-Centered Services.* Ontario, Canada: McMaster University, Hamilton.
3. Dunst, Carl J., Carol M. Trivette, Cheryl Johanson, and Nancy Gordon (1992). *Family-Centered Practices.* .
4. Thurman, S. Kenneth, Janet R. Cornwell, and Sheryl Ridener Gottwald (1997). Contexts of Early Intervention: Systems and Settings. Paul H. Brooks: Baltimore.
5. McWilliam, P.J. & Winton, P. (1990). *Brass tacks: A self rating of family-centered practice in early intervention.* Chapel Hill, NC: Frank Porter Graham Center.