## IFSP MEETING

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<tr>
<th>Provider:</th>
<th>Program:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Child ID:</td>
<td>Child Name: (First, last initial)</td>
<td>Location:</td>
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<td></td>
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<td>□ Home □ Program Office</td>
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**Service Team:**
- □ Svc Coordinator: □ PT/OT/SLP: □ Interpreter: □ Other:
- □ Dev Specialist: □ RN/Social Work: □ Interpreter: □ Other:

### BEFORE IFSP Meeting
1. Parents received prior written notice BEFORE the IFSP meeting took place. □ Yes □ No □ N/A
2. Parents received all paperwork/forms in their preferred language. □ Yes □ No □ N/A

### DURING IFSP Meeting
1. The IFSP team included professionals from appropriate disciplines to address the stated concern. □ Yes □ No □ N/A
2. The team explained the IFSP process and the family was able to ask questions. □ Yes □ No □ N/A
3. The IFSP meeting was held face-to-face at a convenient time/place for the family. □ Yes □ No □ N/A
4. The team conducted the IFSP meeting in the family’s preferred language, and showed cultural competence. □ Yes □ No □ N/A
5. The team used reflective listening to develop relationships with the family. □ Yes □ No □ N/A
6. The team offered expertise/info that was not overwhelming for the family. □ Yes □ No □ N/A
7. The team listened to the family’s input. □ Yes □ No □ N/A
8. The family appeared to feel comfortable during the IFSP meeting. □ Yes □ No □ N/A
9. The team wrote IFSP outcomes that reflected the family’s priorities. □ Yes □ No □ N/A
10. The team reviewed Parent Rights BEFORE asking the family to sign the IFSP. □ Yes □ No □ N/A

The final IFSP included:
- □ Service initiation and duration dates
- □ Child’s current level of functioning in ALL domains
- □ Family concerns, priorities, resources
- □ Measurable, jargon-free, routines-based, functional family outcomes
- □ Service types, minutes, frequency, intensity, and location customized per IFSP outcomes
- □ Other service info, as appropriate
- □ Preschool/community transition info, as appropriate
- □ Family fee payment arrangements
- □ Names and signatures of all attendees
- □ Service Coordinator contact info

### Notes:
**HOME VISIT**

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**BEGINNING of Home Visit**

1. Provider greeted the family, and clearly stated the purpose of the visit. □ Yes □ No □ N/A
2. Provider asked open-ended questions re: effectiveness of current routines/activities. □ Yes □ No □ N/A
3. Provider asked the parent if they had new issues, challenges, concerns to discuss. □ Yes □ No □ N/A
4. Provider/parent discussed what went well, what to continue, what to change. □ Yes □ No □ N/A

**DURING Home Visit**

1. Provider followed the parent’s and child’s lead, and encouraged family involvement. □ Yes □ No □ N/A
2. Provider was able to naturally join in family activities and routines. □ Yes □ No □ N/A
3. Provider created developmentally appropriate learning opportunities for the child. □ Yes □ No □ N/A
4. Provider used adult learning principles to share information with parents/family. □ Yes □ No □ N/A
5. Provider demonstrated child-centered activities, described what they were doing, and showed the parent how to join in and follow the child’s lead. □ Yes □ No □ N/A
6. Provider suggested appropriate adaptations to toys/materials/home environment. □ Yes □ No □ N/A
7. Provider/family practiced embedding new strategies/activities into daily routines. □ Yes □ No □ N/A
8. Provider gave the parent ongoing feedback during parent-child interactions. □ Yes □ No □ N/A
9. Provider observed and discussed the parent-child interactions with the parent. □ Yes □ No □ N/A
10. Provider used reflective listening to make suggestions for new activities/outcomes. □ Yes □ No □ N/A
11. Provider made recommendations to include child in family and community life. □ Yes □ No □ N/A
12. Provider and parent discussed the family’s concerns, priorities and resources. □ Yes □ No □ N/A

**END of Home Visit**

1. Provider discussed the current visit and what will happen between visits. □ Yes □ No □ N/A
2. Provider discussed the steps/actions to be taken before the next visit. □ Yes □ No □ N/A
3. Provider explained future involvement of other team members (co-visits, etc.). □ Yes □ No □ N/A
4. Provider gave the family the chance to ask questions and discuss priorities. □ Yes □ No □ N/A
5. Provider and family developed a plan for the next visit. □ Yes □ No □ N/A
6. Provider confirmed the date and time of the next visit with the family. □ Yes □ No □ N/A
7. Provider documented the visit in BTOTS. □ Yes □ No □ N/A

Notes: