

II. Family's Concerns, Priorities, and Resources

Why are you interested in receiving help for your child?

We are concerned about Hope's hitting, biting, crying, and screaming behaviors. We would like to find ways for Hope to sleep better.

What do you want the IFSP Team to know about your child?

- Pregnancy and birth history
- History of child's growth and development
- Medical Information
- Other important events or information
- When you were first concerned
- Effect of child's needs on the family
- Child likes
- Family activities
- Parent choices
- Your concerns now
- What is most important to you now
- Helpful people and agencies

| Date | Information |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8/5/05 | <p><u>Concerns:</u> Hope witnessed incidents of family violence.</p> <p>Hope has begun to act aggressively towards her sister (hitting, pulling her out of the baby seat, and poking her in the eye).</p> <p>Hope often does not eat well and has difficulty falling asleep. She tends to act nice around adults, but hits and bites other children when they try to play with her toys.</p> |
| 8/5/05 | <p>We want to know what to do to correct her behaviors and to help to support her positive social interactions.</p> <p><u>Priorities:</u> We want Hope to share her toys with other children. We want her to go to sleep without having a tantrum and demanding for mom to be with her.</p> |
| 8/5/05 | <p><u>Resources:</u> Hope attends a good supportive daycare. We have family that is interested in helping Hope in any way that they can.</p> |

Child's Name: Hope Smith

Medicaid Number: SMI043003 N/A

Agency: Anywhere CDSA

Section Number: II

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Instructions:

This section is optional for families to complete.

Including family information in the IFSP is voluntary on the part of the family. This information helps identify what families want from early intervention for their children and themselves.

It is important for the family to express their concerns, priorities, and resources in a positive manner because these elements become the backbone for the rest of the document. This section should be presented to families to complete. Staff should be available to assist by lending encouragement, giving examples, brainstorming, etc. In some instances the EI Service Coordinator may be requested or need to offer to record the family's concerns, priorities, and resources.

Why are you interested in receiving help for your child?

This question is asked because it encourages the family to express their hopes for growth and change. Families may not know what services are available and might respond, "We are not sure; our doctor suggested we come and talk with you." Regardless of the response, it opens discussion and the opportunity to express concerns.

What do you want the team to know about your child?

This section suggests topics for the family to address, and gives them the freedom to choose what they wish to address. The topics are only there to generate discussion and do not pertain to all situations. This is where the family shares their perspective of events in their child's life. Information may point out areas where strengths can be reinforced or assistance is needed. In recounting their stories, families often find new ways of seeing events and recognizing strengths.

If the family elects not to complete this section, the EI Service Coordinator should document on the page that the opportunity was offered and declined at this time.

Date: Use this column to indicate the date the family shares concerns, priorities, and resources and other information. Date format is mm/dd/yy.

Information: Record information related by the family pertaining to their concerns, priorities, and resources and other information.

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

Medicaid Number: Enter child's Medicaid number. If child does not have a Medicaid number, check the box indicating N/A.

Agency: Identify which Children's Developmental Services Agency is involved.

Section Number: Identify page using the roman numerals corresponding with the Section. If inserting additional pages, indicate with letter of alphabet after numeral (e.g. if adding a page to Section III, identify that page as IIIa).