

I. Individualized Family Service Plan (IFSP) Information

Child's Name: _____ **Date of Birth:** _____ **Male** **Female**
Parent(s) Name(s): _____ **Day Phone:** _____ **Age at Referral:** _____
 _____ **Alt. Phone:** _____ **Date of Referral:** _____
Address: _____ **Evening Phone:** _____ **IFSP Meeting Date:** _____
 _____ **County:** _____ **IFSP Start Date:** _____
City/State: _____ **Zip Code:** _____ **Interim IFSP Date:** _____ **N/A**

IFSP TEAM

Name	Relationship/Role	Phone Number	Address	Date

Language Spoken at Home: _____
School District: _____

Child's Name: _____
Medicaid Number: _____ **N/A**
Agency: _____
Section Number: _____

ID #:

I. Individualized Family Service Plan (IFSP) Information

Instructions:

The information section includes specific 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.

Parent's Name: Enter the name(s) of parent(s) or guardian.

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

City/State: Record city and state.

Day Phone: Enter phone number where parent(s) can be reached during the day.

Evening Phone: Enter phone number where parent(s) can be reached during the evening.

County: Enter the child's legal county of residence.

Zip Code: Record zip code.

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

Sex: Check appropriate box for male and 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. Date format is mm/dd/yy.

IFSP Start Date: Enter the month/day/year the family signs the IFSP. Date format is mm/dd/yy.

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

IFSP Team: List 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.

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

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

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).