

KERN EARLY START SERVICES

- KERN REGIONAL CENTER - (661) 327-8531 • FAX (661) 327-8676
- BAKERSFIELD CITY SCHOOL DISTRICT SELPA -
(661) 631-5850 • FAX (661) 631-3289
- KERN COUNTY CONSORTIUM SELPA -
(661) 636-4817 • FAX (661) 636-4810
- SIERRA SANDS SELPA - (760) 375-3363 • FAX (760) 375-3338

The IFSP must be developed initially annually and be reviewed every six months or more frequently if conditions warrant or the family requests. It may also be revised at times of major change (i.e., hospital discharge). The IFSP must include steps to support transition of the child, and the family, upon reaching age three.

IFSP MEETING DATES

This IFSP Meeting Date _____
 Projected Annual Review Date _____
 Projected Transition Date _____
 Tentative Exit Date _____
 (no later than 3 years of age)

INDIVIDUALIZED FAMILY SERVICE PLAN AMENDMENT/CHANGES

For infants and toddlers (birth until three)
with special needs and their families

CHANGES AND ADDITIONS TO THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) AMENDS IFSP DEVELOPED ON _____ TODAY'S DATE _____

Child's Name:

First: _____ Middle: _____ Last: _____ M / F

Birthdate: _____ Primary language of the home: _____

Primary language of the child: _____ Ethnicity: _____

SSN# _____ SELPA ID #: _____ UCI#: _____

Child living with: _____ Relationship*: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: (____) _____ Work Phone: (____) _____

Mailing Address: _____

City: _____ Zip: _____ Message Phone: (____) _____ (Person: _____)

School District of Residence: _____

***If child is not living with parent or legal guardian, attach parent identification/surrogate parent forms.**

IFSP SERVICE COORDINATOR

Name: _____ Agency: _____ I agree to the current Service Coordinator continuing _____

INFORMATION CHANGE

- | | |
|--|---|
| <input type="checkbox"/> Child or family information
(Change noted above in _____)

<input type="checkbox"/> IFSP Coordinator change
Name _____
Agency _____
Phone _____ | <input type="checkbox"/> Child status inactive as of _____ date
<input type="checkbox"/> No longer eligible
<input type="checkbox"/> Transition
<input type="checkbox"/> Moved out of county
<input type="checkbox"/> Parent withdrawal
<input type="checkbox"/> Whereabouts unknown
<input type="checkbox"/> Other (specify) _____ |
|--|---|

INDIVIDUALIZED FAMILY SERVICE PLAN REVIEW

- | | |
|--|---|
| Review Type: <input type="checkbox"/> Periodic | Review Status: <input type="checkbox"/> Continue IFSP |
| <input type="checkbox"/> Parent Request | <input type="checkbox"/> Modify IFSP (specify below) |
| <input type="checkbox"/> Agency Request | <input type="checkbox"/> End IFSP |
| <input type="checkbox"/> Transfer (attach previous IFSP) | |

INDIVIDUALIZED FAMILY SERVICE PLAN MODIFICATIONS: PREVIOUS ELIGIBILITY CATEGORIES

- Outcomes added/changed (new outcomes forms attached) LEA Regional Center
- Specific Early Start Services started/added/changed/ended (specified on next page)
- Transition plan developed

CHILD'S NAME _____

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