INDIVIDUALIZED FAMILY SERVICE PLAN

Date:_____/_____/_____

SPECIFIC EARLY INTERVENTION SERVICES

Related to Outcome #	Service	How often How long	I/G	Location (considers natural environments)*	Y/N	Start date	Anticipated EndDate	Provided by LEA/KRC	Type of Service

*Natural environment determination:

TYPE I=Individual G=Group

LOCATION Y=Yes N=No - requires explanation

AGENCY LEA = Schools KRC = Regional Center

DESIGNATION Mandated = C Early Start State Mandate = O Nonentitled = N

IFSP TEAM APPROVALS FOR CHANGES/ADDITIONS

FAMILY:

- ☐ I/We participated in the review of the Individualized Family Service Plan (IFSP) and I/we understand and approve of the additions/changes. (Attach copy of IFSP dated_____.)
- ☐ I/We participated in the review of this Individualized Family Service Plan (IFSP). However, I/we do not approve of the attached additions/changes at this time.
- ☐ I/We understand that our son/daughter is not eligible for Early Intervention Program Services at this time. I/We have been informed of the right to request a review.
- ☐ I/We have been informed of the use of the family's private insurance to pay for evaluation, assessment and required early intervention services from Regional Center shall be voluntary.

_____ _____

Parent/Legal Guardian Date

_____ _____

Parent/Legal Guardian Date

Parent did not attend this IFSP meeting because _____

_____

Additional information/action to be taken: _____

_____

_____

OTHER IFSP PARTICIPANTS:

The following individuals/agencies participated in the addition(s)/change(s) and agree to carry out the modified plan as it applies to their role in the provision of IDEA Part C Early Start Services.

NAME/ROLE	AGENCY	ATTENDED MEETING IF NO*	DATE
		Y N	
		Y N	
		Y N	
		Y N	
		Y N	

*IF NO, INPUT WAS PROVIDED BY TELEPHONE OR WRITTEN (PERSON RECEIVING INPUT MUST INITIAL COLUMN).

CHILD'S NAME_____ Page _____ of _____

White: LEA Canary: Kern Regional Center Pink: Parent/Legal Guardian

SE:H08b Rev. 12/08