

BC Early Hearing Program

A service of the Provincial Health Services Authority

Appendix 12 – Individualized Family Service Plan Sample Short Form

Name: _____

Birth Date: _____

Enrollment Date: _____

Initial IFSP Date: _____

Next IFSP Review Due: _____

IFSP Review Date(s): 1) _____ 2) _____ 3) _____
 4) _____ 5) _____ 6) _____
 7) _____ 8) _____ 9) _____

Dear Family,

The development of an Individualized Family Service Plan is a process in which family members and service providers work together as partners. Together we will create a plan of action to support your family in meeting your baby's communication development needs.

You are an essential member of the team in providing the information that will help us find ways to enhance your baby's learning. You know your own baby and family better than any professional. Together we will be able to make decisions that are the best for you and your baby at this time based on all the information. Your baby's communication develops with each interaction that takes place with family members in everyday familiar routines. Please speak freely to help us understand what will be useful to you and your family. We are committed to making this planning process comfortable and valuable to you, your baby, and other team members. This plan will be reviewed every six months, or more frequently upon request, to respond to your baby's and family's changing needs.

□ Identify family resources – (may be knowledge and skills of parents and/or supports in their family and community)

- What questions do you have about your baby's development or abilities?
- Are there people in your life right now that are helpful to you and your family?
- Do you use any community resources that are helpful? (e.g. drop-in centres, PHN, religious or spiritual support)
- Who has offered the most help and support to you during difficult times?
- What are you most proud of regarding how you or your family has handled your baby's needs?

□ Describe Family activities and routines¹

- How does your baby spend her day?
- Who does your baby spend the most time with and where?
- What activities do you enjoy most with your baby?
- What routines interest your baby most?
- What activities or times of day are difficult or stressful for your baby and family?
- What are you and your baby doing now?
- What is going well for your baby and family right now?

□ Determine Family priorities, concerns, and needs²

- What are your main concerns right now?
- What are your main priorities right now?
- Have you thought about the ways you want to communicate with your baby right now?

¹ *During the earliest years of life, children's learning about themselves and the world around them occurs during social interactions with parents and other family members as part of daily routines, such as meal time and bath time.* * Link these activities and routines with strategies for achieving outcomes

² *Link these priorities, concerns, interests and resources with outcomes*

- Do you know what type(s) of communication you want to use? (*Refer to a continuum of communication modalities*).
- What would you like to see happen for your baby and family in the next six months?
- What kind of information and support would you find helpful over the next 3-6 months? Is there something you want to learn more about?
- If you were to focus your attention on one thing for your family or baby right now, what would it be?
- If we were to focus our attention on one thing for your family and baby, what should it be?
- If you could change one thing about (the given situation), what would it be?
- If you could accomplish one or two things for your baby and/or family this next year, what would they be?

EARLY INTERVENTION OUTCOMES

“What, Who, When, Where, How Often”

- *Outcomes reflect family priorities and concerns, and baby developmental needs*
 - *Outcomes are measurable so that we know when we have made progress*
 - *Strategies are incorporated into everyday routines and linked to family activities and interactions*
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Listening Development

Early full-time use of hearing devices is critical for auditory development

Pre-Linguistic and Early Communication Development

Early pre-language behaviours are critical for language development

Cognitive Development

Thinking and learning skills including symbolic play behaviours

Babbling & Speech Development

Social-Emotional Development & Self Care Skills

Early interactions

Other Developmental Domain _____

BC Early Hearing Program
Summary of Outcomes and Strategies for

Outcome:

Outcome:

Outcome:

Outcome:

Summary of Development for _____

Assessment Results for IFSP Date: _____

COMMUNICATION (Pre-Linguistic Behaviours, Language Use, Language Understanding, Intelligibility)

Tools:

COGNITION (Thinking Skills, Play Behaviours)

Tools

Summary of Development for: _____

Assessment Results for IFSP Date: _____

AUDITORY DEVELOPMENT (Listening Skills)

Tools:

SOCIAL, EMOTIONAL & SELF CARE (Engagement, Response to Caregivers, Coping, Sensory, Independence)

Tools:

IFSP Informed Consent

- I/We have received a copy of and understand the parent and child rights.
- This plan reflects the outcomes that are important to my child and family.
- I/We give consent for the services described in this IFSP for my child and family.
- I understand that this plan will be shared with all team members listed below so we can work in partnership on behalf of my family.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date Reviewed

We have worked together with the family to create this Individualized Family Service Plan and agree that this plan will guide our work:

(Signature - parent) _____
(Date)

(Signature – team member) _____
(Date)

(Signature – team member) _____
(Date)

(Signature – team member) _____
(Date)

(Signature – team member) _____
(Date)

If at any time you are struggling with this plan or feel this needs to be changed, feel free to inform the designated service provider to change it. This is a living document. There is no right and wrong. This is our best decision at this time and we will make changes as we go forward.*

Please attach "Initial Form," "Team Members Page", and copy for: Family, Center and File