

Infant & Toddler Connection of Virginia

Individualized Family Service Plan (IFSP)

Infant & Toddler Connection of Norfolk



I. Child and Family Information

Child's Name: Vicky Bean

Date of Birth: 12/30/08

Gender: Male
 Female

Child's County/City of Residence: Norfolk, VA Med Rec No.: 71221

IFSP Date: 4/22/09

Initial
 Annual #

Date 6 mo. Review Due: 10/22/09

Dates Quarterly Medicaid Targeted Case Management (TCM) reviews due: _____

Date(s) IFSP/TCM Reviews Completed: _____

Date(s) Other Review(s) Completed: _____

Family's Primary Language and/or Mode of Communication: **English** Child's (if different):

Parent's and/or Other Family Member's Name, Address, Phone And Other Contacts:	
Mother: Jessica Bean	
Father: Chuck Bean	
Legal Guardian: N/A Relationship to child: N/A	
Other: N/A Relationship to child: N/A	
Home Address: 1327 Roland Court - Norfolk, Virginia 23507	
Phone: 757 -595-6746	
Work or other contact #: 757 -323 -9325 (Cell)	
Crisis Plan: In the event of a medical emergency, Vicky should be taken to the nearest hospital.	
Emergency Contact:	Name: Sharon and Chuck Newsom - Grandparents Address: 1327 Mallory Square - Bethesda, MD 12345 Phone #: 410 - 936-2325

Service Coordinator's Name, Agency, Address, Phone and Fax Numbers:

Norfolk Community Services Board
 Infant & Toddler Connection of Norfolk
 6411 Tidewater Drive
 Norfolk, Virginia 23509
 757-441-1186

Service Coordinator's Signature

Barbara Carter, BS, QMRP, CMIII – 4/22/09

Service Coordinator's Printed Name, Credentials, Role, Date

Fax: 757-441-5995

This IFSP also serves as the Consumer Service Plan for Medicaid Targeted Case Management from _____ (start date) to _____ (end date).

Early Intervention services are provided to eligible children and their families in compliance with Part C of the federal *Individuals with Disabilities Education Act*.

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Ila. Child and Family Typical Routines and Community Activities Page 2

(What we want the people helping us to know about our everyday routines and activities; places we go or would like to go; people we are with or would like to be with; activities we do or would like to do; and activities our child enjoys.)

***Home and Daily Living:** Vicky lives with her Mom, Dad, grandparents and twin brother. She starts her day between 7:30 AM - 8:00 AM. Vicky takes several short 30 minute naps throughout her day. She ends her day around 7:30 PM when she goes to bed. Vicky wakes at 1:30 AM for a feeding, then returns to sleep for the remainder of the night. Mom breast feeds Vicky; to supplement the breast feeding Mom is using Similac formula. Mom has also introduced rice cereal to Vicky's daily diet.

***Leisure and Recreation:** Vicky's grandparents provide care for her during the day, while her parents are at work. The family spends time together each day at home and taking walks in the neighborhood. There are limited public places where Vicky and her brother go, due to the nature of her twin brother's illness.

***Education and Vocation:** Vicky is not enrolled in any daycare or preschool programs at this time. Her parents and grandparents provide daily learning opportunities for her.

***Relationship and Social Supports:** Vicky's strongest source of support are her parents, Jessica and Chuck. The grandparents live in the home and are an additional source of support for the family.

Ilb. Family Identified Resources, Priorities, & Concerns

(What we want the people helping us to know about the concerns and priorities we have about our child's development, and the resources, supports, and services we have or need to help us.)

Voluntary on behalf of the family!

Your child can still receive services if you do not complete this section.

_____ Parent initial if choosing not to provide this information.

_____ Parent initial if choosing not to include this information in the IFSP.

Physical / Mental Health, Safety and Behavior Issues: Vicky's parents are concerned about her ability to roll over, and how she uses her arms, hands and legs. Vicky has a diagnosis of Torticollis. Her parents want her to have symmetry of her gross and fine motor movements as other children her age. Vicky had a high palate which was repaired. No other health concerns have been noted.

Financial, Insurance, Transportation and other Resources: Vicky is covered by MDIPA insurance, under her father Chuck's policy #123456789, member # 987654321. Other family resources include access to medical treatment, available transportation, housing, access to computer/internet, employment, telephone, and the support of their grandparents.

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IIIa. Team Evaluation

<u>Child's age (adjusted age if appropriate):</u> 4 months old
<u>Referral Source:</u> Mom – Jessica Bean
<u>Reason for Referral:</u> Torticollis
<u>Prenatal and birth history of child and mother:</u> Vicky was born twin A of a 37 week pregnancy. She was delivered via c - section weighing 5.9 lbs and she was 21 inches long. Mom was treated for hypothyroidism during the pregnancy. Vicky passed her newborn screenings and was discharged home with Mom after a 3 day hospital stay following her birth. Vicky had a high palate and her tongue was clipped. Vicky is now able to protrude her tongue at will.
<u>Any diagnosis:</u> Torticollis
<u>Current medications:</u> None
<u>Current & Past Health History:</u> The parents' primary concern is how torticollis is impacting Vicky's fine and gross motor movements. Vicky had a high palate and her tongue was clipped. She now has the ability to stick her tongue out at will. No other health concerns have been noted.
<u>Allergies:</u> None Known
<u>Primary Care Physician:</u> Dr. Kimberly Schindler - Pediatric Associates 1909- A Granby Street - Norfolk, Virginia 23517 757 - 640 - 0022
<u>Other specialists:</u> None
<u>Legal issues and guardianship:</u> Vicky resides with her parents, Jessica and Chuck, who are married and share full responsibility for her care and well being.
<u>Consumer Empowerment / Advocacy / Volunteerism:</u> Vicky's strongest advocates are her parents. As a participant in the Infant & Toddler Connection of Norfolk, Vicky's Service Coordinator will also work to further empower her family as well as advocate on her behalf.
<u>Communication Barriers (child & family):</u> There are no communication barriers with the parents.

Evaluation Narrative:

I. Positive Social – Emotional Skills (including social relationships)

Strengths & Skills: Vicky is a social little girl who is very interested in looking at faces which she prefers to toys. When the educator on the team demonstrated facial expressions to Vicky, she attempted to imitate those expressions. Since the surgery on her tongue, Vicky has played an imitation game of sticking her tongue out with her family. This activity demonstrates Vicky's ability to participate in early social give and take. Vicky made good eye contact and transitioned easily from one person to another. Vicky has a strong bond with Mom and Dad which was seen as she quieted to their voices. Vicky actively looked at her parents when they spoke. Vicky is beginning to laugh. She was observed cooing a little during the evaluation.

Current Status: Compared to other four month old children, Vicky is somewhat where we would expect her to be in regard to her social - emotional development. We would expect Vicky to be more persistent in reaching out to her parents to be picked up. We would also expect her to have more consistent cooing and laughing at this age. Children at this age also tend to notice angry or upset voices. Vicky has not yet begun to distinguish these mood changes. We may see her in the next few weeks become upset when her twin brother is crying.

II. Acquiring and Using New Knowledge and Skills

Strengths & Skills: Vicky's learning is currently driven by her social interactions. She is learning through imitation and oral exploration. She places her hands in her mouth and explores her hands with her tongue. She can hold a toy ring when it is placed in her hand for a few seconds, however, she is not yet putting that toy in her mouth. Vicky was observed reaching for a toy; her reach is limited by the torticollis. Vicky prefers



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faces to interacting with toys. Vicky is a quiet little girl, who primarily uses her vocal sounds to alert her caregivers that she is awake.

Current Status: In relation to her same age peers, Vicky is considered to be near somewhat where we would expect her to be at this age. She has a few of the skills we would expect in regards to acquiring and using new knowledge, such as looking toward the person who is talking, early imitation of facial expressions and exploring her hands. She does not yet have all the skills we would expect. At four months, we want to see Vicky have more interest in toys and want to take them to her mouth. It was difficult to engage Vicky in anything other than faces.

III. Taking Appropriate Action to Meet Needs

Strengths & Skills: Use of her body: Vicky has rolled over a few times. This is not yet a consistent skills, but has happened a couple of times. She will hold a toy if it is placed in her hand, but she is not yet reaching for toys independently. Vicky is still working to get her head to midline. Due to the diagnosed torticollis, this is difficult for her.

Self-Care: Vicky is demonstrating a nice coordinated suck-swallow-breathe pattern enabling her to successfully drink from the bottle. Mom has noted Vicky will place a hand on the bottle and will sometimes hold on to Mom's finger during feeding. During the night, Vicky is sleeping in 5-6 hour intervals.

Communicating Needs: Vicky's needs are communicated through her cries. She has varying cries to alert her caregivers when she is hungry, tired or uncomfortable.

Current Status: Compared with her peers, Vicky is near somewhat where we would expect her to be in relation to taking action to meet her needs. Her ability to communicate her wants and needs is a strength for her. We would however, expect her to be able to hold and shake a toy, put both hands on her bottle and tolerate being on her tummy and lift her head.

Summary:

Strengths, personal preferences and desires: During the evaluation today, the team noted Vicky's social interactions with others as a strength, along with her awareness of her surrounding, and her wonderful bond with her parents. The primary concern for Vicky is her diagnosis of torticollis and the impact it has on the development of her gross and fine motor skills.

Summary of prior services that have or have not been successful: Vicky has not been enrolled in any services prior to her referral to the Infant and Toddler Connection of Norfolk.



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The following people participated in the evaluation (*Printed name, credentials, role/organization, signature, date*):

Jessica Bean, Mother

Signatures on file

Chuck Bean, Father

Sharon Newsom, Grandmother

Chuck Newsom, Grandfather

Barbara Carter, BS, Service Coordinator/Infant & Toddler Connection of Norfolk 4/22/2009

Monika Pokorsky, MS, Physical Therapist/Dianne Epplein & Associates 4/22/2009

Sandi Harrington, MA Educator/Infant & Toddler Connection of Norfolk 4/22/2009

Information from the following evaluations completed outside the Infant & Toddler Connection of Virginia system was used to complete the evaluation (*Printed name, credentials, organization*):

N/A



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Area of Development	Statement of Child's Present Level of Development <i>(Must include age levels or ranges)</i>	Methods/Instruments Used	Evaluation Date Chronological / Adjusted Age	Evaluator(s) Initials
Cognitive <i>(Thinking and learning)</i>	4 months	ELAP (Instrument) <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Parent Report	Date: 4/22/09 CA: 4 months AA:	SH
Expressive Communication <i>(Making sounds, gesturing, and talking)</i>	4 months	ELAP (Instrument) <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Parent Report	Date: 4/22/09 CA: 4 months AA:	SH
Receptive Communication <i>(Understanding sounds, words, and gestures)</i>	3 months	ELAP (Instrument) <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Parent Report	Date: 4/22/09 CA: 4 months AA:	SH
Gross motor <i>(Moving and using large muscles)</i>	2 months	ELAP (Instrument) <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Parent Report	Date: 4/22/09 CA: 4 months AA:	MP
Fine motor <i>(Using hands and fingers)</i>	2 months	ELAP (Instrument) <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Parent Report	Date: 4/22/09 CA: 4 months AA:	MP
Social/Emotional <i>(Interacting with others)</i>	3 months	ELAP (Instrument) <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Parent Report	Date: 4/22/09 CA: 4 months AA:	SH
Adaptive <i>(Feeding/eating, dressing, and sleeping)</i>	3-4 months	HELP (Instrument) <input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Parent Report	Date: 4/22/09 CA: 4 months AA:	MP
Vision	<u>Results:</u> <input checked="" type="checkbox"/> No need for referral indicated <input type="checkbox"/> Monitor <input type="checkbox"/> Refer <u>Status</u> (eye-specific information whenever possible): _____	<input type="checkbox"/> Virginia Part C Vision Screening tool (Required at initial) Additional methods used:	Date: 4/22/09 CA: 4 months AA:	MP
Hearing	<u>Results:</u> <input checked="" type="checkbox"/> No need for referral indicated <input type="checkbox"/> Monitor <input type="checkbox"/> Refer <u>Status</u> (ear-specific information whenever possible): _____	<input checked="" type="checkbox"/> Virginia Part C Hearing Screening tool (Required at initial) Additional methods used:	Date: 4/22/09 CA: 4 months AA:	SH

Eligibility for Part C Services
 Part C evaluation and assessment are based on informed clinical opinion using the multiple methods listed above. Your child is eligible for Part C Services because he/she has *(check one or more below)*:

A 25% delay in development in one or more areas *(check all that apply)*:

Cognitive Physical: *(including fine motor and gross motor)*
 Social or emotional Adaptive Communication *(including expressive and receptive language)*

Atypical development in the following areas *(check all that apply)*:

Sensory-motor Behavior Social-emotional Social, communication and behavior

Describe (optional): Torticollis

A diagnosed condition that is likely to result in delay in development *(name):* _____

Your child is not eligible for Part C services because he/she does not meet the above criteria. *(This form serves as an evaluation record only).*

Eligibility for Medicaid Targeted Case Management

Your child is eligible for Targeted Case Management because he/she has *(check one or more)*:

a delay in cognitive and adaptive development *(for TCM adaptive skill areas include communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure)*
 a qualifying diagnosed condition

Your child is not eligible for Targeted Case Management

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IV. Outcomes of Early Intervention

Your child will receive: Service Coordination Service Coordination/ TCM (Medicaid Targeted Case Management)

Outcome (Long-Term Goal) # 1 – Service Coordination (required)

In order to help your child and family receive the supports and services you need, your service coordinator/Targeted Case Manager will assure:

- that the IFSP addresses your identified concerns, priorities and resources;
- the appropriateness and adequacy of supports and services;
- your satisfaction with supports and services; and
- that your child's and family's rights are protected.

Short-Term Goals

Assist your family with the development and ongoing review and revision of the IFSP.
Provide support and assistance to your family in addressing issues or concerns that emerge over time.

Target Date

ongoing

Date Met

ongoing

A. To ensure the best possible health for Vicky, Service Coordinator will follow up on well child visits (6,9, 12 & 15 months) including immunizations.

4/22/10

B. To ensure that Vicky develops to her full potential, Service Coordinator will monitor therapy services ensuring Vicky is making progress on her goals and family is satisfied with services.

4/22/10

C. To provide and assist the parents with information and links to other Early Intervention services in Maryland as they prepare to relocate.

9/30/09

Service Coordination Activities (Interventions):

- Maintain ongoing contact with you for service monitoring
- Phone calls/personal contacts with your family and with individuals/agencies that provide support, assistance, services.
- Review services at least quarterly.
- Link your family with appropriate community resources.
- Assist with problem solving.

Service Coordinator/Targeted Case Manager (Name, Credentials, Role/organization)

Barbara Carter, BS, QMRP, CMIII – Infant and Toddler Connection of Norfolk
Service Coordinator Case Manager III, Norfolk Infant Development Program

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IV. Outcomes of Early Intervention

Date Outcome Added: _____

Outcome (Long-Term Functional Goal) # 2 **Target Date:** 4/22/10 **Date met, changed or ended:**
 Vicky's parents want her to be able to walk, sit, and interact with her twin brother.

Learning opportunities and activities that build on child's and family's interests and abilities:
 Play time, bath time, mealtime, family time and through out her daily activities.

Short-Term Goals Vicky will:	Target Date	Date Met
1. While playing on her tummy, Vicky will be able to hold her head with good alignment, 75% of the time.	6/30/09	
2. While on her tummy using her elbows to help support herself, Vicky hold her head up for 10 seconds to look around and find her brother or parents.	7/30/09	
3. While playing on her parents' laps, Vicky will be able to bear weight on her feet while being supported for 10 seconds.	6/30/09	
4. Vicky will be able to roll in both directions back to tummy and tummy to back to get a toy or engage with her parents.	8/30/09	
5. Vicky will reach out to grab a toy while on her back and hold it for five seconds.	6/30/09	
6. Vicky will be able to sit independently for 20 seconds on the floor while playing with her parents.	8/30/09	
7. Vicky will be able to get into a hands and knees position from her tummy and rock in a back and forth motion while playing on the floor with her family.	9/30/09	
8. Vicky will be able to crawl on her hands and knees across the living room approximately 10 feet to get to her parents or a toy.	10/30/09	

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V. Services Needed to Achieve Early Intervention Outcomes

ENTITLED SERVICE	FREQUENCY (# x/wk/ month/once)	INTENSITY (# min/visit)	GROUP (G) / INDIVIDUAL (I)	METHODS** (a,b,c,d)	NATURAL ENVIRONMENT/ LOCATION <i>(Must be a natural setting unless justified below)</i>	PAYMENT <small>1 Family Fee 2 Insurance 3 Medicaid 4 State Funds 5 Local Funds 6 Part C</small>	PROJECTED START DATE	PROJECTED END DATE	ACTUAL END DATE
1. Service Coordination	1 X month*	30 minutes*	!	Service coordination	Home & Community	6	4/22/09	4/22/10	
2. Physical Therapy	4 X month	60 minutes	I	A,B	Home & Community	2, 1	5/12/09	4/22/10	
3.									
4.									
5.									
6.									
7.									
8.									

This is the minimum frequency and intensity of direct contact from your service coordinator. The frequency and intensity of service coordination actually provided will vary since service coordination is an active, ongoing process that changes based on your family's priorities and needs.

** Methods: a = Coaching, including hands-on as appropriate b = Consultation c = Evaluation
 d = Provision of assistive technology device

Justification of why early intervention outcomes can't be achieved satisfactorily in a natural setting and a plan with timelines and supports necessary to return early intervention services to natural settings:

Reason for later projected start date - For each service that is planned to start more than 21 calendar days after the family signs the IFSP, indicate whether the reason is family scheduling preference, team planned a later start date to meet child and family needs, or other:

VI. Other Services *(Services needed, but not entitled under Part C - including medical services such as well baby checks, follow-up with specialists for medical purposes, etc.)*

SERVICE	PROVIDER	LOCATION	STEPS TO BE TAKEN TO ASSIST IN SECURING SERVICES
Well child check ups	Dr. Schindler	1909 A Granby Street Norfolk	Parents have insurance to cover medical care. Parents will schedule medical appointments as needed.

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VII. Transition Planning

The following information about transition is discussed beginning at the initial IFSP:

- Transition happens when your child leaves early intervention. The planning on this page will help you and your child move smoothly from early intervention to whatever comes next for your child.
- Options after early intervention (examples: community programs like neighborhood nursery schools, Head Start, early childhood special education through the public schools).
- Possible timing of transition
 - When your child reaches age level in all developmental areas and meets no other eligibility requirements for early intervention
 - When your child reaches his/her third birthday, which is the end of eligibility for early intervention
 - When and if your child becomes eligible for early childhood special education services through the public schools (between age 2 and 3), if you are interested in those services. Children may not be served in early intervention and early childhood special education through the public schools at the same time.

This information was discussed on 4/22/09 (date) by BC (initials of service coordinator)

Important Dates for Transition Planning:

4/01/11 - target date for referral to determine eligibility if you are interested in early childhood special education services through your local school system (referral must occur by April 1 of the year your child turns 2 by Sept. 30 if you want your child to begin school on the first day of the next school year).

12/30/11 (date of child's 3rd birthday) – date on which your child is no longer eligible to receive early intervention

Notification to the Local School Division:

Our child's name, address, phone number and birth date will be sent to the **NPS** (school division) no later than 4/1/2011 (date) unless we disagree. Sending this information helps the school division to know who in the community may be eligible for special education services. This is not a referral for such services and does not mean you are interested in such services.

I do not want my child's name, address, phone number and birth date sent to the local school division. _____ (parent initials/date)

I have changed my mind and agree to have this information sent to the local school division. _____ (parent initials/date)

Date Notification Sent: _____ (parent initials/date)

Transition Planning Requirements

The transition activities completed will depend on your transition plans and family preferences.

Transition Steps/Activities	Target Date	Date Completed	Initials Person Completing
Based on your transition plans and family preferences, your service coordinator will:			
1. Help your family explore community program options, which may include early childhood special education services, for your child <ul style="list-style-type: none"> a. Provide information, including program contact information, about community options following early intervention, as desired by your family. Information provided on the following programs: _____ b. Arrange for visits to programs, as desired by your family. Programs visited: _____ c. Provide names of other families (with their permission) who have transitioned to programs the family is considering, as desired by your family. d. Other steps/activities: _____ 	_____	_____	_____
2. With your permission, make a referral to the local school division or other desired program(s) <ul style="list-style-type: none"> a. Parent consent obtained on release of information form on _____ (date) b. With parent consent on release of information form, refer your child and send child-specific information to the future service provider or program (e.g., assessment reports, IFSP, etc.) List information sent: _____ c. Referral sent to _____ (program) on _____ (date) d. Other steps/activities: _____ 	_____	_____	_____



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<p style="text-align: center;">Transition Steps/Activities</p> <p>Based on your transition plans and family preferences, your service coordinator will:</p>	<p style="text-align: center;">Target Date</p>	<p style="text-align: center;">Date Completed</p>	<p style="text-align: center;">Initials Person Completing</p>
<p>3. If your family is considering transition to early childhood special education services, hold the 90-day transition conference between you, your service coordinator, and someone from the new program to plan how to make the transition.</p> <p>a. <i>Parental Prior Notice</i> form provided on _____ (date)</p> <p>b. Parent <input type="checkbox"/> approves/ <input type="checkbox"/> does not approve conference as indicated by: <input type="checkbox"/> _____(parent signature); _____(date) OR <input type="checkbox"/> Signed <i>Parent Approval for Transition Planning Conference</i> form in child's record</p> <p>c. Service Coordinator ensures scheduling of conference and participation by required parties by (check one): <input type="checkbox"/> Inviting participants directly and scheduling time and location for meeting <input type="checkbox"/> Working with school division to hold conference as part of the eligibility process</p> <p>d. Transition conference held on _____ (date)</p> <p>e. The following participated: <input type="checkbox"/> (Parent - required), <input type="checkbox"/> (early intervention- required), <input type="checkbox"/> (school division - required), <input type="checkbox"/> (other) <input type="checkbox"/> (other)</p> <p>f. Results of transition conference (e.g., planning for any further evaluation, IEP meeting including determination of placement, etc.): _____</p>	<p style="text-align: center;">_____</p>	<p style="text-align: center;">_____</p>	<p style="text-align: center;">_____</p>
<p>4. Once it has been determined where your child will transition, help your child and family prepare, as desired by your family, for changes in supports and services so you can move smoothly from one program to another</p> <p>a. Your child will transition to _____ on _____ (projected date)</p> <p>b. Help your child and family get ready for the new program/setting by: _____</p>	<p style="text-align: center;">_____</p>	<p style="text-align: center;">_____</p>	<p style="text-align: center;">_____</p>
<p>5. Discharge your child from the local Part C system on or before his/her 3rd birthday</p> <p>a. <i>Parental Prior Notice</i> form is signed <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>b. If child is on inactive status: <i>Parental Prior Notice</i> form sent on _____ (date) <i>Parental Prior Notice</i> form is signed <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>c. Date of discharge/closure _____</p>	<p style="text-align: center;">_____</p>	<p style="text-align: center;">_____</p>	<p style="text-align: center;">_____</p>

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VIII. IFSP AGREEMENT

Parental Consent for Provision of Early Intervention Services:

I have received a copy of family rights under Part C of IDEA (*Notice of Child and Family Rights in the Infant & Toddler Connection of Virginia Part C Early Intervention System*) and a copy of "Facts about Family Fees" (for annual IFSP) along with this IFSP. These rights and information about family fees have been explained to me and I understand them. I participated in the development of this IFSP and I give informed consent for the Infant & Toddler Connection of Virginia system and service providers to carry out the activity(ies) listed on this IFSP.

Consent means I have been fully informed of all information about the activity(ies) for which consent is sought, in my native language (unless clearly not feasible to do so) or other mode of communication; that I understand and agree in writing to the carrying out of the activity(ies) for which consent is sought; the consent describes that activity(ies); and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may decline a service or services without jeopardizing any other early intervention service(s) my child or family receive through the Infant & Toddler Connection of Virginia system.

I understand that my IFSP will be shared among the Infant & Toddler Connection of Virginia service providers implementing this IFSP.

Signatures on file

Signature(s) of (check one): Parent(s) Legal Guardian Surrogate Parent

Date

Other IFSP Participants (*Printed name, credentials, role/organization, signature, date*):

The following people participated in the evaluation (*Printed name, credentials, role/organization, signature, date*):

Sharon Newsom, Grandmother

Signatures on file

Chuck Newsom, Grandfather

Barbara Carter, BS, Service Coordinator/Infant & Toddler Connection of Norfolk 4/22/2009

Monika Pokorsky, MS, Physical Therapist/Dianne Epplen & Associates 4/22/2009

Sandi Harrington, MA Educator/Infant & Toddler Connection of Norfolk 4/22/2009

The following individuals participated electronically or in writing (*specify which*):

None

Translator/Interpreter (*if used*): None

The following related documents are attached: None

Copies to: Parents, PCP, Service Provider