



IFSP Observation/Demonstration Form

Child's Name: _____

Date of Observation: _____

Team Member's Name(s) and Discipline(s): _____

Name of New Practitioner: _____

Name of Coach: _____

*** The Coach and New Practitioner should discuss his/her observations after the visit**

**** If you mark the 'N/A' column, please include an explanation in the Notes section.**

	Observations/Indicators	Yes	No	N/A
Prior to the IFSP	A. Written prior notice was given to the parents prior to conducting the evaluation and assessment of the child.			
	B. All prior notices were provided in the preferred language of the parent.			
	C. Parent(s) were informed as to what will happen during the IFSP, including but not limited to parent rights, procedural safeguards and their role as part of the IFSP team.			
	Notes:			

	Observations/Indicators	Yes	No	N/A
Conducting the IFSP	A. The IFSP was conducted in a face-to-face meeting.			
	B. The IFSP was conducted in a setting and at a time convenient for the family.			
	C. The IFSP was conducted in the preferred language of the family, or other mode of communication used by the family.			
	D. The following individuals were present at the IFSP meeting: Parent(s) of the child, the family's service coordinator, person(s) directly involved in conducting the evaluations and assessments of the child and family, person(s) who will be providing EI services to the child or family, and other family members and advocates per request of the family.			



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	E. The IFSP process was explained to the parent(s) and parent(s) were given the opportunity to ask questions.			
	F. The following content was included in the IFSP: <ol style="list-style-type: none"> 1. Significant Dates (initiation of services, duration of services, etc.) 2. Information about the child's current levels of development including physical, cognitive, communication, social/emotional, and adaptive development 3. Family Information (concerns, priorities, resources) 4. Measurable Results or Outcomes 5. Specific EI services were designed to achieve the outcomes identified in the IFSP (frequency, intensity, methods, length, duration, location) 6. Natural environment where services will be provided 7. Payment for services arrangements 8. Other Services, to the extent appropriate (i.e. Medical) 9. Dates and Duration of Services 10. Name of the Service Coordinator 11. Transition steps from EI Services to Part B preschool or other services, as appropriate 12. Signatures, titles and dates of all parties in attendance 			
	G. Parent rights and family rights were reviewed prior to asking the parent to sign the IFSP.			
	H. The family appeared to feel comfortable during the IFSP process.			
	I. Cultural competence was practiced during the IFSP visit.			
	J. The IFSP outcomes reflect the family's concerns.			
	K. The service provider(s) were able to offer expertise and provided information that was not overwhelming for the family.			
	L. The service provider(s) listened to the family's input.			
	M. The service provider(s) participated in reflective listening.			
	Notes:			