Guidance and Directions to use when developing Ohio's Individualized Family Service Plan (IFSP)
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Introduction

The Ohio Help Me Grow program has developed a new Individualized Family Service Plan (IFSP), HEA #7720, that is to be used statewide effective April 1, 2007 with all newly enrolled children and with any IFSP updates. The purpose of this guidance is to assist service coordinators and other professionals in completing the new form and to provide clarification in a very complex, but important process. Professionals partner with families to develop IFSPs that are comprehensive, well planned, and family focused to ensure that all supports and services available to families are identified.

The Service Coordinator working in partnership with the family is responsible for facilitating and participating in the development, implementation, review, and monitoring of the IFSP and its timelines. Additionally, the Service Coordinator will facilitate the development of family outcomes; identify a medical/health home; identify specialized services, if needed, and other providers necessary to assist the family in completing and achieving the goals on the IFSP.

The IFSP process is central to the delivery of Help Me Grow supports and services. It is a process where the family and a team of personnel come together to decide on child/family outcomes based on the concerns and priorities of the family; the abilities and needs of the child and family. The team also decides on the supports, services and any strategies that will be used to achieve those outcomes. The IFSP document is simply the place to document those decisions. It is a working document that changes over time as the needs of the child and/or family change.

The IFSP is completed with the family and includes information that is gathered over time. The process for recording the information may be best obtained by using the questions on the form as a “conversation starter,” with pertinent information being summarized and recorded.

Always remember that Parent’s Rights/Procedural Safeguards assure that parents have received and understand their rights within the Help Me Grow program:

- At the initial visit the family receives a copy of the brochure, Parents Rights in Help Me Grow.
- If the child is being evaluated for Part C eligibility or is already determined to be eligible for Part C services, the family is informed that they have additional rights that are specific to Part C.
- The family must be informed of their rights in their native language/mode of communication.
General guidance for completing the IFSP form:

- The IFSP form pages have not been numbered in order to support the form being completed on a computer. The form itself must never be altered. When the form requires recording information for a specific space/field, use a method such as circle or place a checkmark where indicated.
- The IFSP HEA #7720 can be accessed at www.ohiohelpmegrow.org
- When a change occurs or new information is added, it must be dated and initialed by the person making the change. Do not delete.
- Beginning April 1, 2007, this form should be used with all new and current HMG eligible children with IFSP updates, so that every HMG family has a new form by December, 2007. File the old IFSP with the child’s other records.
- Information recorded on the IFSP is child specific and requires a separate page for each child in the family. The IFSP is always developed with the family as an equal member of the team. If there is more than one child in the family being served, additional pages will need to be added. Each county HMG program will need to decide how to compile the information on more than one child in the family (e.g., by putting the oldest child in the family’s information pages before younger children). All pages will need to be completed on each additional child in the family, with the exception of the “Signature and Consents” page. There is only one IFSP plan per family with additional pages added per child.
- There will only be one “Signature and Consents” page per family per review. A new copy of this page must be completed for every IFSP review.
- The top of each section of the guidance document indicates which sections must be recorded with the parent present and which sections must be reviewed at each IFSP review meeting.
- If the space/field on the form is not applicable to the family, then write N/A.
- Appendix A, Definitions and Acronyms - Is a resource of commonly used words and terms as they relate to the IFSP.
- Appendix B, Early Track Data Dictionary for use with the IFSP - Should be referred to prior to recording the service type on the “Help Me Grow Services and Supports” page (Section VII) and entry into Early Track in order to ensure consistent statewide data collection.

Parents of children birth to three determined eligible for Help Me Grow services shall be regularly (e.g., IFSP reviews, every six months, annually) informed of their rights throughout the time the child is receiving Help Me Grow Services. Written documentation of parent’s receipt of the Parents Rights in Help Me Grow brochure is to be kept in the child’s file.
Individualized Family Service Plan Vision Statement

Child/Family Information and Vision Statement

This area must be completed in the presence of the parent. It must be reviewed at every IFSP meeting.

**Purpose:** The parent(s) identifies a vision for their child and family. The service coordinator is to re-visit this statement at each review with the family.

**Directions:**

Our vision for ___________ and our family while in Help Me Grow is:

- This is the family’s vision; they will decide whether it will be long or short term. If the family does not want to include a vision statement at this time, that is acceptable.
- A vision statement can be added/changed at any time by the parent without constituting an official IFSP review. When the vision statement is added or changed, please date and initial.
- Here are some questions that could open the conversation to discuss a possible vision statement:
  - What do you hope to learn/ get out of your involvement with Help Me Grow?
  - What would your idea be for giving your child the best possible start in life?
  - As your child’s first and most important teacher/person in his/her life, what do you want your child to know/learn?

**Child’s Name and Date of birth** - Record child’s name and date of birth (month, day, and year). If this is a prenatal IFSP, record the due date. When the child is born, record the date of birth.

**Child lives with** - Identify who the child lives with and the relationship to the child.

**Interpreter needed** - Circle or place a check mark in the appropriate box.

**Surrogate parent** - Circle or place a check mark in the appropriate box.

**HMG Service Coordinator** - Record the name of the service coordinator assigned to the family.

**Agency** - Record the name of the employing agency of the service coordinator. It should not read “HMG.”

**Phone/Fax/E-mail** - Record all information available.

**Family Support Specialist and phone** - Record the name of the family support specialist, if applicable, and record the contact information.
Section I: Family Information and Timelines

This section may be completed without the presence of the parent, but the information MUST be reviewed with and approved by the parent. The information must be reviewed at every IFSP meeting. This section is completed for all children.

**Purpose:** To record many of the mandatory components of the IFSP as well as data required by ODH for the Early Track data collection system. It also meets required state and federal reporting requirements.

**Directions:**

**Primary Care Giver Contact Information:**

- **Parent(s)/Guardian/Custodial Parent/Foster Parent** - Check the appropriate box to identify who the primary caregiver(s) is at the time of the IFSP development. Record the names.
- **Address** - The address where the child is currently residing. Record as many numbers as the family is comfortable in sharing in order to ease communication between the service coordinator and family. If the family does not have a telephone and is not able to provide an alternative telephone contact, and then indicate “no phone” rather than leaving this space blank.
- **Telephone** - The phone number of where the child is currently residing. Record as many numbers as the family is comfortable in sharing in order to ease communication between the service coordinator and family. If the family does not have a telephone and is not able to provide an alternative telephone contact, and then indicate “no phone” rather than leaving this space blank.
- **E-mail address** - This can be helpful for both the family and service coordinator if they decide this is a method of ongoing communication.
- **Native Language and/or communication method used** - Enter the information regarding the primary language spoken at home or mode of communication used (e.g., sign language).
- **Interpreter needed?** - Check the yes or no field.

**Note:** The Parent/Guardian/Foster parent information is repeated in this section to identify an additional caregiver for the child, e.g. parents are divorced.

- **Surrogate Parent** - This field would only be completed if a surrogate parent has been assigned for the child eligible for Part C services.
- **Date of referral to HMG system for ongoing services** - Record the date that the child/family was referred to the HMG system for ongoing services. This date signifies when the timeline begins regarding contacting the family within 48 hours upon referral to the HMG system. This date also begins the 45 day timeline for completion of the IFSP.
Help Me Grow Timelines:

- **Date of suspected delay (when applicable)** - Date the parent or provider reports their suspicion of a delay to HMG, and/or the date the service coordinator suspects a delay.

- **Date of Developmental Screening** - Record the date that the first developmental screening (e.g., ASQ or DDST II) was administered. Record N/A if the child has a diagnosed physical or mental condition.

- **Date Determined Eligible for ongoing HMG services** - This information is recorded after a minimum of four risk factors have been identified; b) a diagnosed physical or mental condition has been identified; or c) the ‘Developmental Evaluation for the Determination of Eligibility’ has been completed.

- **Initial IFSP** - Record the date when the initial IFSP has been developed with the family. This date should match the signatures on the Signatures and Consents Page.

- **IFSP Reviews** - There are 3 spaces to record the date(s) of each IFSP review. HMG policy requires IFSP reviews be conducted every 180 days (six months), with a change in service, or upon request of the parent or IFSP team member.

- **Annual Review** - This space/field records the date of the annual review of the IFSP. There are specific requirements for an annual review. See the IFSP and Evaluation and Assessment for Part C Policies for the requirements.

- **School District/LEA** - This is the school district in which the biological parent resides.

- **The Initial Transition Plan date** - Calculate the date that is six months (180 days) to nine months prior to the child’s third birthday and record this date in the field/space indicated. This line is utilized for the transition process to formally begin for children who are exiting the HMG program at the age of three. This is to be calculated and recorded at the time of the initial IFSP. For example, if the child will turn three in December, 2007, record a time between June and March, 2007 on this line.

- **The Transition Planning Conference Date** - This conference is to occur no later than 90 days (3 months) prior to the child’s third birthday. After this conference has taken place, record the date the conference actually occurred.

- **Early Track ID #** - Record this number.

- **BCMH #** - Record this number, if applicable.

- **Record the following numbers if required to do so by your county, and/or if applicable:**
  - Social Security #
  - Medicaid #
  - Healthy Start/CHIP #
  - Primary Insurance
Section II: Health and Medical Information

This section may be completed without the presence of the parent but the information MUST be reviewed and approved by the parent. Complete this for all children. The information must be reviewed at every IFSP meeting. This section must be completed within 90 or 180 days of referral.

Purpose: To gather a medical history and obtain pertinent medical/health information about the child and family.

Directions:

- **Child’s Medical Home**, record the following:
  - Name, mailing address, phone number of the doctor’s office, health center, or other place where the child receives his/her regular check-ups. This should not be an emergency room of a hospital.
  - The e-mail and fax number for the doctor should also be listed. If the e-mail and fax are unknown it can be left blank.
  ****If the child does not have a medical home or provider, this can be addressed as an outcome/goal on the IFSP.

- **Child’s General Health** - Record any information that you have gathered through conversations with the family. Describe significant child/family medical information in the “Updated health information” section.

- **Date of child’s last well child check up** - Record the date.

- **Are immunizations “up to date”, “late up to date”, “not up to date”, or “not medically recommended”?** Circle or place a check mark in the appropriate box.

- **Are there any concerns about your child’s dental health?** Circle or place a check mark in the appropriate box. If yes, describe the concerns.

- **Are there any concerns about your child’s sleep patterns?** Circle or place a check mark in the appropriate box. If yes, describe the concerns.

- **Has your child been tested for lead?** Circle or place a check mark in the appropriate box. Record the date and the results. If results indicate high levels (>15 ug/dl) of lead, a referral for a developmental evaluation is **required**.

- **Does your child have allergies?** Circle or place a check mark in the appropriate box. List the allergies.

- **Does your child take any medications?** Circle or place a check mark in the appropriate box. List the medications here.

- **Does your child see any medical specialists?** Circle or place a check mark in the appropriate box. Identify the medical specialists involved in the care of the child, such as cardiologist, neurologist, pulmonologist, etc., including contact information. When pertinent and with the parent permission, a service coordinator may request information from medical specialists.
• **Does your child have a medical diagnosis?** Circle or place a check mark in the appropriate box. If yes, write the diagnosis as provided by the parent or medical reports, if available.

• **Does your child have a BCMH managing doctor?** Circle or place a check mark in the appropriate box. If yes, identify the BCMH managing physician. If the family is not aware of BCMH, the service coordinator should discuss the BCMH process, and with the family’s permission, refer for a PHN consultative visit.

• **Updated health information, e.g., ear infections, immunizations, hospitalizations** - Record information that the parent shares with you that they are comfortable having on this form. With agreement from the parent, you should include information received from other medical professionals, especially if it will impact program planning for the family.
Section III: Present Level of My Child’s Development

This section may be completed without the presence of the parent, but the information MUST be reviewed with and approved by the parent. This section is completed for all children and it must be completed within 45 days of referral. This section must be updated at each review.

**Purpose**: To record the child’s current levels of development, as well as provide ongoing assessment for program planning. Children who are eligible for Part C services shall receive ongoing assessment for the purpose of gathering additional information to identify strengths and needs as well as appropriate services to meet those needs. Children who are eligible for Part C services due to a diagnosed physical or mental condition shall have an initial and ongoing assessment in all developmental areas for the purpose of program planning.

For those children who are not eligible for Part C services, an initial developmental screening, such as the Denver II or the Ages and Stages Questionnaire (ASQ), must be completed within 45 days of the initial referral to HMG. Additional developmental screenings should take place at a minimum of every 4 - 6 months.

**Directions**:
- **Child's name, Date of Birth and Age** - Record the child’s name, date of birth, and the age at the time of the review.
- **Area of Development** - Record the name of the screening tool (e.g., Denver II, ASQ-SE or ASQ) or the developmental evaluation tool (e.g., Hawaii or ELAP) which was used to evaluate the five developmental areas—cognitive, physical/gross motor, communication/language, personal/social and emotional, adaptive/self help. Record whether a tool or medical report was used in the areas of vision, hearing and nutrition. The vision, hearing and nutrition status is recorded on the initial IFSP only.
- **Screening/Evaluation/Assessment Tool or Method By Whom and Date** - Record the name of the person who was responsible for completing the tool or written report. Indicate the method used. Record the date when the method was used to gather the information. The method is professional observation or parent report.
- **Results** - Record the findings or scores (i.e., pass/fail, caution, within range, out of range, etc.) for each area of the child’s development.
- **Describe the child’s Strengths/Needs in each area** - Record information which focuses on the child’s needs in each developmental area.
- **The vision, hearing, and nutrition status is documented on the initial IFSP only unless there has been a significant change in the status of any one of these areas.**
Section IV: Family Concerns and Priorities

This section must be completed in the presence of the parent. It must be reviewed at every IFSP meeting. Complete this section for all children within 45 days of referral.

Purpose: To identify the family’s concerns and immediate priorities. This section is the family assessment. It is designed to assist the family in identifying their resources, priorities and concerns related to enhancing the family’s capacity to foster optimal growth and development of their child.

Directions:

- Child’s Name and Date of Birth - Record at the top of page.
- Caregiver(s) have questions about, or want help for my child in the following areas - This area describes concerns as they relate to the child. The service coordinator summarizes the comments and conversations, and with the family’s agreement, identifies the statement which applies. Circle or place a checkmark at the appropriate statement(s). Circle or place a checkmark in the “other” area for all comments that have not already been described, and record these comments in the “Comments/Priorities” section.
- Caregivers want information about or help with - This area describes concerns as they relate to the family. Summarize the comments and conversations, and with the family’s agreement, identify the statement which applies. Circle or place a checkmark in the “other” area for all comments that have not already been described, and record these comments in the “Comments/Priorities” section.
- Comments/Priorities - This is the area where the family’s responses can be recorded. Record the date that the comments were made by the family.
Section V: Everyday Routines, Activities and Places (ERAP)

This section must be completed in the presence of the parent. It must be reviewed at every IFSP meeting. This should be completed for all children and must be completed within 45 days.

**Purpose:** To record information about the child and family interests, routines, and activities. This information will be used to develop outcomes on the IFSP that support the child’s ability to participate in their family activities, culture and community that are identified as important to the family.

**Directions:**

- **A. What is a typical day like for your child and family?** Record the information that will help the team understand where the child spends his/her time within a typical day or week and with whom. It is also helpful to understand if there are other caregivers for the child, who the family may want to be included in the development of the IFSP and subsequent reviews.

- **B. What does your child and family like to do together?** List the activities the family enjoys doing together. This section is included to help families and service providers understand that Help Me Grow services relate to more than just the child’s current developmental milestones.

- **C. What does your child and family find challenging or difficult to do? (e.g. people, activities)** Encourage the parent to describe what their child and/or the family finds difficult. The information can be used to develop outcomes including strategies that will assist the primary caregivers as they support the child’s participation in the family’s typical routines, activities, and places.
Section VI: Outcome

This section must be completed for all children in the presence of the parent. It must be reviewed at every IFSP meeting. At least one outcome must be written within 45 days of referral.

Purpose: To provide a format for defining individual outcomes related to the child and family’s needs. This is not a request for service or items. This is what a parent wants their child or their family to be able to accomplish; and why or what the family needs in order to support their child’s development in the next 6 months.

Directions:
- **Child’s Name, Date of Birth and Date Outcome Written** - Record at the top of the page of the IFSP.
- **Outcome #** - There is only one (1) outcome per page; number each one consecutively. The outcome number remains the same until the outcome is met.
- **What do I/we want to happen in the next 6 months?** Describe, in the family’s words, what they see now that they would like to change, and how that change will look in 6 months. An outcome stating that a child will receive therapy or another service is not acceptable. Examples of appropriate outcomes are:
  - “I want Timmy to sit in his highchair and feed himself, so we can eat meals as a family.”
  - “I want to begin to get my GED, so I can get a better job and my children can go to a nice day care.”
- **What is happening now?** Positively describe the child’s or family’s current situation as it relates to the outcome (including, as applicable, the child’s pre-literacy and language skills, behavior, health etc.) as it is today, such as:
  - “During meals, Timmy sits on my lap and I feed him with a spoon.”
  - “I have a job but it doesn’t pay much so my kids have to stay with the neighbor instead of going to a nice day care.”
- **What supports and resources do I/we have available to achieve this outcome?** List the people or community resources that could assist the family in reaching this outcome/goal. Look at informal and community supports such as the spouse/partner, relatives, friends, neighbors, other parents, community college, food pantry; and consider formal supports such as Red Cross, WIC, Medicaid, private therapy. Record the names of the people or community resources that will be involved in the accomplishment of this goal.
- **Who will help us and what strategy will they do so we can achieve our outcome?** These strategies are to occur during our child/family’s daily activities and routines - Before filling in this section, the IFSP team should brainstorm all of the strategies that could be considered when addressing this outcome within the child/family’s everyday routines, activities, and places. The team should then choose the strategy or strategies that will best address the outcome.
  - “EIS and mom experiment with different kinds of cereal, spoons, bowls and adaptive equipment.”
“Mom will talk with friends and neighbors to locate someone to stay with the children while mom takes GED classes.”

**IFSP REVIEWS:**

- **Date of IFSP review** - Record the date that this outcome was reviewed.

- **After reviewing our outcome, my family and IFSP team, have decided** - The team must identify and date the appropriate choice which describes the progress of the outcome. If the outcome is either “partially met” or “not met”, a brief description that explains why must be given. The team (which includes the family) should then decide if the outcome is important to continue for the next 6 months (180 days).

- **My child and/or family met this outcome** - Circle or place a checkmark if outcome is met. This outcome is now finished.

- **We have partially met this outcome** - Circle or place a checkmark if outcome is partially met, explanation is necessary.
  - **Explanation:** “Timmy will sit in his highchair for a few minutes but not the entire meal and is just starting to finger feed himself a cracker” or “Mom has gathered information about getting her GED and filled out the paperwork.”

- **The outcome was not met** - Circle or place a checkmark if outcome is not met, explanation is necessary.
  - **Explanation:** “Timmy is not sitting in his highchair, nor is he making any progress with feeding himself” or “The entire family has been sick on and off for the last few months and mom has not gathered any information about getting her GED.”
Section VII: Help Me Grow Services and Supports

This section must be completed in the presence of the parent for all children. It must be completed within 45 days of the referral. It must be reviewed at every IFSP meeting.

Purpose: To summarize the service information from all of the outcome pages in a format that is easy to read for the family. To identify the specific provider and services which meet the unique needs of the child and family in order to achieve the previously identified outcomes. In addition this section specifies the frequency, intensity and method of delivering the services. This section is completed to record those services that meet the developmental needs of each eligible child and the needs of the family related to enhancing the child’s development.

Directions:

- **Child’s Name and Date of Birth** - Record at the top of the IFSP page.
- **Service Type** - Indicate the service type by number using the service type codes listed on the bottom of the page, such as #3 for Child Care or #31 for Social Work services or #32 for Special Instruction. Identify each service that is needed to meet this outcome on a separate line.
- **Service Provider Name and Agency** - Indicate the name of the provider, their role, and the agency they represent. Examples: Sue Smith, Speech Therapist, speech & hearing center. Or Jane Jones, Occupational Therapist, health department. Or Anne Doe, Home Visitor, family resource center or Kim Brown, EIS, MR/DD.
- **Service Location** - Indicate the primary location for each service type (i.e., home, day care center, county board classroom, etc.) to achieve the particular outcome.
- **Method of Service (C/I/G)** - Indicate whether the service will be offered as a **consult (C)**, which means that the primary focus is providing information and developing strategies with a caregiver or another team member; or in a **group (G)** setting, such as a playgroup; or **individual (I)**, meaning that only one child is being provided that individual service during that time.
- **Frequency (e.g. # of times per month)** - The IFSP team will determine how many times in a period (day, week, month) that the service will be provided to address the outcome. It is possible that the same service would address more than one outcome. Determining the frequency of a service must be applied for each outcome.
- **Intensity (length of session)** - The IFSP team will determine how long each service session will be needed to address each outcome.
For example, a single home visit could be documented as one hour or 60 minutes. Flexibility is allowed here to meet any billing needs required of the fiscal agent.

For example, an Early Intervention Specialist (EIS) may be in the home for 60 minutes, 30 minutes are billed for ‘special instruction’ (#32) and 30 minutes are billed as ‘service coordination’ (#29) activities.

- **ERAP (if “No” explain below)** - Part C requires that early intervention services must be provided in the child and family’s everyday routines, activities, and places (ERAP) also referred to as “Natural Environments.” Place a checkmark in the appropriate box. If “no” is selected, document the brief explanation of why a service will be provided in a specialized setting. Record this explanation in the section marked ERAP, “Service type, If no, why?”

- **Duration, Projected Start date and End date** - Indicate the date the service is planned to begin (Start date) as well as the date the team anticipates that the service will end (End date). These service dates must fall within the period of time that is covered by the IFSP and no longer than 6 months or 180 days.

- **Actual Start Date** - Fill in the date when the service begins.

- **Payment Source** - Identify the payment arrangement for each service (e.g., private insurance, EI system of payment, TANF, Part C, GRF, MR/DD, BCMH, other community funding source). Please refer to the Administrative Agent and Use of Funds HMG Policy that outlines funding sources. It is important to remember that Part C is always payer of last resort.

- **Outcome#** - Indicate the outcome number identified from the previous outcome page(s).

- The * refers to those early intervention specialized services that are covered under the ODH/BEIS Early Intervention System of Payment.

### SERVICE TYPE

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24. Physical Therapy *
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26. Recreation/Social
Section VIII: Transition at Age Three Outcome

This section must be completed in the presence of the parent.

Purpose: To help the family prepare for the transition from the Help Me Grow system. This is a chance for the family and team to assess the child’s current development and to examine the supports and services that the family and child will need after exiting HMG. This section is for ALL CHILDREN who are transitioning out of Help Me Grow, either at the age of three or at any age. Every child exiting the HMG system at age three years shall have a written transition outcome as part of the IFSP. A written transition outcome shall also be developed if a child is exiting before the age of 3.

Directions:

• Preparation for Transition Planning Conference includes discussions with, and the training of parents regarding future placements and other matters related to the child’s transition. The IFSP will include at least one outcome that describes the procedures to prepare the child for changes in service delivery, including steps to help the child function in a new setting. This transition outcome will be reviewed, revised and changed as needed at the Transition Planning Conference. The preparation for the Transition Planning Conference can occur at one of the scheduled IFSP reviews.

• Transition Planning Conference occurs no later than 90 days prior to the child’s third birthday for all children in HMG. For a child receiving Part C services in HMG that may be eligible for Part B preschool, a representative from the LEA must attend the Transition Planning Conference. The service coordinator is responsible for inviting the LEA (and any others that the family may request) in a timely manner to assure attendance. If the LEA rep does not attend, the conference should still be held as planned.

• Child’s Name and Date of Birth - Record at the top of the IFSP.

• Section A: What do I/we want to happen before _____ turns three or is leaving Help Me Grow?
  • Describe in the family’s words, what they see now and what they would like to happen when their child turns three. The parent might say, “go to preschool.”
  • Ask the family - “Why do you want Timmy to go to preschool?”
  • Mom says “so he can be around kids his age.”
  • Now you have an outcome - “I want Timmy to be around kids his own age.”
  • State what the parent wants for their child to accomplish, not the location.
  • The transition outcome must be reviewed at the Transition Planning Conference.
If the child is transitioning into another program before the age of 3, start this page as soon as you know there is to be a transition.

Section B: Who will help us and what strategy will they do so we can achieve our outcome to ensure a smooth transition?

• How will we help this child prepare for his next phase?
  Any or all of the following examples might be included as strategies:
  ▪ “We will work on Timmy becoming more comfortable in the company of other adults and children.”
  ▪ “Timmy and his mom may attend story hour at the library every week.”
  ▪ “Mom and Timmy along with the service coordinator will visit several daycare and preschool settings to observe and decide whether that setting might be appropriate for Timmy.

Section C: After reviewing our transition outcome, my family and IFSP team and the LEA, if applicable, have decided that at age three.

  o My child and/or family met this outcome - Circle or place a checkmark if outcome is met, explanation is optional. This outcome is now finished.
  o We have partially met this outcome - Circle or place a checkmark if outcome is partially met, an explanation is necessary. **Explanation** - For example “Timmy will sit in his mom’s lap during story hour and will listen to the story but does not seem comfortable enough yet to engage in any type of play with the other children.” This outcome can be continued if the family and team feel they are still important.
  o The outcome was not met - Circle or place a checkmark if the outcome is not met, explanation is necessary. **Explanation:** For example “Timmy is crying during story hour at the library and mom is uncomfortable taking him.”

Exit - Record the planned destination for when the child will leave the HMG program.

Exit Destination - Record where the child will go (for example, home, preschool, Headstart, etc.).
Section IX: Transition Documentation Checklist

This section must be completed in the presence of the parent.

Purpose: To document the steps that will be taken to assure a smooth transition for children moving from Help Me Grow services into other appropriate activities, supports, and/or services that the family chooses and for which the child is eligible. This checklist will also help promote partnerships between and among agencies and families. For children receiving Part C services with a suspected disability who may be Part B eligible, there are specific timelines and other activities required.

Directions: Please follow the timelines outlined in the checklist, documenting the projected date the item(s) will be done, as well as the actual date they occur. The service coordinator should initial each of the items upon completion.

***For further information please refer to the Guidelines on Transition at ohiohelpmegrow.org, then click on “About Help Me Grow” and from there click on “Transition at age Three.”
Section X: IFSP Signatures and Consents

This section must be completed in the presence of the parent. A new page must be completed at every IFSP meeting.

**Purpose:** To document: 1) the parent(s) or legal guardian(s)’ agreement that they have participated in the development of the IFSP; 2) parent(s) or legal guardian(s)’ consent to implement the IFSP; 3) the names of the IFSP team members who participated in developing the plan; and 4) who needs to receive a copy of the IFSP.

**Directions:**

- **Child’s Name and Date of Birth** – Record at the top of each page of the IFSP.
- **I participated fully in the development of this plan and give my consent to implement the IFSP** - The parent(s) or legal guardian(s) should check this statement at the finalization of the written plan.
- **I have been given and understand my parents rights under Help Me Grow** - The parent(s) or legal guardian(s) should check this statement at the initial visit when the family receives a copy of the brochure, *Parents Rights in Help Me Grow*.
- **I understand my child is eligible for additional rights under Part C of IDEA (if applicable)** - The parent(s) or legal guardian(s) should check this statement at the initial visit when the family receives a copy of the brochure, *Parents Rights in Help Me Grow*.
- **I understand I can ask the team and anyone else to meet to make changes to this IFSP at any time** - The parent(s) or legal guardian(s) should check this statement when the plan is complete.
- **I consent to provide a copy of the following sections of my IFSP to:** record the names of the persons who will receive copies of the IFSP. Parent(s) or legal guardian(s) should check either “All sections” or “Only sections____.” Placing a checkmark in “All sections” means the entire IFSP will be provided to the persons indicated. Placing a checkmark in the “Only sections _____” means only the sections identified will be sent to the persons indicated.
- **I consent to provide a copy of this IFSP with my IFSP team** - Parent(s) or legal guardian(s) should check this statement in order to share the IFSP with team members.
- **Parent/ Guardian/Surrogate Parent Signatures** - A parent or legal guardian or Surrogate parent (for Part C eligible children only) must be present at the IFSP meeting. They sign and date on this line when the plan is complete.
• **IFSP Team Member’s Approval of Plan:**
  • **Service Coordinator Signature** - The service coordinator must sign and date when the plan is complete. The service coordinator is always present at the IFSP review.
  • **Other IFSP Team Members’ Signatures** - All other individuals who participated in the development of the plan should sign, date, and indicate their role (e.g., OT, S/LP, child care provider, grandmother). Their method of participation should be indicated on the IFSP whether it be a written recommendation, attending the meeting via speaker phone, or other. Service providers’ signature is not a consent to begin services but rather it is an acknowledgement and support for the child and family’s written strategies and outcomes as it pertains to their involvement.
Appendices
Appendix A - Definitions and Acronyms commonly used in IFSP development

Adjusted Age – the age a premature infant would be if the baby had been born on the due date. For example, a baby born two months prematurely has an adjusted age of six months when he is actually eight months old. This is an important consideration when measuring the premature infant’s development, because the time missed in the uterus should be a factor in determining appropriate expectations for the baby. Adjusted age is considered until the infant is 2 years old as dependent on the tool used.

Assessment – the ongoing procedures used by appropriate qualified personnel (refer to HMG Personnel Standards Policy) throughout the period of child’s eligibility to identify (i) the child’s unique strengths and needs and the services appropriate to meet those needs and (ii) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of their child.

BCMH – Bureau of Children with Medical Handicaps, (BCMH) is a health care program in the Ohio Department of Health. BCMH links families of children with special health care needs to a network of quality providers and helps families obtain payment for the services their child needs.

Chronological Age – an infant or child’s age stated in hours, days, weeks, months, or years and months since birth.

Developmental Delay – a delay as measured by an appropriate research-based evaluation tool and as determined through informed clinical opinion in one or more of the following developmental domains: 1) cognitive; 2) communication; 3) social or emotional; 4) adaptive; or 5) physical development.

Developmental Screening – a tool designed to identify children who are at-risk for having or developing a developmental disability or delay. The Denver Developmental Screening Test (DDST II) and the Ages, Stages, Questionnaire (ASQ) are examples of screening tools.

Evaluation - the procedures used by appropriate qualified personnel to determine a child’s initial eligibility for Part C services, consistent with Help Me Grow’s definition of eligibility including determining the status of the child in each of the developmental areas: 1) cognitive; 2) communication; 3) social or emotional; 4) adaptive; or 5) physical development (including vision, hearing and nutrition).
**Everyday Routines, Activities, and Places (ERAP) or Natural Environment** –
Services on a family’s IFSP should be delivered in a way that is supportive rather than disruptive of family values, priorities and routines.

**Routines** are the usual events that are part of a family’s schedule, such as mealtime or bathtime.

**Activities** are what a family does during a typical day with their child, such as grocery shopping, visits to the playground.

**Everyday Places** are the places that families frequent, such as the childcare center or place of worship.

**Family Assessment** – reflects family conversations that describe a family’s concerns, resources and priorities related to enhancing the development of the child. They are used as the basis for developing outcomes and identifying strategies and activities to address the child or family’s identified needs. It is the family’s role to decide what a priority is. When only the professionals on the team decide what is priority, the family may not feel any commitment or interest in the plan because it doesn't address their needs. Families may view the child and his/her development very differently in terms of importance or urgency. More pressing issues related to family finances, housing or daily care may dominate a family's list of concerns. A Family Assessment is not required in order to receive services; however, information provided will help determine appropriate services and supports.

**Foster** – a person temporarily appointed by the Department of Job and Family Services or the Children’s Services Board for the child when there are issues of child abuse, neglect or dependency.

**Guardian** – a person acting in the place of a parent such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child’s welfare.

**Healthy Start** – health care coverage for pregnant women and families with children age birth to 19 years. Program is based on income and family size. This is administered through the Department of Job and Family Services.

**Immunization** – the process by which protection from an infectious disease is induced. A vaccine may be used.

**Individual Family Service Plan (IFSP)** – a written plan that identifies outcomes for expectant families, individual families and their infants or toddlers and describes resources, services, and the coordination that will support those outcomes.
Individual Disability Education Act (IDEA) - the federal law addressing the education of children with disabilities as codified at 20 U.S.C.A. section 1400et seq. and federal regulations codified at 34 CFR Part 300 et seq [7-1-03].

Informed Clinical Opinion – is a regulatory requirement for the implementation of Part C of IDEA. Informed Clinical Opinion is an integral part of the eligibility determination and it must be included in evaluation and assessment procedures. The professional providing informed clinical opinion must provide a written statement that includes the methods of collecting information, date(s) information obtained and a statement of professional opinion about the nature and severity of a disability. The professional uses both qualitative and quantitative information to shape an informed clinical opinion about a child's need for early intervention services. In order to reach an informed clinical opinion about a child’s development, the professional may use any or all of the following: 1) clinical interviews with parents; 2) evaluation of the child at play; 3) observation of parent-child interactions; 4) information from teachers or child care providers; and 5) neurodevelopmental or other physical examinations.

LEA – Local Education Agency (LEA) is the local school district in which the family resides.

Lead – high levels of lead in children can have long term effects such as learning disabilities, decreased growth, hyperactivity, impaired hearing and even brain damage. Children who appear healthy may have high levels of lead. Lead poisoning can not be detected unless a blood test has been given. All 12 and 24 months old Medicaid eligible children must have a blood level screening test as stated in the Ohio Medicaid Provider Handbook, Chapter 336, p.38, and in the Ohio Administrative Code, section 3701-32-05. Note: a Risk Assessment Questionnaire is not an acceptable substitute for the blood level-screening test.

Medical Diagnosed Condition – Children whose early development is influenced by diagnosed medical disorders that result in varying ranges of developmental delay. This category includes infants and toddlers whose early development is influenced by diagnosed physical and mental conditions that are known to impact development. Refer to HMG’s List of Diagnosed Medical Conditions for examples.

Parent – (1) a natural or adoptive parent of a child; (2) the parent with legal custody of the child if the parents are separated or divorced; (3) the guardian or custodian, but not the State if the child is a ward of the State; (4) a person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or (5) a surrogate parent who has been appointed in accordance with policies of the Ohio Department of Health.

Parent’s Rights – a family with a child birth through age two receives certain rights while receiving HMG services.

**Surrogate** – a person appointed in accordance with the Procedural Safeguard policy of the department of health.

**Transition** – the change or exit from HMG services of an expectant family, infant, toddler or their family’s including the following: 1) exit from HMG due to ineligibility at age three; and 2) exit from HMG service due to no longer interested.

**WIC** – Women, Infants and Children (WIC) is a nutritional education program. It provides nutritious foods, which promote good health for pregnant women, women who just had a baby, breastfeeding moms, infants and children up to age five.
Appendix B - Early Track Data Dictionary for use with the IFSP

SERVICE LOCATION. This is the primary service location for the services provided. The discussion of, and decision about, the location of any service takes place in the context of an IFSP meeting.

Child Care Center, Regular Nursery School: an environment where child care is provided in a licensed child care center.

Clinic: a small medical facility that provides health care for ambulatory patients- as opposed to inpatients treated in a hospital.

Community Center: public locations where members of a community may gather for group activities, social support, public information and other purposes.

Early Childhood Center: this includes MR/DD Early Childhood Family Centers where the program serves typically developing children and Part C children, as well as their families.

EI Center/Class for Children with disabilities: an environment where there is an organized program of at least one-hour in duration provided on a regular basis for a group of children; the program is usually directed toward the facilitation of several developmental areas.

Family Day Care: an environment where child care is provided in a family member’s home, but the home is not the principal residence of the child’s family.

Grocery Store: a retail establishment that is an everyday place where families and children frequent, day in and day out.

Head Start: a program funded by Federal and/or State funds and carried out by a Head Start agency or a delegate agency, that provides ongoing comprehensive child development services.

Home: the principal residence of the eligible infant or toddler and their family or caregiver.

Hospital: an inpatient medical facility classified and registered as a hospital under section 3703.07 of the Ohio Revised Code.
**Library:** a building or room containing collections of books, periodicals, and sometimes films and recorded music for people to read, borrow, or refer to.

**Park:** An area of open space provided for recreational use, usually owned and maintained by a local government.

**Preschool:** a beginning group or class enrolling children younger than 5 years old and organized to provide educational experience under professionally qualified teachers in cooperation with parents during the year or years immediately preceding kindergarten (or before entry into elementary school when there is no kindergarten).

**Residential Facility:** Treatment facility where the infant or toddler currently resides and receives services.

**Restaurant:** an establishment that serves prepared food and beverages to order, to be consumed on the premises.

**SERVICE PROVIDER.** This is the person providing the IFSP service.

**Audiologist** - an individual licensed under Section 4753 of the Ohio Revised Code to practice audiology and who provides audiology services.

**Dental Care Provider** - services provided by a licensed dental care provider for a child identified as needing dental/orthodontic care. e.g., periodic exam, tooth decay or obturator for cleft palate.

**Family Therapist** - a professional who assesses the unique strengths and needs of an infant or toddler referred for services; assesses the resources, priorities, and concerns of the child’s family; and identifies services appropriate to the child’s needs. Family therapists also provide family training, counseling, and home visits to assist the family of an infant or toddler with disabilities or at risk served in understanding the special needs of the child and enhancing the child’s development.

Source: Adapted from 34 Code of Federal Regulations 303.12 (d) (3) and 303.322(b)(2)

**Nurse** - a qualified licensed person who provides nursing services under Chapters 4723-1 to 4723-23 of the Ohio Administrative Code.

**Nutritionist/Dietitian** - a licensed dietitian who provides nutrition services.
**Occupational Therapist** - a licensed registered occupational therapist who provides occupational therapy.

**Orientation and Mobility Specialist** - a certified Orientation and Mobility Specialist who assists clients who are blind or have visual impairments to achieve personal adjustment and maximum independence through training in techniques of daily living.

Source: Dictionary of Occupational Titles

**Paraprofessional** - a staff member working under the supervision of a teacher or other service professional to assist in:

A. Activities requiring minor decisions regarding infants and toddlers and their families,
B. Such activities as monitoring, conducting exercises, operating equipment, and clerking
C. This position:
   1. Includes only paid staff,
   2. Includes transporting aides, and
   3. Excludes volunteer aids

Examples include certified occupational therapy aides, physical therapy assistant, audiology aides, home visitors and family support specialists.


**Parent Coordinator/FIN Consultant** - a parent, foster parent, grandparent, etc., who has experience in using the Help Me Grow services. Parent Coordinators (also known as Family Support Specialists) are paid to promote family support, participation and involvement in all levels of the Help Me Grow system in their county. Family Information Network (FIN) consultants are paid to provide family support, education and information to all families eligible for Help Me Grow services in Ohio. FIN Consultants are also responsible for technical assistance and training for Parent Coordinators in their assigned counties.

Source: HMG Policy

**Parent Mentor** - a parent, foster parent, grandparent, etc. who has experience in using Help Me Grow system of services with their child. Mentors may or may not be paid to assist families new to Help Me Grow on a one-to-one basis.
Parent/Guardian - (1) A natural or adoptive parent of a child; (2) A guardian; (3) A person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child’s welfare); or (4) A surrogate parent who has been assigned in accordance with §303.406.  (b) Foster Parent. Unless State law prohibits a foster parent from acting as a parent…”


Pediatrician - a licensed medical doctor who diagnoses and treats disorders of the human body in children.

Source: Non-regulatory definition developed by OSEP for data collection.

Physical Therapist - a licensed physical therapist who provides physical therapy services.

Physician, Other Than Pediatrician - a licensed medical doctor authorized under Chapter 4731 of the Ohio Revised Code, who diagnoses and treats disorders of the human body other than doctors who diagnose and treat children.

Psychologist - a qualified/licensed person who provides psychological/mental health services.

Regional Infant Hearing Program - this program provides services for infants and toddlers with hearing impairments or deafness. The Regional Infant Hearing Program works in collaboration with HMG to offer a family-centered approach to habilitative services. RIHP provides follow-up and tracking of infants or newborns who do not pass the newborn hearing screening, as well as habilitative services for the child and family.

Service Coordinator - the person who carries out the responsibilities of service coordination as defined in the ODH service coordination policy.

Social Worker - a qualified person, licensed by the State of Ohio Counselor and Social Worker Board, who provides social work and/or counseling services.

Special Educator/Teacher - a qualified licensed teacher who provides special instruction.

Speech/Language Pathologist - an individual licensed under Section 4753. Of the Ohio Revised Code to practice Speech-Language Pathology and who provides speech-language pathology services.
Vision Care Provider - services provided by vision specialists.

SERVICE TYPE.

Assistive Technology Service/Devices
A service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. “Assistive technology services include:

- The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child’s customary environment;
- Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for a child with disabilities, or, if appropriate, that child’s family; and
- Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve functional capabilities of children with disabilities.

Source: 34 Code of Federal Regulations 303.12 (d) (1)

Audiological Services

- Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
- Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- Referral for medical and other service necessary for the habilitation or rehabilitation of children with auditory impairment;
- Provision of auditory training, aural rehabilitation, speech ready and listening device orientation and training, and other services;
- Provision of services for prevention of hearing loss; and
- Determination of the child’s need for individual amplification, including selecting fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

Source: 34 Code of Federal Regulations 303.12 (d) (2)
Child Care
The care given to meet the needs of infant, toddlers, and children in a place or residence by persons other than their parents or guardians.

Children’s Protective Services
The child is receiving services from a Children’s Protective Services agency. Protective services “is a term used to describe a wide range of supportive services coordinated and delivered on behalf of children who are in danger of abuse or neglect.”
Source: Adapted from Ohio Administrative Code rule 5101:2-39-01

Clothing
The service of providing clothing e.g. shoes, diapers, coats to meet the family’s needs.

Counseling
The service of providing counseling, by social workers, psychologists, and other qualified personnel to assist the family.

Dental/Orthodontic Care
Services provided by a licensed dental care provider for a child identified as needing dental/orthodontic care. e.g., periodic exam, tooth decay or obtorator for cleft palate.

Drug/Alcohol Counseling
The counseling services provided by a certified alcohol and drug counselor.

Educational
The service of providing and/or connecting children or families with education services (e.g. GED classes, Lamaze classes, school).

Employment
Work that provides wages or salary.

Family Training
Services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible in understanding the special needs of the child and enhancing the child’s development.
Source: 34 Code of Federal Regulations 303.12 (d) (3)

Financial Services
The service provided is supportive of families in financial matters such as those based on medical eligibility through the Bureau of Children with Medical Handicaps (BCMH), developmental eligibility through Family Resource Services (FRS), banks, financial consultants, and budget planning in the home.

**Genetic Counseling**

Genetic counseling is a communication process which deals with the human problems associated with the occurrence, or risk of occurrence of a genetic disorder in a family. It is a service provided by specially trained genetics health care professionals experienced in helping families understand birth defects and how inheritance works. They provide information that helps the individual or family:

- Comprehend the medical facts, including the diagnosis, the probable cause of the disorder, and the available management;
- Appreciate the way heredity contributes to the disorder and the risk of recurrence in specified relatives;
- Choose the course of action which seems appropriate to them in view of their risk and their family goals and act in accordance with that decision;
- Make the best possible adjustment to the disorder in an affected family member and/or to the risk of recurrence to the disorder in an affected family member and/or to the risk of recurrence of that disorder.

An individual or family should be referred for genetic counseling when there is:

- A family history of a birth defect (such as cleft lip or palate, spina bifida, heart defects, club feet, etc.);
- A family history of a genetic disorder (such as cystic fibrosis, muscular dystrophy, sickle cell anemia, Down Syndrome, etc.);
- A genetic disorder due to ethnic heritage (such as Tay Sachs in the Jewish population, sickle cell disease in African Americans, thalassemia in people of Mediterranean descent, etc.);
- Concern about their own or their partner’s medical history;
- A history of exposures to chemicals, toxins, radiation;
- A health condition that runs in families (such as cancers, mental illness, heart diseases, kidney disorders, etc.);
- Concern about pregnancy because of their age;
- Concern about pregnancy because of medications taken;
- A history of pregnancy losses, infertility, stillbirth or infant deaths.
**Habilitative Services for Hearing Loss**

Habilitative services includes assessment of communication function of children who are deaf or hard of hearing, auditory or speech/language training and/or sign language instruction. These services can be home-based or center-based. Empowerment, education and advocacy for parents who have children receiving the above habilitative services are included.

**Health Services**

A. Health Services may include:
   1. Medical-health services (such as immunizations and regular ‘well-baby’ care) that are routinely recommended for all children.
   2. Such services as clean intermittent catherization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
   3. Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course or providing other Help Me Grow services.

B. Health services does NOT include the following:
   1. Services that are –
      a. Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).
   2. Devices necessary to control or treat a medical condition

**Home Visits**

The service of providing home visiting to accomplish a task or deliver a service to the child/family.

**Housing**

The service of assisting or referring the family to locate/secure housing.

**Legal**

Services provided to families in legal matters such as those provided by Ohio Legal Rights, Legal Aid, pro bono work of individual lawyers, and/or the distribution of pamphlets on legal rights related to such topics as due process.

**Medical (Diagnostic or Evaluation)**

Service provided by a licensed physician to determine a child’s developmental status and needs for services.

Source: 34 Code of Federal Regulations 303.12 (d) (5)
Nursing Services
A. “The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
B. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
C. Administration of medications, treatments, and regimens prescribed by a licensed physician”
Source: 34 Code of Federal Regulations 303.12 (d) (6)

Nutrition Services
A. Conducting individual assessments in—
   1. Nutritional history and dietary intake;
   2. Anthropometric, biochemical, and clinical variables;
   3. Feeding skills and feeding problems; and
   4. Food habits and food preferences;
B. Developing and monitoring appropriate plans to address the nutritional needs of children;
C. Making referrals to appropriate community resources to carry out nutrition goals.
Source: 34 Code of Federal Regulations 303.12 (d) (7)

Occupational Therapy
Services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child’s functional ability to perform tasks in home, school and community settings, and include—
A. Identification, assessment, and intervention;
B. Adaptation of the environment, and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills, and;
C. Prevention or minimization of the impact of initial or future impairment delay in development, or loss of functional ability.
Source: 34 Code of Federal Regulations 303.12 (d) (8)

Parenting Education
The service of providing education to the parent of the child about such things as child development, child safety, anticipatory guidance.
Physical Therapy
Physical therapy includes service to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include—
A. Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
B. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate or compensate for movement dysfunction and related functional problems; and
C. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
Source: 34 Code of Federal Regulations 303.12 (d) (9)

Psychological/Mental Health Services
A. Administering psychological and developmental tests, and other assessment procedures;
B. Interpreting assessment results;
C. Obtaining, integrating and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
D. Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training and education programs.
Source: 34 Code of Federal Regulation 303.12(d) (10)

Recreational/Social
Services that bring families together or are provided to families that are recreational or social in nature e.g. family fun days, pool days, play activities.

Rehabilitation
Services provided which are to improve a condition, such as mobility.
**Respite Care**
Services that bring families together or are provided to families through temporary child care services that are short-term and non-medical in nature, provided either in or out of the home, designed to provide temporary relief to the primary care giver.

Source: Non-regulatory definition developed by OSEP for data collection.

**Service Coordination**
Service Coordinators work in partnership with families supporting and recognizing them as the central decision-makers about their family. In partnership with families, the Service Coordinator is responsible for the following duties:

- Assure that parents have been informed of their rights.
- Assure that a developmental screening has been completed. If a delay is suspected, then a referral for a developmental evaluation must be made with the consent of the parent.
- If appropriate, referral and coordination of developmental evaluation and ongoing assessment in all five developmental domains, the family assessment and hearing/vision/nutrition screenings to determine eligibility for Part C.
- Facilitate and participate in the development, implementation, review and monitoring of the IFSP and its timelines
- Facilitate development outcomes
- Identify and establish medical/health home
- Identify specialized services and other providers
- Provide choices to families by identifying ALL service provider options
- Inform families of the availability of advocacy services
- Coordinate and monitor the delivery of services
- Coordinate with medical and health providers
- Coordinate transition to other programs and services

Source: Service Coordination Policy, BEIS, 2002

**Shelter (temporary)**
A short term or interim residence for a child and/or family.
Social Work Services
Services provided by a licensed social worker to evaluate a child’s living conditions and patterns of parent-child interaction;
A. Preparing a social or emotional developmental assessment (psychosocial history) of the child within the family context;
B. Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
C. Working with those problems in a child’s and family’s living situation that affect the child’s maximum utilization of Help Me Grow services, and;
D. Identifying, mobilizing and coordinating community resources and services to enable the child and family to receive maximum benefit from Help Me Grow services.

Special Instruction (Service Type)
A. “The design of learning environments and activities that promote the child’s acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
B. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child’s individualized family service plan;
C. Working with the child to enhance the child’s development.”
Source: 34 Code of Federal Regulation 303.12(d) (13)

Speech/Language Pathology
A. Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
B. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills, and;
C. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
Source: 34 Code of Federal Regulation 303.12(d) (14)

Support/Self Help Group
Services that bring families together or are provided to families to provide a focus on self-improvement or support to individuals.
Transportation
Transportation and related costs includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child under this part and the child’s family to receive Help Me Grow services.

Source: Non-regulatory definition developed from Source: 34 Code of Federal Regulation 303.12(d) (15)

Vision Services
A. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and disabilities;
B. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
C. Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

Source: 34 Code of Federal Regulation 303.12(d) (16)