Little ones from birth up to age 3 whose development may be cause for concern or who have special needs may be eligible for early intervention services through California's Early Start Program. Each state is required to have these services through Part C of the Federal Law, Individuals with Disabilities Education Act (IDEA). Early Start is the name of California's program. Early Start offers coordinated services and supports so little ones make progress in their development and are prepared for preschool and beyond. The program is a family-centered approach to early intervention.

"The IFSP is a promise to children and families — a promise that their strengths will be recognized and built on, that their beliefs and values will be respected, that their choices will be honored, and that their hopes and aspirations will be encouraged and enabled."

Lisbeth Vincent, Ph.D.

Each child in Early Start has an Individual Family Service Plan (IFSP) which is written with you the parent. It describes the specific set of programs and services to meet the individual needs of your child and your family. The IFSP will change and grow with the needs of your child and family.

Being an advocate for your little one involves understanding how Early Start works. This packet reviews:

- The assessment and eligibility process
- What is included in an IFSP
- How services are decided and provided
- Transition to preschool
- A parent's role in the process

Our packets, along with related disability information, are available at www.matrixparents.org. Other Matrix packets related to this topic include: Getting Organized - Early Years, Advocacy, and Transition to Preschool.
Selected Materials

- Starting Out Together: An Early Intervention Guide for Families – Department of Developmental Services in collaboration with the California Interagency Coordinating Council
- Parents’ Rights: An Early Start Guide for Families – Department of Developmental Services in collaboration with the California Department of Education
- Handbook on Developing Individualized Family Service Plans and Individualized Education Programs in Early Childhood Special Education – California Department of Education
- Handbook on Assessment and Evaluation in Early Childhood Special Education Programs – California Department of Education
- Reasons for Concern – California Department of Education in collaboration with the Department of Developmental Services
- A Family Guide to Participating in the Child Outcomes Measurement Process – Minneapolis, MN PACER Center, National Parent Technical Assistance Center (2013) in collaboration with The Early Childhood Technical Assistance Center

Selected Websites

- California Department of Education, Special Education Division  
  www.cde.ca.gov/sp/se
- California Department of Developmental Services  www.dds.ca.gov
- My Child Without Limits  www.mychildwithoutlimits.org
- Center for Disease Control  www.cdc.gov/actearly
- Family Resource Network of California  www.frcnca.org
- Pacer Center  www.pacer.org

Special Education Local Plan Area (SELP) contacts

- Marin 415.499.5850  www.marinselpa.org
- Napa 707.253.6807  www.napacoe.org/programs-schools-districts/selpa
- Solano (upper county) 707.399.4468  www.solanocoe.k12.ca.us
- Sonoma 707.524.2750  www.sonomaselpa.org
- Vallejo 707.556.8921, ext. 50157  www.vallejo.k12.ca.us

Regional Centers

- Golden Gate Regional Center (Marin)  www.ggrc.org
- North Bay Regional Center (Sonoma, Solano, Napa)  www.nbrc.net
The Individuals with Disabilities Education Act (IDEA) is a federal special education law that says each state must have a program of early intervention services. These services are described in Part C of the IDEA law. Services are for children under 3 years of age with disabilities or developmental delays who meet eligibility requirements.

In California this program is called Early Start. Early Start has a family-centered approach and offers a coordinated set of services and supports to promote early learning and development. The program also transitions a toddler to preschool services. The document that describes the needs of the child and family and the services to meet those needs is called an Individual Family Service Plan or IFSP.

The Early Start program is a multi-agency effort managed by the Department of Developmental Services (DDS) and the California Department of Education. Early Start agencies include Regional Centers, County Offices of Education (also called Local Education Agencies), health and social service agencies and Family Resource Centers. Matrix is the Family Resource Center for Marin, Napa, Solano and Sonoma counties. Family Resource Centers, whose staff are parents of children with special needs, help parents understand the Early Start program and the parent role.

If there are concerns about your little one’s development, the Regional Center or the County Office of Education will conduct assessments to understand any developmental delays and determine eligibility for Early Start.

Assessments are performed in five areas of development:

- Cognitive
- Physical
- Communication
- Social/emotional
- Adaptive (how a little one adapts to daily life activities)

To be eligible, there needs to be a delay in one of these five areas and/or there is a medical condition that needs special care.
If your child is eligible, the Regional Center provides early intervention services unless your child has a low incidence disability (visual, hearing or orthopedic impairment). The local County Office of Education is responsible for these services.

If not eligible, infants and toddlers at risk of delays are referred to your Family Resource Center for Prevention Resource and Referral Services. (Please see Matrix information on PRRS at www.matrixparents.org).

The Individual Family Service Plan (IFSP) is written by the IFSP team at an IFSP meeting. The IFSP team must include you and your child’s early intervention specialist (sometimes called case manager or service coordinator). The team may include other service providers as needed.

The IFSP outlines desired outcomes for your child and your family. It also lists the services your child needs plus where the services will take place, how often and for how long. The IFSP always needs your written consent.

If you don’t agree with a part of your child’s IFSP, there are procedural safeguards and methods in place to resolve disagreements.

IFSP Team Participants May Include:

- Parents/guardians or surrogate parents.
- Other family members, as requested by parents.
- Advocate or person outside of the family, as requested by the family.
- Person(s) directly involved in conducting the evaluations.
- Person(s) who will be providing direct services to child and family.
- The Interim Service Coordinator (for initial IFSP meetings) or the Ongoing Service Coordinator (for subsequent IFSP meetings) who will be responsible for carrying out the IFSP.
Step 1: Identification and Referral

It all starts when you, your pediatrician or others notice that your little one may not be developing as expected. It may start as soon as birth if a disability is noticed at that time. A referral may also be made later if concerns come up when your child’s development is being checked.

What might one notice? Gathering information on what babies and toddlers do at different ages can help you identify developmental delays. Child development websites provide valuable information on developmental milestones and a frame of reference for you. www.cdc.gov/actearly and www.zerotothree.org/

Examples of Milestones:

At 2 months, does your baby:
Begin to smile and pay attention to faces?
Hold her head up and begin to push up when lying on her tummy?
Turn his head towards sounds and begin making gurgling sounds himself?

At 6 months, does your baby:
Know familiar faces and like to look at herself in the mirror?
String vowels together when babbling and respond to his name?
Roll from front to back and back to front and begin to sit without support?

At 1 year old, does your little one:
Cry when you leave and repeat sounds to get attention?
Say “dada” and “mama” and try to imitate words you say?
Copy your gestures and follow simple directions like “pick up your toy”?
Pull up to standing and take a few steps on his own?

At 2 years old, does your little one:
Show some independence and get excited when with other children?
Say sentences with 2 to 4 words and point to objects in a book?
Play simple make-believe games and follow two-step directions?
Stand on tiptoe and kick a ball?
Who can make the referral? Anyone! It can be you, a day care provider, a doctor or other professional. If a professional is concerned, they are to make a formal referral as soon as possible, but no more than 7 days after a delay is noticed.

Where is a referral made? For developmental delays, the contact is the local Regional Center. For Marin County this is the Golden Gate Regional Center and for the counties of Solano, Sonoma and Napa it is the North Bay Regional Center. For hearing, vision or orthopedic impairments the contact is your local County Office of Education.

What happens after the referral? The Regional Center or County Office of Education assigns a service coordinator to your family. This person should contact you as soon as your referral is received. The coordinator will ask about your interest in early intervention services, explain your parental rights, give you a consent form for assessment and talk about your child’s assessment plan.

The assessment plan involves gathering information about your child to better understand and support development and learning. Your child will be eligible for Early Start if the assessment scores fall at or below eligibility criteria.

The Regional Center or school district has 45 days from the date of the referral to finish their evaluations, determine eligibility and meet with your family.

It’s important to remember that your child is so much more than the assessment results. Your little one has many abilities and talents. Assessment results are meant to pinpoint areas of need. Areas of need determine early intervention services to support the growth and development of your child.
Step 2: IFSP Assessment and Eligibility

Once a referral has been made to either the Regional Center or the County Office of Education, the IDEA law requires a timely and comprehensive assessment. You must give written permission to begin the evaluation. Once you consent, the assessments and first IFSP meeting must be done within 45 days. If eligible, services and supports must also start within these 45 days.

**How are assessment used?** Assessments are used for Early Start eligibility and if eligible, to decide what services are needed. Assessments help to establish your child’s present level of development.

**Who will do this assessment?** This varies for each child. The team may include a speech and language therapist, a developmental pediatrician, an occupational therapist, a physical therapist or other specialist knowledgeable in the area of your child’s suspected disability. Based on your child’s needs and your input, team members may evaluate your child together or individually.

**Where are the assessments done?** If possible, assessments are done in your child’s natural environment. This is any setting with typically developing children such as day care centers, play groups, parks, or home.

**How is the assessment done?** A variety of formal and/or informal methods gather information in each of these areas: cognitive, physical, communication, social/emotional, and adaptive (daily living activities). Your child may be observed during daily interactions, activities and routines. There may be parent/caregiver interviews and surveys, developmental checklists, and rating scales.

**What if the language in my home isn’t English?** The evaluation is to be done in the native language of your child. With babies, this is normally the language used in your home. If your toddler is using more English than the language spoken in your home, the evaluations may be done in English. Discuss this with your early intervention team.

**What is my role?** The service coordinator helps you with your child’s assessment plan. You know your child best. Most babies and toddlers have short attention spans and are affected by their basic needs and environment. Try to arrange assessments during times when your child is most alert, and in a place that is most known and comfortable. If your child is tired, hungry, hot, cold, afraid, overwhelmed, etc., it is less likely to result in a valid assessment of development.

Ask for assessment reports before the meeting so you can review them. Matrix can help you form questions and get organized for the meeting. Once the assessment results are completed, the family, service coordinator and other professionals will meet for the initial IFSP meeting.
Eligibility:

At the initial IFSP meeting you and the team will discuss your child's assessment results, to see if your child meets the eligibility criteria for Early Start under the federal IDEA law. Your infant or toddler will be eligible for Early Start if the assessment shows either:

1. Developmental delay that is significant in one or more areas of development:
   For Birth to 36 months: at least 33% below age level in at least 1 of 5 developmental areas: cognition, physical and motor (including vision and hearing), communication, social/emotional and/or adaptive.

2. Established risk condition:
   This is a condition known to have a high chance of developmental delay or intellectual disability even if the delay is not seen at the time of diagnosis.

3. Low incidence disability:
   This is when a child has a hearing, vision or severe orthopedic impairment (or any combination of those conditions) with normal cognition.

4. Significant developmental disability:
   Your child may be eligible in this area without an evaluation if your child's medical or other records show one or more developmental area has a developmental delay (as defined by the State)
STEP 3: Develop the IFSP

Once a child is eligible for Early Start, the Individual Family Service Plan (IFSP) is developed. The IFSP honors the belief that the home environment is essential for your child’s successful outcomes and that you and your child need support. A team is formed called the IFSP team. You are a member of this team. The IFSP is a written plan that reflects both your child’s and family’s needs related to development and the disability. The plan describes desired outcomes for your child and services your child will be receiving.

As a member of the IFSP Team, you should be in agreement with each part of the IFSP, including what your child's needs are and why early intervention and related services are being offered. You should agree with how services are delivered, including the frequency (number of days or sessions during a specific period of time: 2 times a week, 1 time a month) and duration (the length of time for each session: 30 minutes per session, 60 minutes per session). The IFSP needs your written consent before services can begin.

The IFSP should be developed in this order and include the following:

- **Assessments** identify needs and your child’s present physical, cognitive, communication, social/emotional and adaptive living skills, as well as your family’s concerns, priorities and resources relating to your child’s development.

- **Needs** lead to outcomes to support your child’s development. The requirements, steps, and timelines to evaluate the outcomes are also included.

- **Outcomes** are used to identify services for either your child or the family. How often, how much, when, and how services are delivered are included.

- **Services** shape the location. This is the natural environment in which services will be given. There must be a description explaining why any services would not be provided in the natural environment.

In addition to the above, the IFSP must include:

- The provider(s) of the services

- The name of the service coordinator who oversees the IFSP and coordinates with other professionals working with your child and family

- The steps to support the transition of your child to preschool or other services

You can request a review of the IFSP at any time, though reviews every 6 months are required to track progress. The service coordinator schedules these IFSP meetings.
One part of the IFSP is the setting in which your child will receive services. This setting is the “natural environment” of your child. What does this mean?

- A setting that is natural or normal for your child’s same age peers who do not have disabilities.
- An “inclusive setting” where your child is observed with typically developing peers.
- A setting should not be chosen because it has specialized equipment or is convenient for the specialist who would work with your child.
- A setting should always be documented and reviewed as part of your child’s IFSP.

Examples of natural environments include:

- Home
- Public preschool
- Community Preschool
- Early Head Start
- Day Care Providers
- Child Care Centers
- Park and Recreation Programs
- Cooperative Play Groups
- Libraries
- Other programs for children
IFSP Child Outcomes

Your child’s IFSP outcomes are developed by you and the IFSP team. These outcomes are based on the unique needs of your child and family that are identified during the assessment. The IFSP is an Individual Family Service Plan and has two types of outcomes: child and family.

**Child outcomes could be participation based or routine/activity based. They should:**

- Help your child learn through participation in everyday activities
- Take place in varied settings so your child can learn to apply skills in different environments
- Be based on your child’s interests
- Be important and meaningful to you and other caregivers

**Family outcomes reflect goals for your family that are tied to meeting your child’s specific developmental needs. Family outcomes could be participation or resource based. They should:**

- Teach you and your family how to help your child learn through everyday activities
- Help your family to understand and access community resources
- Be important and meaningful to the family
- Be based on your family’s interests

**IFSP outcomes must be measurable statements of the improvement expected for your child based on the assessment of needs. The outcomes should include:**

- A description of the specific change or improvement expected
- The specific criteria and procedures used to measure your child’s progress
- The definite time period for your child and family to achieve the desired outcome

**High quality, functional outcomes should:**

- Be necessary and functional for your child’s and your family’s life
- Reflect real-life settings
- Be discipline-free
- Be clear, simple, and jargon free
- Emphasize the positive
- Avoid use of passive words

*Example child outcome:* Lily will express her needs verbally to her caregivers using 10–20 single words by next August, as observed by caregivers and service provider.

*Example family outcome:* Parent will help her child avoid tantrums before bedtime by following the practiced routine by the next IFSP meeting in 6 months. The corresponding IFSP service could be a parent training on behavioral strategies or a home consultation with a behaviorist.
Even though the IFSP outcomes are specific to your child’s and family’s needs, it is helpful to use the 3 functional outcomes of the Office of Special Education Programs (OSEP) as a framework. OSEP is the federal organization that is dedicated to improving the lives of infants, toddlers, children and youth with disabilities. The 3 outcomes from OSEP help you when thinking about what your child is currently doing and what you’d like your child to be able to do in the near future. They will help you know how well your child is developing and participating in activities at home, at school and in the community. They also help the early intervention team measure your child’s progress. The OSEP outcomes are:

- Children have positive social and emotional skills: this outcome measures how children interact and play with their family, other adults and other children.
- Children acquire and use knowledge and skills: this outcome measures how children learn and use basic language and communication skills such as counting and problem solving.
- Children take appropriate action to meet their needs: this outcome measures how children gradually become more independent by learning how to move from place to place, feed themselves and take care of basic needs.

It is important that what you know and believe about your child’s development is included in your child’s IFSP outcomes. Using the above outcomes as a springboard, fill out the Child Outcomes Worksheet to help shape your thoughts around your child’s strengths and weaknesses. This can help you:

- Gain confidence in your ability to observe your child and share those observations with others.
- Develop an increased understanding of how your child is functioning compared to age expectations.
- Learn to track and celebrate the progress that your child is making.
- Contribute more to your child’s IFSP team discussions about your child’s strengths and accomplishments and the development of appropriate IFSP outcomes. The outcomes will change as your child grows.
- Think about what you would like to see happen for your child and your family.

**Questions to Consider for your Child’s Outcomes Worksheet:**

- What activities or people does my child enjoy or dislike?
- How does my child let me know likes and dislikes?
- What causes my child to be calm or frustrated?
- When is my child most cooperative and least cooperative?
# Child Outcomes Worksheet

<table>
<thead>
<tr>
<th>Outcome:</th>
<th>How does my child …</th>
<th>My Child’s Strengths</th>
<th>My Child’s Needs</th>
</tr>
</thead>
</table>
| **Developing Positive Social/Emotional Skills** | – Display emotion?  
– Calm down when upset?  
– Respond to touch?  
– Relate to family members and pets?  
– Relate to other children and/or adults?  
– Respond when people enter the room?  
– Understand social rules, such as taking turns? | | |
| **Acquiring and Using Knowledge and Skills** | – Understand and/or respond to directions and requests from others?  
– Think, remember?  
– Reason, problem solve?  
– Play with age appropriate toys?  
– Interact with toys, puzzles, books, pictures?  
– Understand basic concepts, such as big or hot?  
– Use words? Communicate thoughts and ideas?  
– Copy other’s actions or try to learn new skills? | | |
| **Taking Appropriate Action to Meet Needs** | – Move from place to place?  
– Climb stairs, get up and down from chairs?  
– Take care of basic needs?  
– Help with dressing/undressing? Toileting?  
– Use hands/fingers to pick things up?  
– Let me know he/she is hungry?  
– Watch out for own safety?  
– Independent self-care skills? | | |
IFSP Services

What are the Early Start services that could support the outcomes for you and your family?

1. **Assistive Technology:** Items, equipment, systems or service that maintain or improve functional skills. This does not include the surgical placement, maintenance or replacement of a medical device put in surgically (i.e. a cochlear implant). Services might include help to choose, get or use a device, evaluations, coordinating and using other services with assistive technology devices.

2. **Audiology:** Evaluating hearing and processing what is heard, referring to medical and other services, providing training, rehabilitation, speech reading and listening devices along with preventing of hearing loss.

3. **Family training, counseling, and home visits:** Assist in understanding the special needs of your child and help your child’s development.

4. **Health Services:** So your child benefits from other early intervention services. Examples include cleaning intermittent catheterization, trach care, tube feeding, changing of dressings or colostomy bags, consulting with physicians or other providers. NOT included are services such as regular “well-baby” care, cleft palate or club foot surgery, the prescribing of medicine or drugs for any purpose, anything relating to devices such as heart monitors, respirators, oxygen, feeding tubes and pumps or surgically implanted devices.

5. **Medical Services:** To diagnose or evaluate your child’s developmental status and need for early intervention services.

6. **Nursing Services:** To prevent health problems, bring back or improve functioning, promote health and development, assess for the purpose of providing nursing care, giving medications, treatments, and care prescribed by a licensed physician.

7. **Nutrition Services:** Assessing diet, feeding skills and problems, food habits and likes, developing and monitoring a nutrition plan, making referrals to community resources to carry out nutrition goals.

8. **Occupational Therapy (OT):** To build life skills that use sensory, motor, and posture to improve your child’s ability to do tasks in the home and community or to assess, prevent or lessen a problem or future problem.

9. **Physical Therapy (PT):** Exercises and equipment to assess, improve, manage, or prevent problems with your child’s motor skills, balance, coordination, strength, endurance as well cognitive and sensory processing.

10. **Psychological:** Related to your child’s learning, behavior, development and social and emotional needs, including mental health needs of the family.

11. **Sign language and cued language:** Auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.
12. **Social work:** individual and family-group counseling, social skill-building activities with your child and you, and evaluating and addressing the social/emotional needs, living conditions and parent-child interactions.

13. **Special Instruction:** Designing environments and activities to help your child gain skills, planning the early intervention program to achieve IFSP outcomes, providing your family with information, skills, and support for your child's skill development and working with your child to enhance development.

14. **Speech-language:** To develop communication skills, receptive and expressive language, the mechanics of producing words (articulation, pitch, fluency, volume) and swallowing difficulties. Assessment of specific disorders, referring to medical or other professional services.

15. **Transportation** and related costs needed for your child and your family to receive services.

16. **Vision:** Evaluating functioning and abilities that affect development, referring for medical or other needed professional services and training (communication skills, orientation and mobility).

17. **Other** Services which the IFSP team agrees are necessary to serve the needs of your child.

18. **Service Coordination (or case management):** An active, ongoing process that begins with your first contact with the Regional Center or Local Educational Agency and continues through your child’s Transition to Preschool. One service coordinator is assigned who is the main contact for your family. Services include:
   - getting and coordinating services
   - identifying medical and other services that may not be covered in the IFSP and assisting, your family in securing those services from other sources if needed
   - coordinating and making referrals for evaluations, scheduling appointments for services
   - facilitating and participating in the development, review and evaluation of IFSPs
   - monitoring the delivery of IFSP services so they are received in a timely manner
   - conducting follow-up activities to make sure appropriate services are being provided
   - informing you of your rights and procedural safeguards
   - coordinating the funding of the IFSP services
   - facilitating the development of a transition plan to preschool or other community services

The above is not a complete list of services or providers. Nothing in the federal law prohibits the IFSP from including another type of service or provider as long as the following are met:

- Needs shown in your child's assessments
- The criteria in the law
- The required qualifications of the providers
Who Pays For Services?

While federal IDEA law allows states to charge for some early intervention services, California does not charge for federally mandated Early Start services.

However, private and public insurance plans can be used to pay for early intervention services. If for any reason, the use of private or public insurance would delay the start of early intervention services, the Regional Centers may be able to cover the cost of services until insurance kicks in. Furthermore, the use of private or public health insurance should not:

- count towards or result in a loss of benefits due to the annual or lifetime coverage cap of the family’s plan
- negatively affect the availability of the family’s health coverage
- cause the private or public insurance company to discontinue or end the family’s coverage
- increase the cost of the family’s health plan premium

Note: At the time of this writing, under the no cost protection rights, as a parent of a child in Early Start, the state can not require that you have health insurance in order to receive early intervention services. Further, if the private or public insurance program imposes any cost for early intervention services, you must give your consent to pay for those costs or work with the Regional Center to have those costs covered.

The “Who Pays for Services” rules and regulations are constantly undergoing revisions, so consult with your Early Intervention Specialist, Service Coordinator, Matrix, and Disability Rights California for the most current regulations.
IFSP Parents’ Rights

As a parent of a child with an IFSP you have rights that ensure that the early intervention services being provided to your child and family are being appropriately delivered in a timely manner.

These rights are called procedural safeguards and include:

- Confidentiality
- Your written consent for your child’s assessments and services
- Access to all your child’s records, evaluations, assessments, IFSPs
- Notification of periodic and annual IFSP program review
- Use of administrative and judicial process to resolve complaints

Procedural safeguards also provide for “prior written notice”, which refers to the written notice that is required whenever the provider of early intervention services proposes or refuses to initiate or change any of the following in your child’s IFSP:

- Identification of your child’s disability
- Evaluation or assessment
- Placement (where services are performed)
- Provision of appropriate early intervention services

Prior written notice must contain:

- The action that is proposed or refused
- The reasons for the action
- All available procedural safeguards to resolve the dispute

Prior written notice must be presented in the language of your choice so that you understand its contents.

Parents may use administrative and judicial process to resolve:

- Disagreements related to Early Start services
- Allegations that any federal or state law has not been followed when delivering your child’s early intervention services

Parents have the right to:

- Request a mediation conference and/or due process hearing for disputes about whether the IFSP was appropriate and anytime a Regional Center or Local Education Agency violates any of the above procedural safeguards
- Be informed of your right to file a complaint
- File a complaint if you believe there has been a violation of any law governing early intervention services under Early Start

http://www.dds.ca.gov/EarlyStart/RM_Outreach.cfm#5
When a child with special needs who has been in Early Start turns 3 years of age, federal and state laws dictate how transition services are provided. The Individuals with Disabilities Education Act (IDEA) directs Special Education, for children three and older. Your local school district is responsible for this program.

The Lanterman Act of California directs services to individuals with developmental disabilities, and the Regional Centers are the organizations that are responsible for this program.

Preparation for a change makes it easier. So, what’s next? There will be:
- Decisions about eligibility for Special Education preschool services and Regional Center services.
- New assessments, service coordinators, learning environments, services, laws, and parents’ rights.
- A shift in services from your family’s needs to your child’s educational and daily living needs.

Specific things need to happen at specific times before your child turns 3 years old, such as:
- Requirements of the notice parents receive about this process and the timeline for transition planning.
- Transition meetings with you, your service coordinator, a school representative, and other key people to plan the transition and discuss assessments and eligibility.
- If eligible for Special Education, an Individualized Education Plan (IEP) is developed with your input.
- If your child is eligible for Regional Center services, an Individualized Program Plan (IPP) is developed.
- If your child is not eligible for an IEP or an IPP, you can learn your options, including what to do if you think your child is eligible for specialized services.

In Summary: At age 3, the IFSP is closed. If your child is eligible for services after age 3, the IFSP from Early Start could break into two parts: The IPP as part of the Lanterman Act and the IEP as part of Special Education. A child could have both programs. These systems can seem overwhelming at the beginning. Over time, with information and support, you will learn what is needed to be your child’s best advocate. Call us with any questions or for advice and support along the way.
### Transition to Preschool Timeline

<table>
<thead>
<tr>
<th>Time Frames / Age of Child</th>
<th>Transition Process Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By 2 years 6 months</strong></td>
<td>Your service coordinator will let you know that transition planning will happen within 3-6 months and will contact your school district to let them know an Individualized Family Service Plan (IFSP) meeting will be held.</td>
</tr>
<tr>
<td><strong>By 2 years 6 months and 2 years 9 months</strong></td>
<td>Transition planning is discussed with your family. A mutually agreed upon date is set for the IFSP/Transition meeting.</td>
</tr>
<tr>
<td><strong>By 2 years 9 months</strong></td>
<td>Information will be given to you about transition to Special Education for children who will be eligible OR community resources for children who will not be eligible for Special Education. You and your service providers will discuss how best to prepare your toddler for the transition. The IFSP Transition meeting will be held to develop the transition plan and to discuss upcoming specialist’s assessments which determine eligibility, goals and services – referrals made if appropriate.</td>
</tr>
<tr>
<td><strong>Around 2 years 9 months</strong></td>
<td>Within 15* days of referrals, an assessment plan is sent to you. You (parent or guardian) have at least 15 calendar days from the receipt of the proposed assessment plan to arrive at a decision regarding the plan. The assessment may begin immediately upon receipt of the consent. Within 60* days after parent written consent, all specialists’ assessments are scheduled and completed, and an IEP meeting is held.</td>
</tr>
<tr>
<td><strong>By 3 years</strong></td>
<td>You, your service coordinator, school district personnel, and any others who you would like to invite will attend the last IFSP/first Individual Education Plan (IEP) meeting. Assessment results are discussed, and Special Education eligibility is determined by Individual Education Plan team. If eligible, the IEP is created. Separate from this meeting, eligibility for continued Regional Center services is determined. If eligible, an Individualized Program Plan (IPP) is developed. The IFSP with Regional Center is closed.</td>
</tr>
<tr>
<td><strong>At 3 years</strong></td>
<td>Your child begins Special Education preschool, community preschool and/or services, depending on eligibility.*</td>
</tr>
</tbody>
</table>

* Timeline may be altered for long breaks in the district calendar (e.g. summer vacation)
A Parent’s Role in the IFSP Process

You are an essential part of your child’s learning. What happens in your home in between intervention visits is so critical for your child’s improved development. Children learn best when they are interested, engaged and motivated to practice – especially when they participate in natural learning opportunities in every day routines and activities.

Practice! Practice! Practice! Select everyday activities that are of interest to your child. Be patient. Remember “It takes the time it takes” to improve skills. The consistent adults in your child’s life have the greatest influence on your child’s learning and development. Along with the early intervention specialists, teachers and therapists, you and other family caregivers are vital to a strong team for your child.

Besides supporting your child’s development, you are also your child’s best advocate. To do this, start working on building your skills and/or understanding about:

- Your child’s special needs
- The Early Start program and process
- Communicating effectively
- Organizing and prioritizing needs, paperwork, activities
- Taking the perspective of others on the team

10 Tips from “Veteran” Parents

- Your child will grow and develop in ways that will amaze you.
- Involve your whole family in your IFSP.
- Your service coordinator is a listener, resource and support to your family.
- Trust the coaching model – the service providers teach you activities.
- There are times when it is important to just be a family.
- Connect with other parents.
- Celebrate your child’s strengths, talents, and interests.
- Remember to take care of yourself as well as taking care of your child and family.
- Leaving Early Start is not as scary as it may seem.
- You are the expert about your child

- Self-Care – taking care of you!
IFSP Parent Checklist

☑ I understand why my child is eligible for Early Start.
☑ I invited family members, friends and/or child care providers to our IFSP meeting.
☑ Our first IFSP was completed 45 days after our referral to the Regional Center or school district.
☑ I shared information about my family and child with our IFSP team.
☑ I have provided written permission for services to begin.
☑ Our first services began in a timely fashion after we signed our IFSP.
☑ Our service appointments have been scheduled at a mutually agreed upon time and place.
☑ Our IFSP team considered our recommendations.
☑ Our IFSP recognizes my child's specific strengths and developmental needs.
☑ Our IFSP identifies opportunities where learning can occur within my families daily routines.
☑ Our IFSP describes ways that services will be provided in my child's daily routines, activities and places.
☑ Our IFSP supports our family in accessing community resources and supports.
☑ Our IFSP identifies our service coordinator and other service providers.
☑ I was comfortable asking questions during our IFSP meeting and during our early intervention sessions.
☑ I received a copy of my child's IFSP.
☑ Our first IFSP review will be in 6 months, but I know I may ask for a review at any time.

Source: Maryland's Birth through Five Early Childhood Intervention and Education packet: The IFSP: A Family Guide to Understanding the Individualized Family Service Plan