

Infant & Toddler Connection of Virginia  
Individualized Family Service Plan (IFSP)  
Infant & Toddler Connection of Wonderland



I. Child and Family Information

Child's Name: Dashawn Smith Date of Birth: 2-10-10

Gender:  M  F Child's County or City of Residence: Wonderland

IFSP Date: 6-29-12  Initial  Annual # \_\_\_\_\_ Date 6 mo. Review Due: 12-29-12

Date(s) Review(s) Completed: 8-6-12

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

Medicaid Number (optional): n/a

Parent's and/or Other Family Member's Name, Address, Phone And Other Contacts:

Alice Smith (000) 333-4444 home  
1234 Mad Hatter Lane (000) 111-2222 cell  
Wonderland, VA 00001

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

Sarah Jameson (000) 444-9999 office  
Wonderland Community Service Board  
555 White Rabbit Hwy  
Wonderland, VA 00001

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

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## Ila. Child and Family Activities

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

Dashawn loves to go for rides in his wagon in the afternoon after he and his mother get home. He loves swinging in the bucket swing at the park and playing in the sandbox. His favorite things to do at home are looking at his Clifford books, playing with his red Clifford ball and his trains, splashing in the bathtub, and running after the family dog and his big sister. During the day when his mother is at work, Dashawn stays with a babysitter, where he likes to play with the other children. On the weekends, his family runs errands, visits family, and spends time at the mall.

## Ilb. Family Identified Resources, Priorities, & Concerns

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

### Voluntary!

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

\_\_\_\_\_ Parent initial if choosing not to provide this information.

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

Dashawn's mother would like for Dashawn to be able to talk like other children his age. Dashawn gets frustrated a lot during the day when he doesn't get what he wants fast enough and when his mother can't understand him. His sister usually knows what he wants and will talk for him. Dashawn's mother is concerned that Dashawn might have autism like their neighbor's child and has scheduled to have him tested at the local children's hospital in May. Dashawn's mother also shared that it is hard to go to the mall and on other errands with Dashawn because of his tantrums.

Dashawn's grandparents live nearby and Dashawn and his family see them every weekend. Dashawn's babysitter is a close friend of Dashawn's mother and is a great support to the family. Dashawn's father lives in another state and sees Dashawn about twice a year when he is in town.

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### III. Team Assessment Narrative

Include the referral source and reason for referral, any medical diagnoses (especially those related to the reason for referral), pertinent health and physical development information (including pertinent medical history, clinical signs and symptoms, current health status), a statement of child's present levels of development in all areas of development, vision and hearing screening results, and a summary of functional strengths and limitations.

Dashawn was referred to the Infant & Toddler Connection of Wonderland by his pediatrician, Dr. Curry, due to concerns for his expressive language development. Dr. Curry completed a developmental screening with Dashawn and his mother at Dashawn's 24 months well-child visit and noted that Dashawn was only using three words – mama, ball, juice. Dr. Curry also completed the M-CHAT but no concerns for autism were noted based on the screening results. Dr. Curry recommended that Dashawn be tested by the developmental pediatrician at the local children's hospital, which is scheduled for May. Dashawn also had an audiological exam on March 3, 2012, which found his hearing to be within normal limits.

Dashawn was born full-term, weighing 8lbs 3 oz, following an uncomplicated pregnancy. Based on a review of Dashawn's medical records, the only complication noted after delivery was jaundice, which was treated with a course of phototherapy (lights). Dashawn has a history of three ear infections but otherwise has been a healthy child. Dashawn passed his newborn hearing screening at birth and no concerns have been noted for his vision. All immunizations are up-to-date. Dashawn's mother reports a family history of delayed communication development, as his sister also received early intervention when she was a toddler.

Dashawn was determined eligible for early intervention services due to developmental delay. His assessment for service planning was held in the family's home with Dashawn, his mother, a speech therapist, a developmental services provider, and the service coordinator present. Dashawn was shy at first, but warmed up quickly to the assessment activities. He especially enjoyed playing with the ball, putting pegs in a pegboard, and scribbling with crayons.

As Dashawn warmed up, he began to interact with those around him and would look around to be sure that everyone was watching and clapping for him. He took turns in play stacking blocks (up to a tower of eight) and knocking the tower down and tossing the ball back and forth. While playing with the ball, at one point Dashawn hit his head on the underside of the table and went to his mother for comfort. He quickly recovered and continued playing. Dashawn was able to follow directions to locate the ball, to give the ball to his mom, and other 1-2 step commands. During the assessment, Dashawn responded to his name, pointed to pictures in a book, and pointed to 5 body parts on a doll and himself. When looking at the book, Dashawn made the "woof" and "meow" sounds to pictures of dogs and cats, and used some jargon in play. The only true words heard today were "mama" and "ball." Dashawn's mother said that Dashawn can also say "top" for stop, to tell his sister to stop bothering him.

Dashawn's mother reports that Dashawn has tantrums often during the day when he gets frustrated or tired. Because Dashawn's tantrums are so frequent, his mother said that it is difficult to take him out on errands and to the mall. Dashawn's mother and sister have started trying to teach Dashawn a few signs (more, cracker, car) but Dashawn has not yet begun to use them.

Dashawn attended well to activities where he played one-on-one with an adult. He put the shapes in the puzzle and looked to the educator who was playing with him for help when the triangle would not fit correctly. He enjoyed scribbling and copying lines and playing a matching game during which he matched three objects on request. Dashawn played pretend with his Clifford stuffed animal, pretending that Clifford was eating and going to sleep. When Dashawn wanted to play a different game, he would put his hands on the toy bag that contained the testing materials, look at the educator, and vocalize "uh-uh." He was very purposeful in his communication but was not able to imitate words or sounds in play today.

Dashawn is able to move about independently by walking, climbing, and running. His mother reports that Dashawn's ability to move is his greatest strength. Dashawn can push and carry large objects, like his child-sized chairs. He can jump from the bottom step in his house, climb up onto the couch to sit, and throw a large ball without falling. Dashawn helps put laundry away and helps throw trash away when asked. He can take off his clothes and occasionally seems to be aware of his diaper being soiled. Dashawn will vocalize to get assistance, using the same "uh-uh" sounds mentioned earlier, and will point to what he wants if out of his reach. Dashawn eats well but has trouble chewing his food. His mother reports that he will sometimes pack his cheeks "like a squirrel" then choke trying to swallow. She also reports that when he was an infant, he took a long time to drink his bottle. Dashawn can feed himself using his fingers and will

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sometimes use a spoon. He also drinks from a sippy cup and will say "-ush" to get juice when his cup is empty.

Based on the assessment, Dashawn's is showing strengths in his gross and fine motor, social, receptive communication, and self-help skills. His is showing developmental delays in his expressive communication and cognitive development. His expressive communication is limited by the fact that Dashawn is only using 4 words consistently at this time and seems to have a limited variety of sounds. He seems to have some difficulty coordinating the movements of his mouth to chew and to make sounds. Dashawn's cognitive delay appears to be related to his expressive communication, as his problem-solving skills appear to be appropriate for his age.

For information about Dashawn's ratings on the child indicators for overall positive social-emotional development, acquiring and using knowledge and skills, and taking appropriate actions to meet needs, please see the Virginia Child Indicator Summary Form in the early intervention record.

**The following people participated in the assessment for service planning** (*Printed name, credentials, signature, date*):

Alice Smith, mother, Alice Smith 6-29-12

Parent

Sarah Jameson, B. S., Service Coordinator, Wonderland CSB, *Sarah Jameson*, 6-29-12

Service Coordinator

Robert Cauldwell, M.S., CCC-SLP, Speech-Language Pathologist, Therapy Associates, *Robert Cauldwell*, 6-29-12

Discipline:  Educator/Special Educator  Occupational Therapist  Physical Therapist  Speech-Language Pathologist  Nurse  Other

Aesha Martin, M.Ed., Developmental Services Provider, Wonderland CSB, *Aesha Martin*, 6-29-12

Discipline:  Educator/Special Educator  Occupational Therapist  Physical Therapist  Speech-Language Pathologist  Nurse  Other

Discipline:  Educator/Special Educator  Occupational Therapist  Physical Therapist  Speech-Language Pathologist  Nurse  Other

Discipline:  Educator/Special Educator  Occupational Therapist  Physical Therapist  Speech-Language Pathologist  Nurse  Other

**Information from the following assessments completed outside the Infant & Toddler Connection of Virginia system was used to complete the assessment for service planning** (*Printed name, credentials, discipline, organization*):

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**IV. Outcomes of Early Intervention**

Date Outcome Added: \_\_\_\_\_

**Acquisition:** Describe skill or behavior child or family is to acquire or achieve.

**Context or Setting within Everyday Routines and Activities:** Identify child's or family's everyday routine/activity in which the behavior is expected.

**Criterion for Achievement Over What Amount of Time:** Describe frequency/duration/rate for the new skill/behavior stated over a specific time period.

**Outcome** (Long-Term Functional Goal) **##2**      **Target Date:** 2-10-13      **Date met, changed or ended:** 8-6-12

Dashawn will talk using words (at least 50 words) and short phrases (2-3 words in length) that his family and babysitter can understand to ask for food and tell them what he wants to do rather than tantruming when at home, at the sitter's house, and on outings at least 5x/day for 2 weeks.

**Learning opportunities and activities that build on child's and family's interests and abilities:**

Model words by saying the words that go with Dashawn's favorite activities, such as talking about the trees, other children, how the sand feels, "go" and "stop" when swinging, etc. when playing at the park; talking about being "wet" while splashing in the tub, or using "ready, set, go!" games while playing at home with his sister and his dog.

**Short-Term Goals**

<u>Short-Term Goals</u>	<u>Target Date</u>	<u>Date Met</u>
Dashawn will take 5 turns back and forth making sounds using his lips and tongue (to practice m, b, p, t, g sounds in words like boom, go, pop, my turn) as he plays with his ball with his mother and/or sister each night for two weeks.	9-29-12	8-6-12
Dashawn will use 15 words within one week to name and request his favorite toys and foods during snack or playtimes at home and at the babysitter's home.	12-29-12	
Dashawn will use more words and reduce his number of tantrums to less than 3 per day (across one week).	9-29-12	
Dashawn will go with his family to the mall for 45 minutes each Saturday for 4 weeks and ride in his stroller without having a tantrum while his mother and sister shop.	12-29-12	
Dashawn will chew 10 bites of food without stuffing his cheeks and swallow without choking at each meal for 2 weeks.	12-29-12	

**Interventions (Treatment procedures and/or modalities)**

Sound imitation games	Coaching and modeling of intervention strategies
Oral motor (movements around the mouth) exercises	Parent education
Developmental play and language activities	

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**V. Services Needed to Achieve Early Intervention Outcomes**

ENTITLED SERVICE	FREQUENCY (# x/wk/ month/once)	LENGTH (# min/visit)	GROUP (G)/ INDIVIDUAL (I)	METHODS** (a,b,c,d)	NATURAL ENVIRONMENT/ LOCATION (Must be a natural setting unless justified below)	PAYMENT 1. Family Fee 2. Insurance 3. Medicaid 4. State Funds 5. Local Funds 6. Part C	PROJECTED START DATE	PROJECTED END DATE	ACTUAL END DATE
1. Service Coordination	1/month*	30 min	I	Service coordination	Home or by phone	6	6-29-12	2-9-13	
2. Speech Therapy	1/week	1 hr	I	A	Home, babysitter's home, or park	2, 6, 1	7-15-12	2-9-13	
3.									
4.									
5.									
6.									
7.									
8.									

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

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

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

**Reason for later projected start date - For each service that is planned to start more than 30 calendar days after the family signs the IFSP, indicate whether the reason is family scheduling preference, team planned a later start date to meet child and family needs, or other:**  
 n/a

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

SERVICE	PROVIDER	LOCATION	STEPS TO BE TAKEN TO ASSIST IN SECURING SERVICES
Pediatric care	Dr. Curry	Children's Health Associates	n/a
ENT	Dr. Harris	ENT Specialist	n/a

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## VII. Transition Planning

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

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

This information was discussed on 6-4-12 (date) by SJ (initials of service coordinator)

### Important Dates for Transition Planning:

7-15-12 - target date for notification and referral to determine eligibility if you are interested in early childhood special education services through your local school system (referral must occur at least 90 days before the anticipated date of transition and must occur by April 1 of the year your child turns 2 by Sept. 30 if you want your child to begin school on the first day of the next school year).

2-10-13 (date of child's 3<sup>rd</sup> birthday) – date on which your child is no longer eligible to receive early intervention

### Transition Plan

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

Transition Steps/Activities	Target Date	Date Completed	Initials Person Completing
1. <b>Community Options:</b> Help your family explore community program options, which may include early childhood special education services, for your child <ul style="list-style-type: none"> <li>a. Provide information, including program contact information, about community options following early intervention, as desired by your family. Information provided on the following programs: _____</li> <li>b. Arrange for visits to programs, as desired by your family. Programs visited: _____</li> <li>c. Other steps/activities (e.g., if you are interested, provide names of other families, with their permission, who have transitioned to programs you are considering): _____</li> </ul>	<u>9-30-12</u>	<u>ongoing</u>	<u>SJ</u>
2. <b>Notification and Referral to the Local School Division and Virginia Department of Education:</b> At least 90 days before the anticipated date of transition and before April 1 of the year your child turns 2 by Sept. 30 if you want your child to begin school on the first day of the next school year – <ul style="list-style-type: none"> <li>a. Send your child's name, date of birth and your contact information (name, address, phone number) to the <u>Wonderlandc</u> school division and Virginia Department of Education no earlier than <u>7-15-12</u> unless you disagree. Sending this information helps the school system to know who in the community may be eligible for special education services and is a referral to the local school division.               <ul style="list-style-type: none"> <li>• I do not want my child's name, date of birth and our contact information sent to the local school division and Virginia Department of Education for notification and referral _____ (parent initials and date)</li> <li>• I have changed my mind and agree to have this information sent to the local school division and Virginia Department of Education _____ (parent initials and date)</li> </ul> </li> <li>b. Date notification and referral sent _____</li> <li>c. With your consent on a release of information form, send specific information about your child to the local school division (e.g., most recent eligibility determination and assessment reports, IFSP, etc.).               <ul style="list-style-type: none"> <li>• Your consent obtained on release of information form on <u>6-29-12</u> (date)</li> <li>• Date information sent _____</li> </ul> </li> </ul>	<u>7-15-12</u>		<u>SJ</u>

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Transition Steps/Activities	Target Date	Date Completed	Initials Person Completing
3. <b>Support to Enroll in Other Programs:</b> Help your family enroll in a community program(s), other than the local school division, that you are interested in for your child, as available. <ol style="list-style-type: none"> <li>Help with getting and filling out paperwork and/or completing other steps necessary to enroll in the desired program: _____</li> <li>If needed, with your consent on a release of information form, refer your child and send specific information about your child to the future service provider or program (e.g., most recent eligibility determination and assessment reports, IFSP, etc.)               <ul style="list-style-type: none"> <li>Your consent obtained on release of information form on _____ (date)</li> <li>Referral sent to _____ (program) on _____ (date)</li> <li>Date information sent: _____</li> </ul> </li> <li>Other steps/activities: _____</li> </ol>	n/a		
4. <b>Transition Planning Conference:</b> At least 90 days, and up to 9 months if everyone agrees, before your child's anticipated date of transition – If your family is considering transition to early childhood special education services, hold a transition conference between you, your service coordinator, and someone from the new program to plan how to make the transition. <ol style="list-style-type: none"> <li><i>Parental Prior Notice</i> form provided on <u>6-29-12</u> (date)</li> <li>You <input checked="" type="checkbox"/> approve/ <input type="checkbox"/> do not approve conference.</li> <li>Service Coordinator ensures scheduling of conference and participation by required parties:               <ul style="list-style-type: none"> <li>Transition conference held on _____ (date)</li> <li>The following participated: <input type="checkbox"/> (You - required), <input type="checkbox"/> (early intervention- required), <input type="checkbox"/> (school division - required), <input type="checkbox"/> (other _____), <input type="checkbox"/> (other _____)</li> </ul> </li> </ol>	1-5-13	_____	_____
5. <b>Transition Services:</b> Once your transition plans have been determined, help your child and family prepare, as desired by your family, for changes in supports and services so you can move smoothly out of early intervention and, if appropriate, into a new program <ol style="list-style-type: none"> <li>Your child will transition to _____ on _____ (projected date)</li> <li>Help your child and family get ready to transition out of early intervention and, if appropriate, into a new program/setting by: _____</li> </ol>	1-5-13	_____	_____
6. <b>Exiting Early Intervention:</b> Discharge your child from the local Part C system before his/her 3 <sup>rd</sup> birthday <ol style="list-style-type: none"> <li><i>Parental Prior Notice</i> form is signed <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>If child is on inactive status: <i>Parental Prior Notice</i> form sent on _____ (date)  <i>Parental Prior Notice</i> form is signed <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Date of discharge/closure _____</li> </ol>	2-10-13 (or earlier if eligible for Part B preschool)	_____	_____

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### VIII. IFSP AGREEMENT

#### Parental Consent for Provision of Early Intervention Services:

I have received a copy of family rights and information about family cost share under Part C of IDEA (*Notice of Child and Family Rights and Safeguards Including Facts about Family Cost Share*) along with this IFSP. These rights and payment policies have been explained to me and I understand them. I participated in the development of this IFSP and I give informed consent for the Infant & Toddler Connection of Virginia system and service providers to carry out the activity(ies) listed on this IFSP.

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

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

I understand that my IFSP will be shared within the local Infant & Toddler Connection of Virginia system, including with providers involved in assessment and/or in the development and/or implementation of this IFSP.

Alice Smith

6-29-12

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

Date

#### Other IFSP Participants (Printed name, credentials, signature, date):

Sarah Jameson, B. S., Service Coordinator, Wonderland CSB, *Sarah Jameson*, 6-29-12

Discipline: Service Coordinator

Robert Cauldwell, M.S., CCC-SLP, Speech-Language Pathologist, Therapy Associates, *Robert Cauldwell*, 6-29-12

Discipline:  Educator/Special Educator  Occupational Therapist  Physical Therapist  Speech-Language Pathologist  Nurse  Other

Aesha Martin, M.Ed., Developmental Services Provider, Wonderland CSB, *Aesha Martin*, 6-29-12

Discipline:  Educator/Special Educator  Occupational Therapist  Physical Therapist  Speech-Language Pathologist  Nurse  Other

Discipline:  Educator/Special Educator  Occupational Therapist  Physical Therapist  Speech-Language Pathologist  Nurse  Other

Discipline:  Educator/Special Educator  Occupational Therapist  Physical Therapist  Speech-Language Pathologist  Nurse  Other

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

#### Translator/Interpreter (if used):

#### The following related documents are attached:

Copies to: Dr. Curry (pediatrician)

**Physician Certification (required in order to bill insurance):** I certify and approve that \_\_\_\_\_ services, as described in the IFSP, are medically necessary for this child.

*Arthur Curry, M.D.*  
Signature

Credentials

5-4-12

Date

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## IX. IFSP Review Record

Purpose of Review:  6 month Review  Upon Request by: Jennifer, speech therapist Review Date: 8-6-12

### Summary (Include rationale for any changes resulting from this review):

Dashawn is making progress in his use of sounds, imitation of words, and use of single words. Dashawn is now able to make early sounds such as m, p, b, g, t in play and in several new words. Dashawn now says about 10 words to label things like book, cup, outside, dog, etc. His mother reports that Dashawn is having tantrums a little less often, though going out to the mall or the grocery store continues to be a challenge. Dashawn's speech therapist offered to meet Dashawn's family at the mall next week to help problem-solve ways to make the trips more manageable. Dashawn's mother has requested assistance with helping Dashawn chew his food and not choke so a goal to address this concern has been added to the IFSP (page 5).

### Change(s):

### Projected Start Date For Change:

The first goal under Outcome #2 has been met.	8-6-12
A new goal to address chewing and choking has been added.	8-6-12

## Parental Consent

I have received a copy of family rights and information about family cost share under Part C of IDEA (*Notice of Child and Family Rights and Safeguards Including Facts about Family Cost Share*) along with this IFSP Review Record. These rights and payment policies have been explained to me and I understand them. I participated in the development of this IFSP Review and I give informed consent for Infant & Toddler Connection of Virginia system and service providers to carry out any changes listed on this IFSP Review Record.

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

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

I understand that my IFSP will be shared within the local Infant & Toddler Connection system, including with providers involved in assessment and/or development and/or implementation of this IFSP.

Alice Smith

8-6-12

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

Date

## If services increased on this IFSP review and my child is covered by private insurance:

My insurance should be billed for covered services. Unless my monthly cap is \$0, I agree to continue paying for any applicable co-payments, deductibles and/or non-covered services in the manner indicated in the Charges section on the Family Cost Share Agreement form. I understand I can cancel this consent at any time by giving written notice to my child's service coordinator.

My insurance should no longer be billed for covered services. Unless my monthly cap is \$0, I agree to pay for services in the manner indicated in the Charges section on the Family Cost Share Agreement form. I understand that I must complete and sign a new Family Cost Share Agreement form.

I understand I can contact my service coordinator if I have questions about use of insurance or the payment arrangements on the Family Cost Share Agreement form.

n/a

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

Date

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Review Date: 8-6-12

**Other IFSP Participants** (*printed name, credentials, signature, date*):

Sarah Jameson, B. S., Service Coordinator, Wonderland CSB, *Sarah Jameson*, 8-6-12

Discipline: Service Coordinator

Jennifer Pauly, M.S. CCC-SLP, Therapy Associates, *Jen Pauly*, 8-6-12

Discipline:  Educator/Special Educator  Occupational Therapist  Physical Therapist  Speech-Language Pathologist  Nurse  Other

Discipline:  Educator/Special Educator  Occupational Therapist  Physical Therapist  Speech-Language Pathologist  Nurse  Other

Discipline:  Educator/Special Educator  Occupational Therapist  Physical Therapist  Speech-Language Pathologist  Nurse  Other

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

**Physician Certification (required in order to bill insurance):** I certify and approve that \_\_\_\_\_ services, as described in the IFSP, are medically necessary for this child.

*Arthur Curry, M.D.*  
Signature

Credentials

*8-12-12*

Date

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(Refer to corresponding number on page 6 of the IFSP for service details)

**Addendum**

#	Service	SERVICE PROVIDER (Name, agency, address, phone number)	Current?
1	Service Coordination	Sarah Jameson Wonderland CSB, 555 White Rabbit Hwy, Wonderland, VA 00001 (000) 444-9999	<input type="checkbox"/> N
			<input type="checkbox"/> N
			<input type="checkbox"/> N
2	Speech Therapy	Jennifer Pauly Therapy Associates, Queen of Hearts Lane, Wonderland, VA 00001 (000) 444-8080	<input type="checkbox"/> N
			<input type="checkbox"/> N
			<input type="checkbox"/> N
3			<input type="checkbox"/> N
			<input type="checkbox"/> N
			<input type="checkbox"/> N
4			<input type="checkbox"/> N
			<input type="checkbox"/> N
			<input type="checkbox"/> N
5			<input type="checkbox"/> N
			<input type="checkbox"/> N
			<input type="checkbox"/> N
6			<input type="checkbox"/> N
			<input type="checkbox"/> N
			<input type="checkbox"/> N
7			<input type="checkbox"/> N
			<input type="checkbox"/> N
			<input type="checkbox"/> N
8			<input type="checkbox"/> N
			<input type="checkbox"/> N
			<input type="checkbox"/> N

I was given the opportunity to choose from among provider agencies who work in my local system area and who are in my payor network. I may request to change service providers at any time by contacting my service coordinator.

<u>2</u>	<u>Alice Smith</u>	<u>6-29-12</u>
For Services #	Signature(s) of (check one): <input checked="" type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Surrogate Parent	Date
For Services #	Signature(s) of (check one): <input type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Surrogate Parent	Date
For Services #	Signature(s) of (check one): <input type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Surrogate Parent	Date