

NEVADA EARLY INTERVENTION SERVICES

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Dear Family of _____:

The development of an Individualized Family Service Plan is a process in which family members and support providers work together as partners. Together we will create a plan of action to support your family in meeting the developmental needs of your child.

You know your child better than any professional. As we develop your family's individual plan, we'll be asking you to tell us about what's important for your child and family. You are a critical member of the team and are welcome to invite anyone else you feel is important to participate. Please speak freely and help us understand what will be useful to you and your child. We are committed to making this planning process comfortable and valuable to you, your child, and other team members. We look forward to developing a meaningful relationship with your family and hope you will share your ideas and suggestions on how we can improve this process.



Nombre del niño(a): _____

Child's Name: _____

PRESENT LEVELS OF DEVELOPMENT
NIVELES ACTUALES DE DESARROLLO

Assessment Tools Metodo de Evaluación	DATE FECHA	CA: EC: AA: EA:	PERCEPTUAL/FINE MOTOR MOTOR PERCEPTIVO (Hand/eye coordination; use and manipulation of small toys & objects) (Coordinación de ojo/ mano; usando juguetes pequeños y objetos)	COGNITION CONOCIMIENTO (Thinking, learning, problem solving, and playing) (Pensando, aprendiendo, y jugando)	COMMUNICATION COMUNICACIÓN (Understanding and expressing language including sounds, words, signs and gestures) (Entendiendo, expresando language incluyendo sonidos, palabras, señas, y gestos)	SOCIAL & EMOTIONAL SOCIAL Y EMOCIONAL (Responding to and interacting with others) (Respondiendo y interacción con otros)	ADAPTIVE ADAPTIVO (Doing things for him or herself) (Haciendo cosas por si mismo)	GROSS MOTOR MOTOR PRIMARIO (Movement/mobility and balance; coordinating large muscles) (Movimientos/ movilidad balancear, coordinar los músculos grandes)

NEVADA EARLY INTERVENTION SERVICES
SERVICIOS DE INTERVENCIÓN TEMPRANA DE NEVADA



INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
PLAN DE SERVICIO FAMILIAR INDIVIDUALIZADO (PSFI)

For the family of: _____ Who was born on: _____
Para la familia de: _____ Fecha de Nacimiento: _____

This plan began on: _____ Parent/Guardian: _____
Esta plan comenzó: _____ Padre/Tutor: _____

Address: _____ Phone: _____
Dirección o Domicilio: _____ Teléfono: _____

Primary Language Spoken: _____ Are interpreter or translation services needed?
Idioma Primario: _____ ¿Necesita servicios de traducción? _____

Service Coordinator: _____
Coordinador de Servicios: _____

My signature below indicates (mi firma en la parte de abajo indica):

- ✓The Parent Rights Handbook has been reviewed with me and I have been given a copy.
El folleto de Derechos como padre de familia ha sido revisado conmigo y se me ha dado una copia.
- ✓I understand that my consent is voluntary and can be withdrawn at any time.
Yo entiendo que mi consentimiento es voluntario y puedo retirarlo en cualquier momento.
- ✓I understand that my consent may be given for some services and not for others.
Yo entiendo que mi consentimiento se puede dar para algunos servicios y no para otros.
- ✓I understand that the consequence of refusing services is that my child/family will not receive services.
Yo comprendo que las consecuencias de rehusar servicios es la de que mi niño/familia no recibirá servicios.
- ✓I understand that my signature grants permission for my child to receive services.
Yo entiendo que mi firma es permiso para que mi niño/a reciba servicios.

		Attended IFSP Asistió al PSFI	Contributed to IFSP Contribuyo con el PSFI
(Signature & Date) (Firma y Fecha)	(Printed Name of Parent/Guardian) (Nombre de Padre/Guardián)	<input type="checkbox"/>	<input type="checkbox"/>
(Signature & Date) (Firma y Fecha)	(Printed Name of Service Coordinator) (Nombre de Coordinador de Servicios)	<input type="checkbox"/>	<input type="checkbox"/>
(Signature & Date) (Firma y Fecha)	(Printed Name/Role) (Nombre /Título)	<input type="checkbox"/>	<input type="checkbox"/>
(Signature & Date) (Firma y Fecha)	(Printed Name/Role) (Nombre /Título)	<input type="checkbox"/>	<input type="checkbox"/>
(Signature & Date) (Firma y Fecha)	(Printed Name/Role) (Nombre /Título)	<input type="checkbox"/>	<input type="checkbox"/>

Interim IFSP Date/Fecha del PSFI: _____ 6 month Review Date/Fecha de la Revisión de Seis Meses: _____

Annual Review Date/Fecha de la Revisión Anual: _____ Transition Plan Date/Fecha del Plan de Transición: _____

Child's Name _____
 Nombre del Niño(a) _____

**SUMMARY OF EARLY INTERVENTION SUPPORTS
 RESUMÉN DE APOYO DE INTERVENCIÓN TEMPRANA**

Support* Apoyos* (Use Codes Below)	Professional Profesional	Start Date Fecha de Comienzo	End Date Fecha de Compleción	Frequency Frecuencia (How Often) (Cuántas Veces)	Intensity Intensidad (How Long) (Cuanto Tiempo)	Method Método (Group/Individual/ Consultative) (Grupo/Individual/ Consultativo)	Location*** Lugar*** (Must be natural environment unless justified below) (Debe ser Ambiente Natural al menos que sea justificado abajo)	Payment Source** Pago Principio** (Ins/Medicaid/Part C/ Other) (Aseguranza/ Medicaid/Parte C/ Otro)

*Service & Support Codes: Assistive Technology (AT), Audiology (AUD), Family Training Counseling (FTC), Health Services (HS), Medical Services for Diagnostics only (MS), Nursing Services (NS), Nutrition (NT), Occupational Therapy (OT), Physical Therapy (PT), Psychological (PSY), Respite (RS), Social Work (SW), Special Instruction (SI), Speech & Language Therapy (SLP), Transportation (TR), Vision (VS)
 **Part C is payor of last resort/Los fondos de Parte C solo deben ser usados como un "ultimo recurso."

***Justification of why an early intervention outcome can't be achieved satisfactorily in a natural environment:
 ***Justificación para facilitar el servicio en un ambiente que no ha sido identificado como el medio ambiente natural:

Medical and Other Services (Needed but not required under Part C)
 Médico y Otro Servicio (Es necesario pero no lo requiere bajo Parte C)

Service Apoyo	Provider Proveedor	Contact Information Contacto de Información	Funding Source or Steps Taken to Secure Service La Fuente que financia o Da un paso Tomado para Asegurar el Servicio

