



Writing Family-Guided IFSP Outcomes

Family Choice and Decision Making Process

The choice and decision making matrix is designed to assist family service coordinators in their work with families. It offers many choices for the family at each step in the early intervention system (check boxes are added for your convenience). This matrix is only a guide and not a prescriptive list of questions or activities to be completed. A program may add relevant choices as they provide particular services or choices to families in their program.

**Vera Lynne Stroup-Rentier and
David P. Lindeman, Ph.D.
June 2004**

**Kansas Inservice Training System
Kansas University Center on Developmental Disabilities
2601 Gabriel, Parsons, Kansas 67357
620-421-6550 ext. 1618
kskits.org**

Choice and Decision Making Matrix for the IFSP

(This matrix is to be used only as a guide)

Family Decisions within IFSP Activities	Choices
Who is to be included in the rights review?	<input type="checkbox"/> Family members <input type="checkbox"/> Family Service Coordinator (FSC) <input type="checkbox"/> Other _____ <input type="checkbox"/> Family advocate <input type="checkbox"/> Family Service Coordinator (FSC)
What format is used for review of informed consent?	<input type="checkbox"/> Written + verbal <input type="checkbox"/> Video + verbal + written <input type="checkbox"/> Other _____ <input type="checkbox"/> Veteran parent* <input type="checkbox"/> Written
Did you use the Family-Guided IFSP Planning Worksheet (optional)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it <input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Other _____
Who will attend the IFSP meeting? Where are you going to have it, location (needs to be in a natural environment)? What time? _____	<input type="checkbox"/> Part C/EI staff <input type="checkbox"/> Family <input type="checkbox"/> Formal support** <input type="checkbox"/> Staff from other agencies <input type="checkbox"/> Other _____ <input type="checkbox"/> Friends <input type="checkbox"/> FSC <input type="checkbox"/> Veteran parent
Who will facilitate the IFSP meeting?	<input type="checkbox"/> Part C/EI staff <input type="checkbox"/> Family <input type="checkbox"/> Formal support <input type="checkbox"/> Staff from other agencies <input type="checkbox"/> Other _____ <input type="checkbox"/> Friends <input type="checkbox"/> FSC <input type="checkbox"/> Veteran parent
Who will do the assessment and evaluation?	<input type="checkbox"/> Family members <input type="checkbox"/> Formal support <input type="checkbox"/> Everyone involved <input type="checkbox"/> Only family selected participants <input type="checkbox"/> Physician/Health Dept. <input type="checkbox"/> Other _____ <input type="checkbox"/> EI staff <input type="checkbox"/> Informal support*** <input type="checkbox"/> Private providers
How will information be shared?	<input type="checkbox"/> Verbally <input type="checkbox"/> Both verbal and written <input type="checkbox"/> Written reports <input type="checkbox"/> Other _____
What types of information will be shared?	<input type="checkbox"/> Family concerns <input type="checkbox"/> Family planning guide <input type="checkbox"/> Other _____ <input type="checkbox"/> Family priorities <input type="checkbox"/> Child results
Would you like to co-service coordinate?	<input type="checkbox"/> Need more information <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ask again at next review <input type="checkbox"/> Other _____ <input type="checkbox"/> Now <input type="checkbox"/> Later

* A parent who either has, or has had, a child enrolled in early intervention and guides other families through the early intervention system.

** Relationships which involve organized, voluntary, public or private agencies and provide social support.

*** Close relationships from which the family derives social support.

Individualized Family Service Plan (IFSP) continued

Family Decisions within IFSP Activities	Choices
What outcomes will be included in IFSP?	<input type="checkbox"/> Outcomes about accessing services <input type="checkbox"/> Outcomes about accessing information <input type="checkbox"/> Child outcomes <input type="checkbox"/> Family outcomes <input type="checkbox"/> Other _____
What early intervention services will be provided (family choice)?	<input type="checkbox"/> Assistive technology <input type="checkbox"/> Audiology <input type="checkbox"/> Family training & counseling <input type="checkbox"/> Health services <input type="checkbox"/> Nursing services <input type="checkbox"/> Medical services (diagnosis / evaluation) <input type="checkbox"/> Nutrition services <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Physical therapy <input type="checkbox"/> Psychological services <input type="checkbox"/> Family service coordination <input type="checkbox"/> Social work services <input type="checkbox"/> Special instruction <input type="checkbox"/> Speech language pathology <input type="checkbox"/> Transportation <input type="checkbox"/> Vision services
Who will provide services?	<input type="checkbox"/> Part C /EI staff <input type="checkbox"/> LEA <input type="checkbox"/> Private providers <input type="checkbox"/> Community agencies <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Extended family <input type="checkbox"/> EHS /PAT <input type="checkbox"/> Physician /Health Dept. <input type="checkbox"/> Other _____
When will the team review (must meet minimum requirements of IDEA)?	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 9 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> Other _____
Who will be identified as family service coordinator?	<input type="checkbox"/> ECD teacher <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> EHS <input type="checkbox"/> Family members <input type="checkbox"/> Childcare provider <input type="checkbox"/> PAT <input type="checkbox"/> Other agency <input type="checkbox"/> Other _____ <input type="checkbox"/> Co-coordinators
When will the transition plan be developed (must meet minimum requirements of IDEA)?	<input type="checkbox"/> At least 6 months prior to transition <input type="checkbox"/> Immediately <input type="checkbox"/> Other _____ <input type="checkbox"/> Family preferred time

Intervention

Family Decisions within IFSP Activities	Choices
Who might participate in the implementation of the outcomes?	<input type="checkbox"/> Parents <input type="checkbox"/> Siblings <input type="checkbox"/> Grandparents <input type="checkbox"/> Extended family <input type="checkbox"/> Child care providers <input type="checkbox"/> Friends <input type="checkbox"/> Playgroup <input type="checkbox"/> Early intervention staff <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> Other _____
Where will activities be implemented (natural environments)?	<input type="checkbox"/> Home <input type="checkbox"/> Park <input type="checkbox"/> Child care <input type="checkbox"/> Gymnastics <input type="checkbox"/> Community center <input type="checkbox"/> Other as identified by family <input type="checkbox"/> Community setting <input type="checkbox"/> Swimming <input type="checkbox"/> Combination
How will you use family activities?	<input type="checkbox"/> Within child & family routines <input type="checkbox"/> Specific times of day <input type="checkbox"/> As activities occur <input type="checkbox"/> Combination of above
What materials?	<input type="checkbox"/> Family materials <input type="checkbox"/> Materials to be created with family <input type="checkbox"/> Resources to be obtained from other agencies <input type="checkbox"/> Provider materials (as a last resort)
Who will coordinate IFSP activities?	<input type="checkbox"/> Same service coordinator <input type="checkbox"/> New service coordinator <input type="checkbox"/> Family will co-service coordinate <input type="checkbox"/> EHS will co-service coordinate <input type="checkbox"/> PAT will co-service coordinate <input type="checkbox"/> Other _____
How often?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other _____
What types of forms will we use for data collection?	<input type="checkbox"/> Written logs/comments <input type="checkbox"/> Written report <input type="checkbox"/> Data sheets <input type="checkbox"/> Notebook <input type="checkbox"/> Other _____ <input type="checkbox"/> Anecdotal records
How is the child and family progressing?	<input type="checkbox"/> Outcomes completed <input type="checkbox"/> Continue as planned <input type="checkbox"/> Add new outcome(s) <input type="checkbox"/> Continue but revise

Adapted from Cripe, J. W., & Lindeman, D. P. (2001, August 12). *Choice and decision making matrix for family-guided approaches to early intervention*. Parsons, KS: Family-guided Approaches to Collaborative Early Intervention and Training Services, Kansas University Center on Developmental Disabilities and Florida State University.