

Example # 1: Parent & Caregiver share outcome (may have shared or separate criteria & service providers, depending on factors like location, availability, clinical appropriateness, etc.)

IV. Functional IFSP Outcomes for Children and Families

Outcome # 1	Start Date: Target Date:
What would your family like to see happen for your child/family? (<i>The outcome must be functional, measurable and in the context everyday routines and activities.</i>)	
<i>Jane will request a break or comfort when she transitions between play and snack</i>	
How will we know we've made progress or if revisions are needed to outcomes or services? (<i>What criteria [i.e., observable action or behavior that show progress is being made], procedures [i.e., observation, report, chart], and realistic timelines will be used?</i>)	
<u>Caregiver:</u> <i>-when caregivers present Jane with options for activities and actions, Jane is able to stay regulated while making a choice and following a routine or simple directions</i> ...	
<u>Parent:</u> <i>-Jane asks for and accepts assistance with new or difficult tasks</i> ...	
How did we do? (<i>Review of progress statement/Criteria for Success</i>)	
<i>Jane is participating in activities throughout a variety of settings and routines, including in her foster home and during visits, with only 1-2 tantrums per day. Her parents have developed new strategies to keep her engaged and offer support when she becomes frustrated or dysregulated during visits, and her foster family has adapted similar strategies to anticipate Jane's needs at bedtime in their home.</i>	

VI. Summary of Services

Outcome #	Early Intervention Services	Frequency and Length of Services	Intensity	Methods	Setting	Natural Environment	Payment Arrangements (if any)	Start Date	End Date	Agenc(ies) Responsible
1	Social Work	60min, 2x/mo			Home					Kinderling
1	Social Work	60min, 1x/mo			Other					Kinderling
Documentation of discussions to reach consensus about services: (Include discussions about any services refused or declined as well as any negotiations about frequency, intensity or method of service delivery.)										
<i>The Social Worker will meet with Jane and her parents during their regularly scheduled visits at the local DCYF Child Welfare office, as this is the only time and location that they are able to meet all together at this time. This plan will be reviewed regularly for opportunities to transition services to a natural environment</i>										



Created for the 2022 IECC presentation "Including Parents & Caregivers: A Wholistic Approach to ESIT Services for Children in Dependency" by the CHERISH™ program.

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Example #2: Parent & Caregiver maintain separate outcomes (may have shared or separate service providers, depending on factors including location, availability, clinical appropriateness, etc.)

IV. Functional IFSP Outcomes for Children and Families

Outcome # 1	Start Date: Target Date:
What would your family like to see happen for your child/family? <i>(The outcome must be functional, measurable and in the context everyday routines and activities.)</i>	
<i>Jane will request a break or comfort from her parents when she is overwhelmed during visits</i>	
Outcome # 2	Start Date: Target Date:
What would your family like to see happen for your child/family? <i>(The outcome must be functional, measurable and in the context everyday routines and activities.)</i>	
<i>Jane will take her plate to the sink when she is finished eating after a meal at her foster home</i>	

VI. Summary of Services

Outcome #	Early Intervention Services	Frequency and Length of Services	Intensity	Methods	Setting	Natural Environment	Payment Arrangements (if any)	Start Date	End Date	Agenc(ies) Responsible
1	Social Work	60min, 1x/mo			Com.					Kindering
2	SLP	30min, 2x/wk			Home					NWCenter

Confidentiality

- Make **all** family members confidential
- Complete this process for **all** families, regardless of parent/caregiver relationship
- Consider replacing last name with XXX
- Do not include names or pronouns of siblings in foster homes
- Add Social Worker as a contact, using office address and work # found in DCYF employee directory (do not make confidential)

Parent's/Guardian's Name(s):	Brittany XXX	Surrogate Parent:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No							
Address(es):											
City/State/Zip:											
Phone Number(s):											
Email Address(es):											
Family's Primary Language:	English	Is an Interpreter needed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No							
School District	Lake Washington School District										
Service Area:	King										
Alternate contact:	Talia Swissa Fulgham										
Relationship to child:	Case Worker										
Address:	4045 Delridge Way SW Ste 300										
City/State/Zip	Seattle, WASHINGTON 98106										
Phone Numbers:	(206) 492-3023	Work	<input checked="" type="checkbox"/>	Home	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Other	<input type="checkbox"/>
	(206) 923-5493	Work	<input type="checkbox"/>	Home	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Fax	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
		Work	<input type="checkbox"/>	Home	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Other	<input type="checkbox"/>
Email Address:	talie.swiss-fulgham@dshs.wa.gov										
Who lives in your home?											
<small>Brittany : Foster Mother Mark : Foster Father Foster siblings (2)</small>											



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