



# **An Overview of Early Childhood Services (EDN and IFSP)**

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PTI Nebraska



What is the History  
What is it?  
and  
How does it work in  
Nebraska?

# History

- 50s and 60s – “why can’t **our** children go to school?”
- 60s – Programs were private and cost money.  
“Why?”
- 1975 – LB 95-142 passed for children ages 5-18.  
“Why not babies?”
- 1986 – Early Intervention Act – Families made it happen.
- 1990 – Individuals with Disability Education Act: also known as IDEA
- 1993 – Individualized Family Service Plan (IFSP)
- Today – Family Representation across the state

# What is the Early Development Network?

- provides services and supports for children with disabilities and their families, birth to age three
- services are provided at no cost to families who qualify
- services are provided in the child's natural environment

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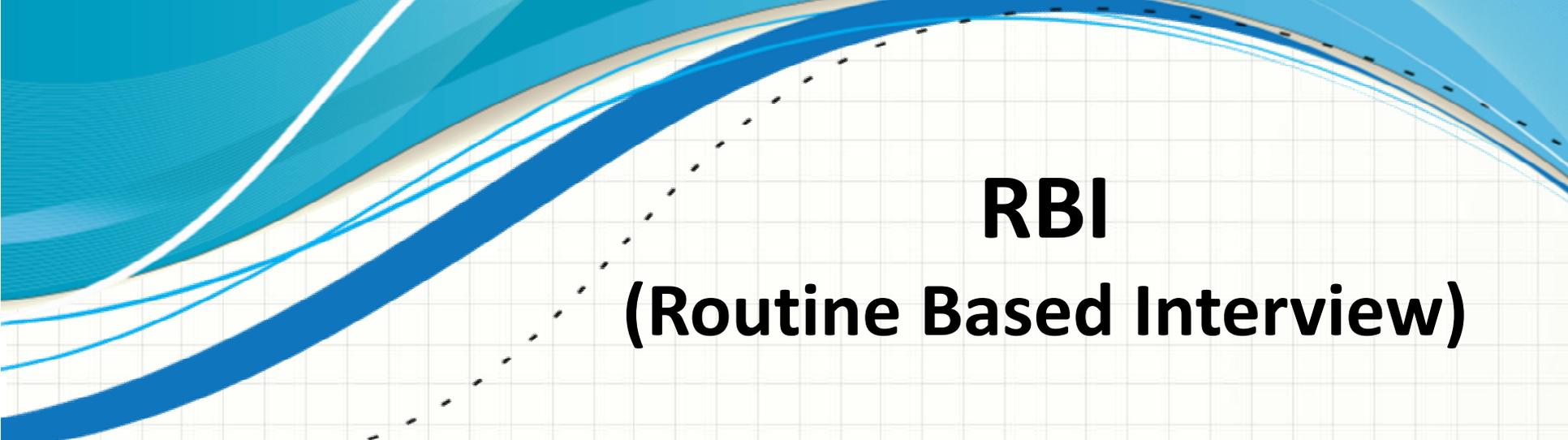
# **Family Centered Approach**

This approach Values and promotes family direction in all aspects of planning and services.



# Early Intervention Philosophy

- Child-focused, family centered
- Collaboration
- Range of options
- Flexible
- Maximize the family's capacity
- Enhance development and dignity of the child
- Children learn best in their natural environment



# RBI

## (Routine Based Interview)

Routines Based Interview (RBI) is a family assessment tool designed to:

- Provide rich information on child and family functioning
- provide information on individual family routines
- identify areas of concern and
- to help families decide on outcome/goals on their individualized plan

All of the state will be moving to the RBI assessment eventually.  
Is completed shortly after contact with the EDN Services Coordinator but before the IFSP meeting (during the 45 day timeline)

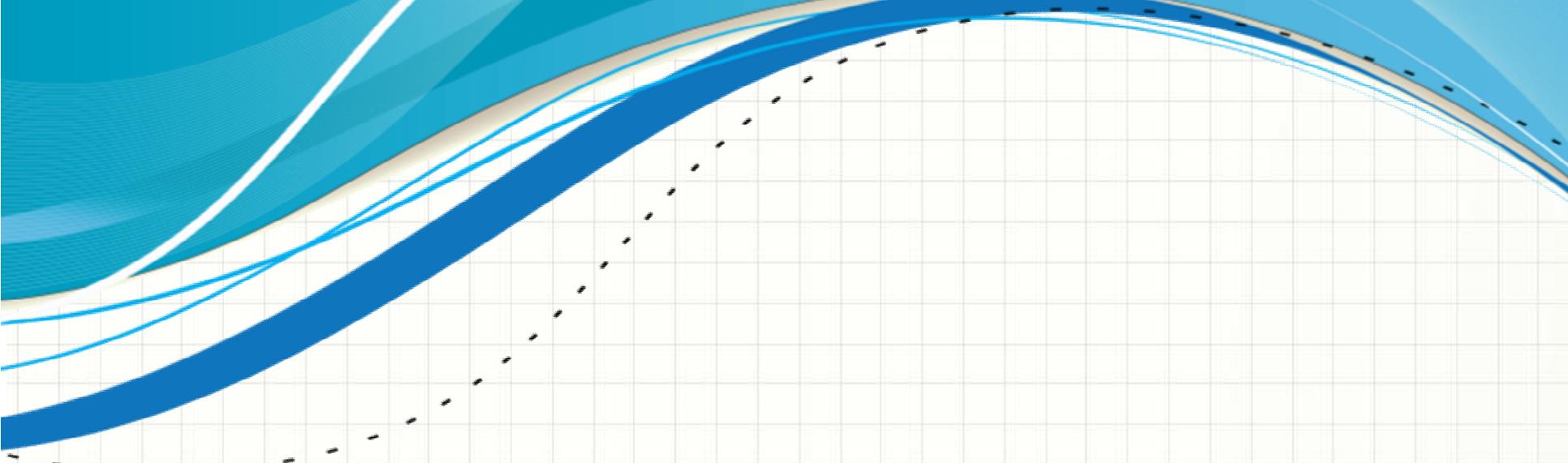


# Early Intervention Services Coordination

- All families receive a Service Coordinator
- Coordinates all services across agencies
- Is the single point of contact
- Assists families
- Facilitates timely delivery of services

# Early Intervention Services Coordination cont.

- Seeks appropriate services
- Informs families of:
  - Rights and responsibilities
  - Advocacy
  - Supportive opportunities
- Facilitates the transition plan to preschool



# **Families Drive the Bus**

Many nice people ride along, but

**FAMILIES**

Are in the driver's seat

# Services through EDN

The family-centered services are based on the special needs of each child and family.

Services may include, but aren't limited to:

- Services coordination
- Early childhood special education
- Speech/language therapy

# Services through EDN cont.

- Physical therapy
- Occupational therapy
- Psychological services
- Assistive technology devices & services
- Transportation
- Audiology
- Vision services

# Services through EDN cont.

- Nutrition services
- Family training
- Respite

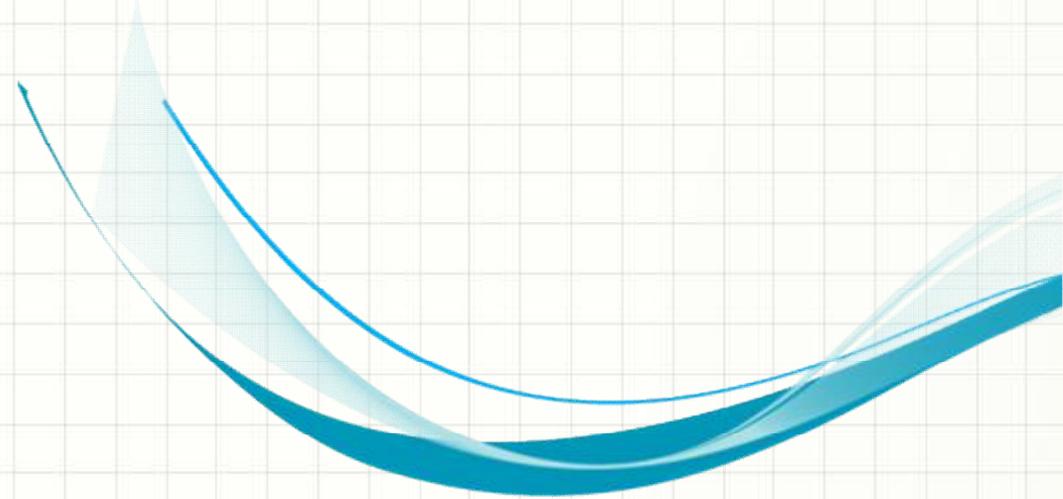
Other services may be provided based on the needs and eligibility of the child and family.

# Primary Service Model

- A primary service provider model uses a primary coach (one team member) as the liaison to and agent of the early intervention program to mediate parents' and other caregivers' ability to promote child competence and development. Most but not all parts of the state using the PSP Model.
- Still have access to the entire team as needed
- Can change who the PSP is (typically the provider the child needs to see the most)
- Anyone on the IFSP team can be the PSP

# Who can make a Referral?

- Parent
- Physician
- Child care provider
- Anyone in the community that has a concern about the child **as long as** they have the parent's permission



So,  
Who Ya Gonna Call?

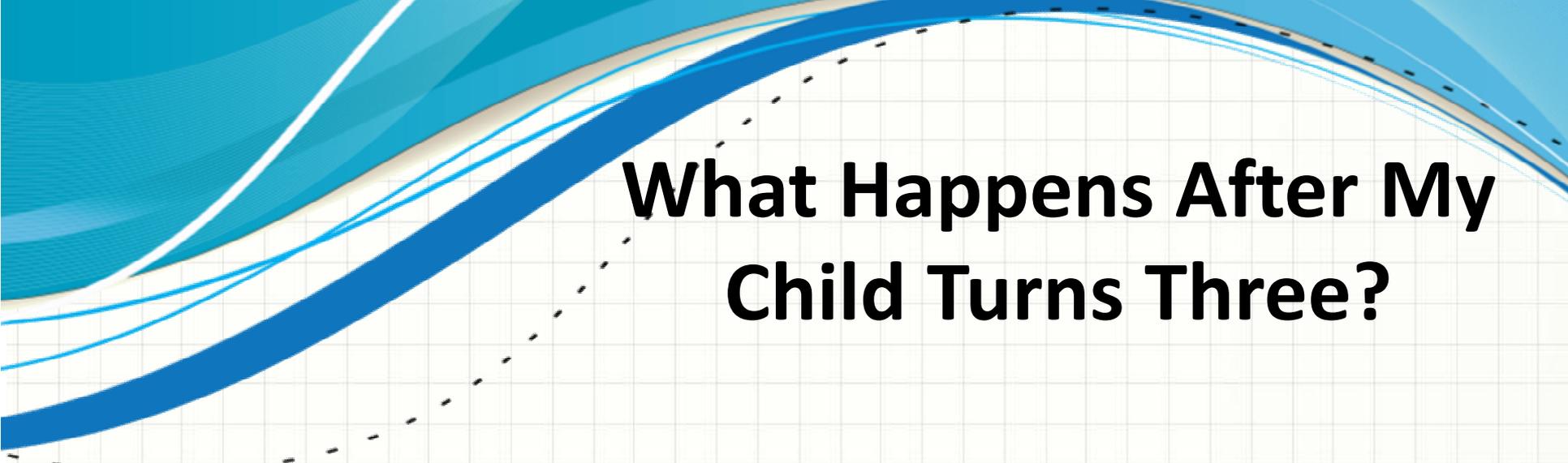
# Referrals to the EDN Program

A referral can be made to:

- your local school district
- the statewide CHILDFIND number (1-888-806-6287)
- PTI Nebraska (1-866-991-6713)
- <http://edn.ne.gov/referral-map.html>
- EDN Early Intervention Services Referral Directory in book

# Once a Referral is Made

- A Services Coordinator will contact the family within seven days
- Children may receive a screening or a full evaluation. Families have the right to request a full evaluation at any time
- If a child is eligible, an IFSP is completed within 45 CALENDAR days from the date of referral



# What Happens After My Child Turns Three?

- All of the state will be moving to the RBI assessment eventually.
- Is completed shortly after contact with the EDN Services Coordinator but before the IFSP meeting (during the 45 day timeline)
- Is used as a tool to assist in both the Early Intervention philosophy and Family Centered approach is being maximized for desired outcomes.

# **Who Oversees the EDN Program?**

**a.k.a.**

## **the Co-Lead Agencies**

- Nebraska Department of Education (NDE)
- Nebraska Department of Health and Human Services (DHHS)

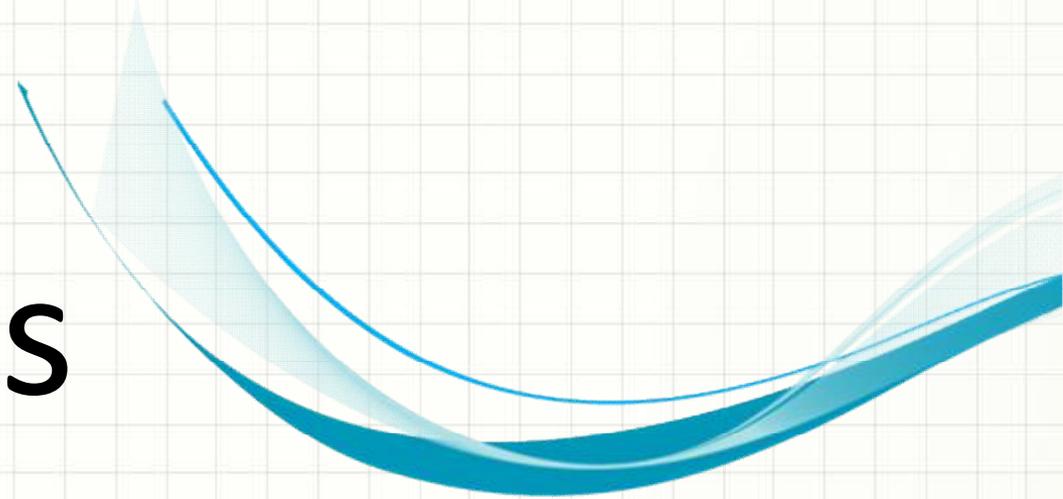
# Family Representation

- Planning Region Team – Local
- Early Childhood Interagency  
Coordination Council - State

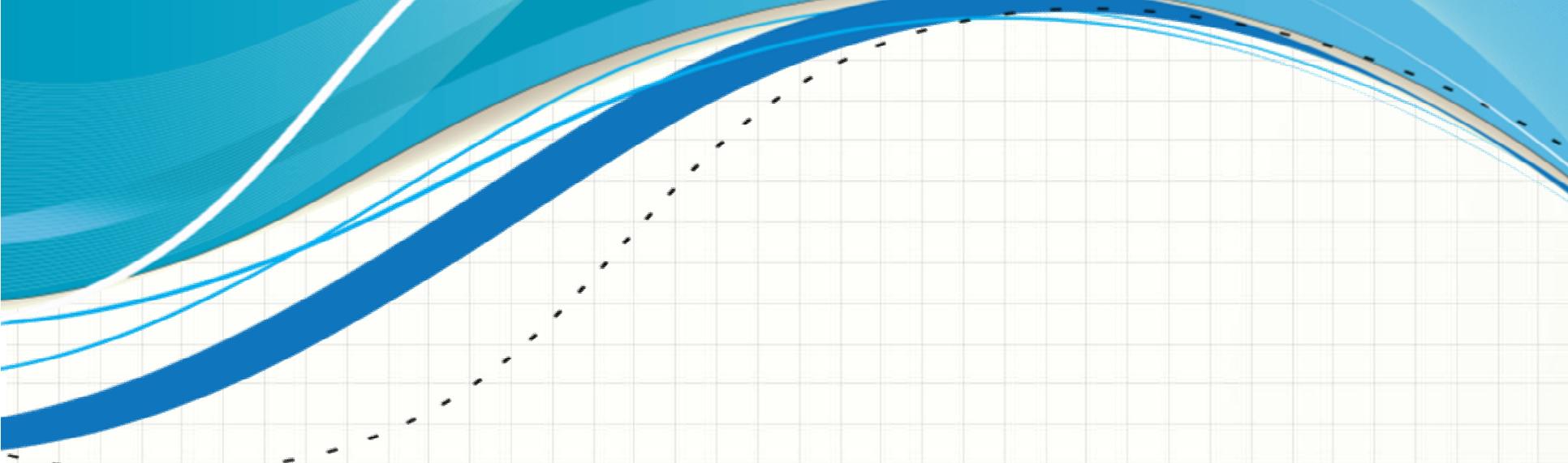
# How To Get On Board

If you are interested in representing families by serving, contact Connie Shockley at 402-403-3911.

# Resources

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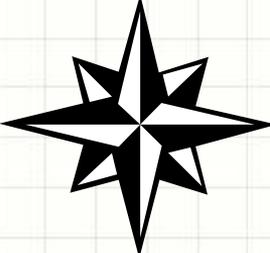
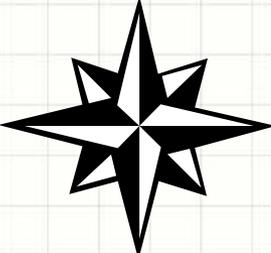
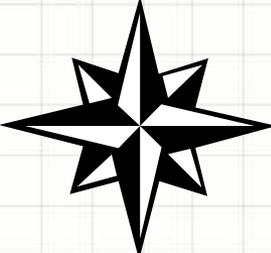
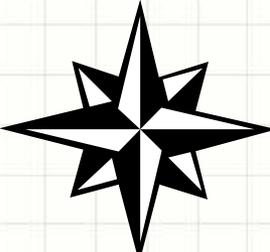
- Early Development Network website – <http://edn.ne.gov>
- IFSPweb – <http://ifspweb.org>
- PTI Nebraska – [www.pti-nebraska.org](http://www.pti-nebraska.org)
- Answers4Families – [www.answers4families.org](http://www.answers4families.org)
- Nebraska Department of Education – [www.education.ne.gov](http://www.education.ne.gov)



# **Individual Family Service Plan (IFSP)**

*What is it and how does it work?*

✦ Rules ✦

<p>A Living Document</p>		<p>Families Set the Goals</p>
	<p>No Surprises</p>	
<p>Families can Decline a Service</p>		<p>Families Drive the Bus</p>

# DEMOGRAPHICS

- Contact information
- Family
- Services Coordinator
- Providers
- Dates

**EARLY INTERVENTION PROGRAM**  
**Nebraska Individualized Family Service Plan (IFSP)**

**CONFIDENTIAL**

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Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Date of Referral to Early Intervention: \_\_\_\_\_ Date of Consent for Evaluation: \_\_\_\_\_ Date of MDT: \_\_\_\_\_

Family's language choice: \_\_\_\_\_ Family would like an interpreter  Yes  No

**Parent(s)/Guardian:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Role: \_\_\_\_\_ Work Phone: \_\_\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Role: \_\_\_\_\_ Work Phone: \_\_\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Role: \_\_\_\_\_ Work Phone: \_\_\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Role: \_\_\_\_\_ Work Phone: \_\_\_\_\_ \_\_\_\_\_

If you have any questions about this plan or any of the people working with your child, please call the person listed as Services Coordinator.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Agency/ Address: \_\_\_\_\_

**IFSP Meeting Dates:**

Interim \_\_\_\_\_ / \_\_\_\_\_ Initial \_\_\_\_\_ / \_\_\_\_\_ Annual \_\_\_\_\_ / \_\_\_\_\_ Transition \_\_\_\_\_ / \_\_\_\_\_  
(Date sent) (Date sent) (Date sent) (Date sent)

Periodic Review \_\_\_\_\_ / \_\_\_\_\_  
(Date sent) (Date sent) (Date sent) (Date sent)

This is a PDF form from the Nebraska HHS System Web Page.

EI-1 Rev. 11/98 (57161)  
(the previous version 5/94 first)



# Family Concerns and Priorities

- *Concerns*, are defined as an awareness that there is a discrepancy between what is and what ought to be (by observation or opinion). It is often "what bothers me."
- A *Need* is an individual's recognition that something exists (i.e., a resource) that will reduce the discrepancy between what is and what ought to be.

# Family Priorities

- It is the *family's role* to decide what is a priority need after hearing from the practitioners what they believe may be important.
- When only the professionals on the team decide what is priority, the family may not feel any commitment or interest in the plan because it doesn't address their needs.





## ***Family-Centered Services are built on existing strengths***

- Strengths are traits, efforts, talents and existing systems that can be used to achieve specific outcomes.
- The family is empowered to view itself as capable in meeting the needs of their child and the need for professional services is minimized,

## ***Family-Centered Services are built on existing strengths***

- A collaborative work relationship is established between family members and professionals when existing resources are mobilized first.
- Shared input permits mutual responsibility and pride for the outcomes targeted.

# Present Levels of Development

- Vision
- Hearing
- Health Status

This is a snapshot  
of your child  
today.

It needs to look  
like your child.

(----- Denotes Periodic Update) Name of Child _____		CONFIDENTIAL
CHILD'S PRESENT LEVELS OF DEVELOPMENT		
Area/Date of Evaluation	Current Abilities	
Vision / ___ / ___ / ___ yrs ___ mos	_____ _____ _____	
----- / ----- / ----- yrs ----- mos	----- ----- -----	
-----		
Hearing ___ / ___ / ___ yrs ___ mos	_____ _____ _____	
----- / ----- / ----- yrs ----- mos	----- ----- -----	
-----		
Health / ___ / ___ / ___ yrs ___ mos	_____ _____ _____	
Status	_____ _____ _____	
----- / ----- / ----- yrs ----- mos	----- ----- -----	

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# Present Levels of Development

- Cognitive/ Thinking Skills
- Communication Skills
- Social/ Behavioral Skills

( ..... Denotes Periodic Update)      Name of Child \_\_\_\_\_

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**CHILD'S PRESENT LEVELS OF DEVELOPMENT (CONT'D)**

Area/Date of Evaluation	Current Abilities
<b>Cognitive/ Thinking Skills</b> ____ / ____ / ____ yrs ____ mos	_____ _____ _____
..... / ..... / ..... yrs ..... mos	..... ..... .....
<hr/>	
<b>Communication Skills</b> ____ / ____ / ____ yrs ____ mos	_____ _____ _____
..... / ..... / ..... yrs ..... mos	..... ..... .....
<hr/>	
<b>Social/Behavior Skills</b> ____ / ____ / ____ yrs ____ mos	_____ _____ _____
..... / ..... / ..... yrs ..... mos	..... ..... .....

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# Present Levels of Development

- Self Help/  
Adaptive  
Skills
- Fine Motor  
Skills
- Gross  
Motor Skills

{ ..... Denotes Periodic Update)      Name of Child \_\_\_\_\_

**CONFIDENTIAL**

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**CHILD'S PRESENT LEVELS OF DEVELOPMENT (CONT'D)**

Area/Date of Evaluation	Current Abilities
Self-Help/Adaptive Skills ____ / ____ / ____ / ____ yrs ____ mos	_____ _____ _____
..... / ..... / ..... / ..... yrs ..... mos	..... ..... .....
<hr style="border-top: 1px dashed black;"/>	
Fine Motor Skills ____ / ____ / ____ / ____ yrs ____ mos	_____ _____ _____
..... / ..... / ..... / ..... yrs ..... mos	..... ..... .....
<hr style="border-top: 1px dashed black;"/>	
Gross Motor Skills ____ / ____ / ____ / ____ yrs ____ mos	_____ _____ _____
..... / ..... / ..... / ..... yrs ..... mos	..... ..... .....

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# Goal/Outcome Page

- Name of child
- Goal/Outcome
- Child & Family Strengths related to goal
- What will be done by whom

Name of Child _____	CONFIDENTIAL	
<b>GOAL/OUTCOME:</b>		
Goal/Outcome _____ _____		
Child/Family strengths and resources related to this goal:		
What will be done/by whom:		
Progress will be reviewed _____	by _____ through _____	
<small>(How Often)</small>	<small>(By Whom)</small>	<small>(How Measured)</small>
Plan Review for this Goal Date: _____	Next Steps./Comments:	
How much progress _____		
<small>EI - 1 Page 7a (5/16/08)</small>		

# OUTCOMES

- Observable behaviors or products the team wishes to see or have in place in 6 months.
- Not helpful to write outcomes as "improvements" or "increases" in specific behaviors.
- Not a description or listing of services to be provided
- Wording is reflective of the family's understanding of the outcome and reflecting the family's words and wants.
- Need for conversations about realistic and useful outcomes for the family – **MUST BE MEASURABLE!**



# Services Page

- Safe transportation?
- Service
  - How often? Where?  
Group/Individual?  
Natural  
Environment?
- Justification  
statement  
related to Natural  
Environments

School District # _____	Name of Child _____	<b>CONFIDENTIAL</b>			
<input type="checkbox"/> Interim <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Transition <input type="checkbox"/> Periodic Review   Date: _____					
Are there special conditions for safe transportation for this child? _____					
<b>THE SERVICES THAT WILL BE PROVIDED TO SUPPORT ALL GOALS AND OBJECTIVES ARE:</b>					
Service	How often? Where? Group/Individual? Natural Environment?	How much?	When will the service Start/End?	Who pays?	Who's responsible?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Include a justification of the extent, if any, to which a service will not be provided in a natural environment.					
_____					
_____					
_____					
_____					

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# IFSP Transition Plan

- To be used with all transitions
- Plan for the changes

School District # _____		Name of Child _____		CONFIDENTIAL	
IFSP TRANSITION PLAN					
Transition Conference Date: _____			Estimated Transition Date: _____		
What Needs to be Done	Who is Responsible	Time Line	Date Completed		
<small>EI-1 Page 9a (5/10/02)</small>					

# Child/Family Team

- Team Members Present
- Name
- Signature
- Role
- Address & phone
- Others
- Family initials for copies

Name of Child \_\_\_\_\_ **CONFIDENTIAL**

**CHILD/FAMILY TEAM**

Team Members Present at the Meeting:  Interim  Initial  Annual  Transition  Periodic Review Date: \_\_\_\_\_

Print

Name:	Signature:	Role:	Address & Phone:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Others Who are Part of the Child/Family Team:

Name:	Role:	Address & Phone:	Family Initial for Copy of Pages Sent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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# Things to Remember

<b>No Surprises</b>	<b>Equals On The Team</b>	<b>Actual Picture Of Your Child</b>
<b>Living Document</b>	<b>Families Drive the Bus</b>	<b>Families make The Final Decision</b>

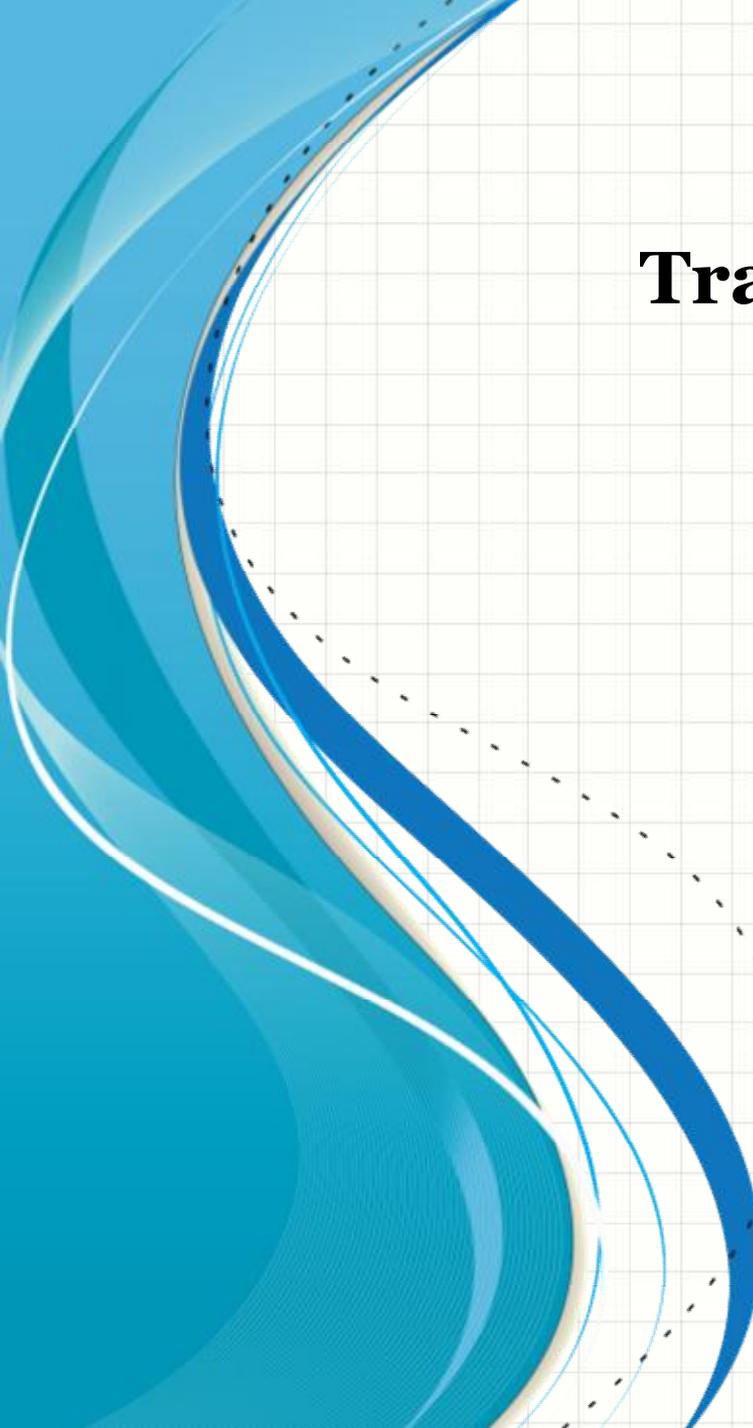
# **For More Information**

**Your Services Coordinator**

**PTI Nebraska – 866-991-6713**

**IFSPWeb**

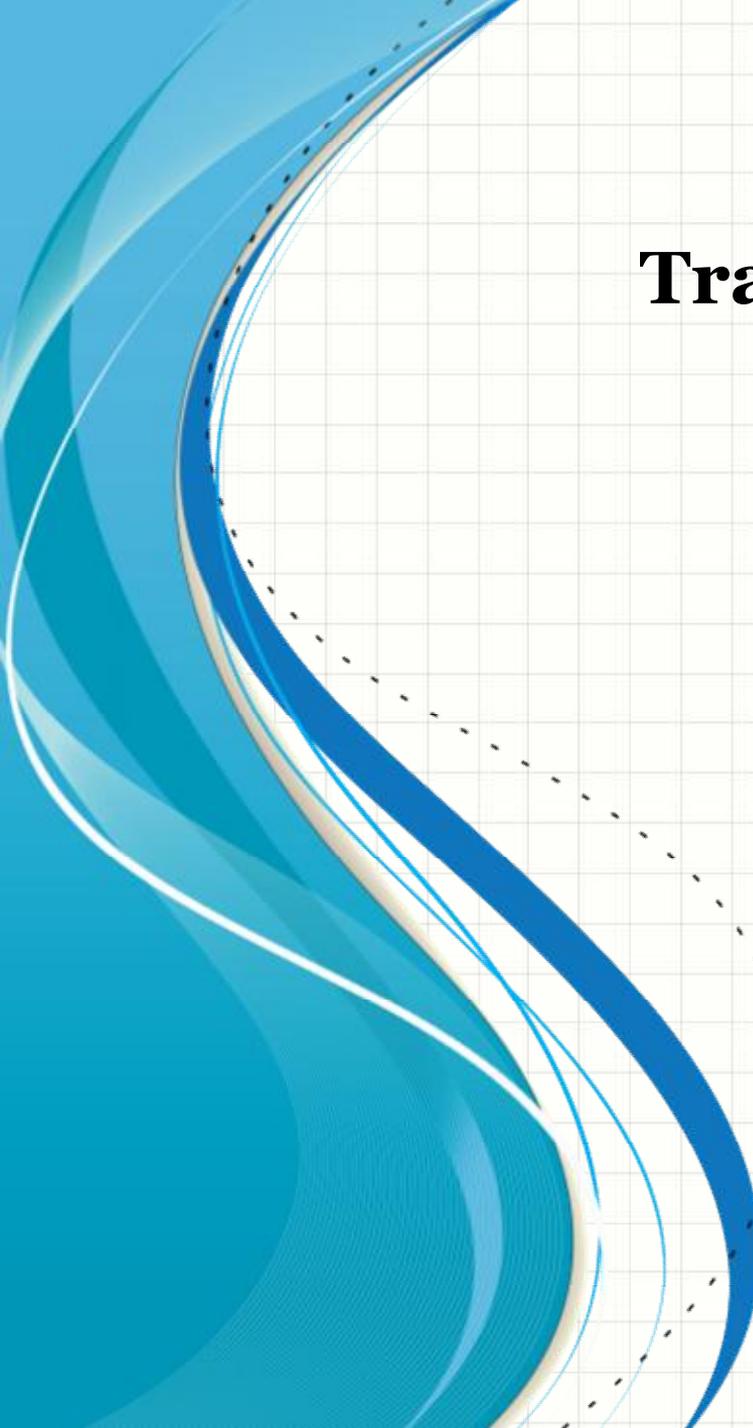
**<http://ifspweb.org/>**



# Transition from IFSP to IEP

Transition needs to be discussed with the family 9 months to 90 days BEFORE the child's 3<sup>rd</sup> birthday by the EDN Services Coordinator. Some of the activities your Services Coordinator can assist with are:

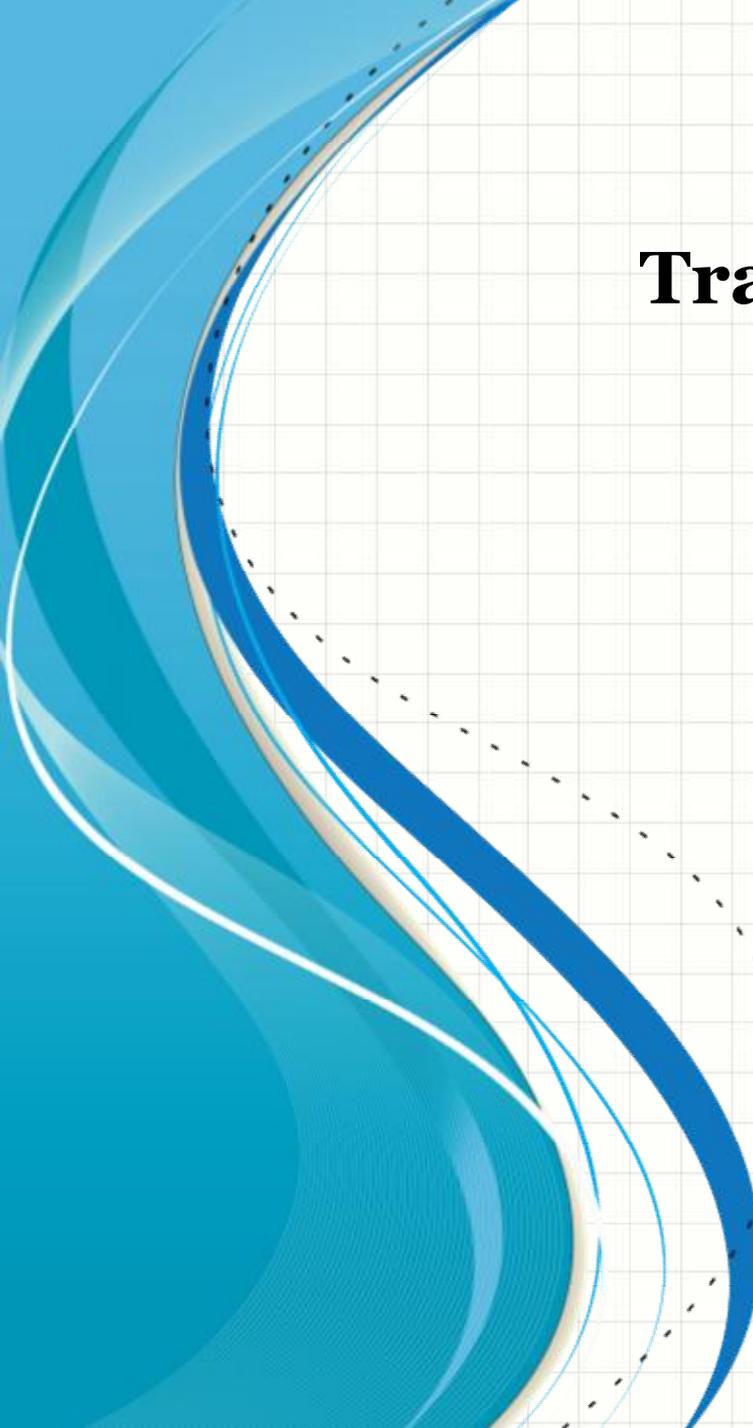
- Preparing for the transition planning meeting;
- Facilitating the transition planning meeting
- Implementation of the transition plan
- Sending notice to the school district that your child may be eligible for preschool services on an IEP.
- Helping you and your child prepare for transition.



# Transition from IFSP to IEP

It is important to remember that the **IEP team** (along with you) will determine:

- Is your child eligible for an IEP
- What are your child's academic and functional needs
- what goals will be written for those needs and
- placement (this is always last)



# Transition from IFSP to IEP

Important differences between the IFSP and IEP:

- Case manager instead of a services coordinator
- Centered around your child's academic and functional needs to access education
- Least Restrictive Environment (LRE) in place of Natural Environment
- Extended School Year Services (ESYS) instead of Year Round Services
- IEP meeting must happen AT LEAST once a year



# Thank you and Evaluations

- Thank you for attending, I appreciate your time.
- Please complete the evaluation form, as we value your feedback.
- If you have additional questions, contact me at 402-403-3916 or [hsommer@pti-nebraska.org](mailto:hsommer@pti-nebraska.org).