

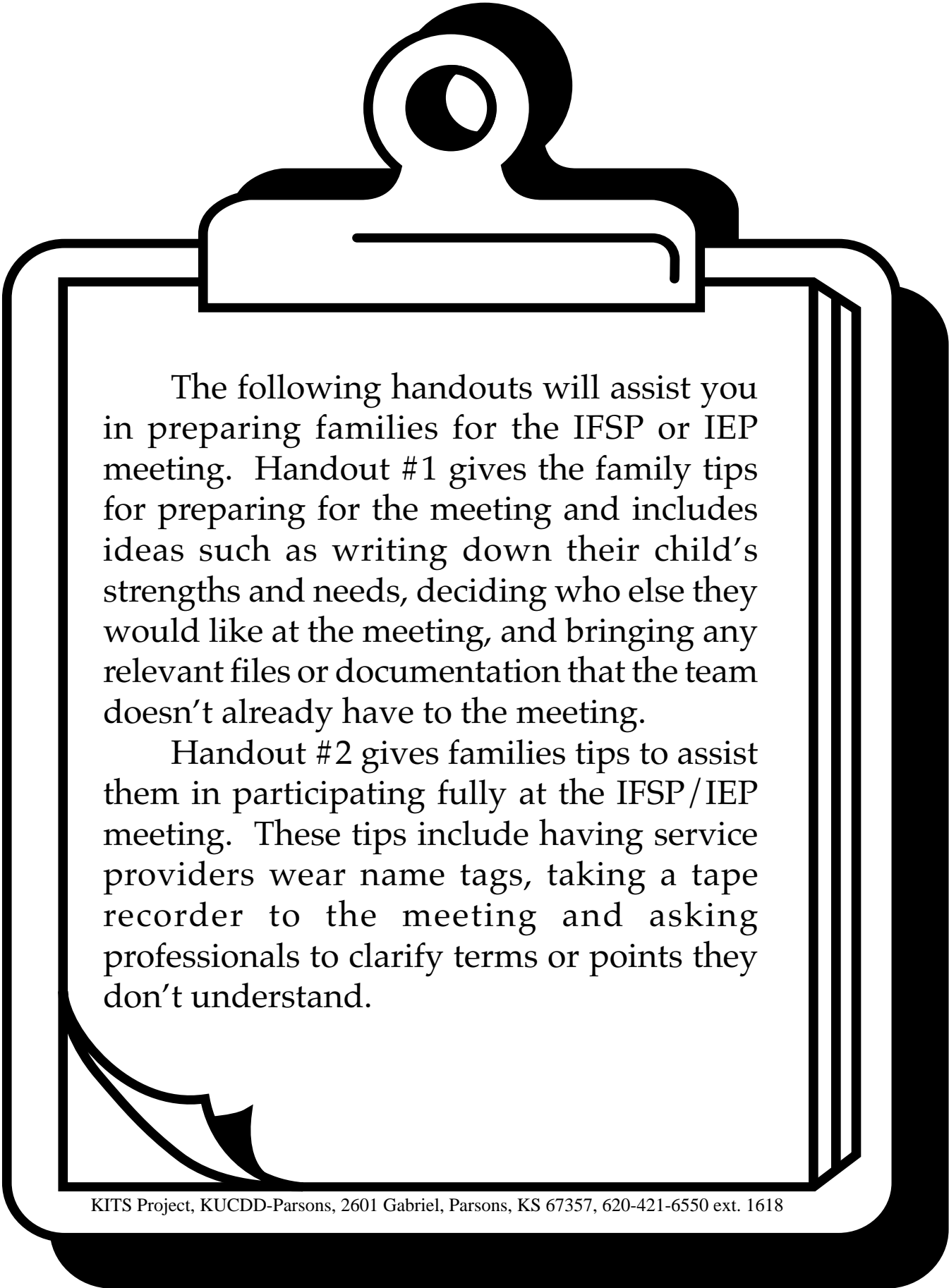


# **Enhancing Family Participation in the IFSP/IEP Process**

## **The IFSP/IEP Meeting**

- ◇ **Planning the meeting**
- ◇ **Writing the plan**
- ◇ **DAP goals and objectives**

**Kansas Inservice Training System (1999)  
Kansas University Center on Developmental Disabilities  
2601 Gabriel, Parsons, KS 67357  
620-421-6550 ext. 1618 or 1-800-362-0390 ext. 1618  
email: [kskits@mail.ku.edu](mailto:kskits@mail.ku.edu)  
web: [kskits.org](http://kskits.org)**



The following handouts will assist you in preparing families for the IFSP or IEP meeting. Handout #1 gives the family tips for preparing for the meeting and includes ideas such as writing down their child's strengths and needs, deciding who else they would like at the meeting, and bringing any relevant files or documentation that the team doesn't already have to the meeting.

Handout #2 gives families tips to assist them in participating fully at the IFSP/IEP meeting. These tips include having service providers wear name tags, taking a tape recorder to the meeting and asking professionals to clarify terms or points they don't understand.

## Handout #1: A Guide for Families to Prepare for the IFSP/IEP Meeting

- Think about your child's strengths and needs.
- Write down any outcomes, goals and objectives that are important to you.
- Think about your family's concerns, priorities and resources.
- Write down your questions about your child's services.
- Decide if you want someone with you at the meeting.
- Visit your child's current or future learning environment.
- If necessary, obtain an outside assessment.
- Dress so that you will be comfortable with the service providers.
- Bring relevant files and other documentation to the meeting.
- Let the early intervention program or preschool know if you can't attend due to problems with transportation, child care or a time conflict.

Beckman, P. J., Boyes, G. B., & Herres, A. (1993). The IEP and IFSP meetings. In P. J. Beckman & G. B. Boyes (Eds.), Deciphering the system: A guide for families of young children with disabilities (pp. 87). Cambridge, MA: Brookline Books. Reprinted with permission.

## Handout #2: IFSP/IEP Meeting Tips for Family Members

- **Make sure you are introduced.**
- **Have service providers wear name tags or write down their name and position.**
- **Introduce anyone you have brought to the meeting.**
- **Take a tape recorder.**
- **Make it clear how you wish to be addressed.**
- **Try to stay calm and even-tempered.**
- **Get specific information on the assessment procedures used.**
- **Make sure your child's strengths are acknowledged.**
- **Make sure professionals address your priorities for your child and family.**
- **Ask professionals to clarify terms or points you don't understand.**
- **Recognize that you have knowledge that professionals do not.**
- **State your preferences about placement decisions.**
- **If time runs out too soon, ask for another meeting.**
- **Sign the document only if you feel comfortable with the plan.**
- **Work constructively with the program to resolve any differences.**

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# Comparison of the Required Components of the IFSP and the IEP

## Individualized Family Service Plan (IFSP)

1. A statement of the child's present status in physical, cognitive, communication, social/emotional and adaptive skill development.
2. A statement of the family's resources, priorities, and concerns related to enhancing the child's development.
3. A statement of the expected intervention objectives (for the infant or toddler and the family) with schedules including the timelines used to determine progress.
4. A description of specific early intervention services necessary to meet the unique needs of the child and family (i.e., frequency, intensity, and the method of delivering services).

## Individualized Education Program (IEP)

1. A statement of the child's present levels of educational performance including how the disability affects the child's participation in appropriate preschool activities.
2. A statement of the special education and related services, supplementary aids and services to be provided to the child, or on behalf of the child.
3. A statement of measurable annual goals including benchmarks or short term objectives related to meeting the child's needs, which are a result of his or her disability, in appropriate preschool activities or the general early childhood education curriculum.
4. A statement of the program modifications or supports for school personnel that will be provided for the child to: a) advance appropriately toward attaining the annual goals; b) be involved in and progress in the general early childhood curriculum and to participate in appropriate non-academic activities; and c) be educated and participate with other children with and without disabilities.



## IFSP (continued)

5. The projected dates for initiation of and expected duration of services.
6. The name of the service coordinator (from the profession most immediately relevant to the child's or family's needs) who will be responsible for carrying out the plan and coordinating with other agencies and persons.
7. Must include the steps to be taken to support the transition of the child to a) preschool services (Part B) to the extent which these services are appropriate or b) other services that may be available if appropriate.
8. A statement of natural environments that occur where early intervention services will be provided including a justification of the extent, if any, to which service will not be provided in a natural environment.

## IEP (continued)

5. The projected date for the beginning of services and modifications and the anticipated frequency, location, and duration of those services and modifications.
6. A statement of how: a) the child's progress toward the annual goals will be measured in a way that is understandable to parents; b) the child's parents will be regularly informed of this progress (same method if their child did not have a disability); and c) the child's parent will understand how this progress will assist the child in achieving their goals within a year.
7. No comparable requirement at the preschool level.
8. An explanation of the extent, if any, to which the child will not participate with nondisabled children in appropriate activities for preschool children.

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## **A Linked System Approach to IFSP/IEP Development**

One key to the development of IFSP/IEP goals and objectives is the use of a programmatic or curriculum based assessment (Bricker, 1989). All too often the IFSP/IEP document is based on the results of only standardized instruments that focus on isolated intellectual, motor or language abilities. Standardized instruments are developed to identify problems and delayed development or to diagnose a specific disorder through comparison to a normative sample of same-age children (Bailey & Wolery, 1992). Items from standardized tests are inappropriate intervention targets because they have been included in the test because of their ability to discriminate between children of different ages and they are relatively unaffected by environmental experiences (Fewell, 1983). In contrast, curriculum based assessments should include only items that can be taught in a natural environment and that will specifically enhance a child's capacity for independent functioning. While standardized tools are often arranged in age sequences, reflecting normal development, curriculum based measures are sequenced in a hierarchical, logical teaching order designed to facilitate the direct link between assessment and intervention (Notari & Bricker, 1992) The hierarchical orientation also facilitates development of objectives to the long range goals.

In other words, in programmatic or curriculum based assessment, the children are assessed on objectives to be learned and then evaluated on the achievement of targeted objectives, rather than being compared to a norm or standardized sample. The result is an increase in functional and generative skills rather than an increased age score. Skills on curriculum based measures can be an easily integrated into intervention activities available in any setting (Bricker & Cripe, 1992). In addition, some curriculum based assessment tools are available to assist the team in offering suggested sequences for the intervention. It is the team's responsibility to individualize for child and family preferences and provide the most appropriate criteria that facilitates progress monitoring.

Cripe, J. W. (1993). A linked system approach to IFSP/IEP development. Kansas Inservice Training System (KITS). Kansas University Center on Developmental Disabilities, 2601 Gabriel, Parsons, KS 67357.

# Recommended Practice Indicators for IFSPs & IEPs

## Guiding Principles

Family as decisionmakers

Importance of the process

## Other Principles for Development of Recommended Practice Indicator

a belief in the collaboration among families and service providers

a desire to eliminate the redundancy and bureaucracy in the process

expectation of positive, growth-enhancing opportunities for all members

a strong priority for quality, inclusive services

vision of choices for families in the sources and delivery of services

## Components for Indicators

Teams should be broadly constituted and members prepared for their roles.

The process of IFSP / IEP development should be individualized.

The documents should be individualized and reflect the process used in their development.

The documents are dynamic and responsive to changes in child and family.

The documents belong to the family.

Evaluation and monitoring should be vehicles for constant improvement of services.

# Goal Setting: The Critical Link in the Intervention Process

## A. Goal Setting as a Team Process

*PREMISE:* The outcomes targeted for a child should reflect that child's unique abilities and needs, as these are demonstrated across all daily interactions and activities; and should be consistent with the values and priorities of that child's family. Further, the outcomes targeted for a child and family at any one point in time should be limited in number so that attention and resources can be focused on their attainment. Thus, goal setting must be a team process, with all team members contributing to the identification and prioritization of outcomes for the child and family.

1. The family must be centrally and actively involved in this goal-setting process:
  - ⊗ The family has information about the child's skills and needs in home and community activities and interactions and is best able to determine relative priorities for the child's program at any point in time.
  - ⊗ The family is more likely to implement home programming and carryover activities in support of outcomes that they have prioritized.

## B. Considerations regarding effective team functioning

1. Team members must be able to communicate with one another effectively. This, in turn, requires:
  - ⊗ Ability of each team member to explain or talk about own area of expertise in meaningful way — i.e., without relying on private jargon!
  - ⊗ Shared knowledge and philosophy regarding most central components of program curriculum.
2. Team members must genuinely respect one another's expertise and point of view.
  - ⊗ Professionals on the team have an obligation to bring professional level competence and expertise in their discipline to the team.
  - ⊗ All team members (including the child's parents) must recognize that the parents are the ultimate experts on their child's and family's unique strengths, needs and values.
3. Both communication skills and mutual respect are essential to the goal setting process, because they allow the team to:
  - ⊗ Consider relative priorities from the perspective of all team members
  - ⊗ Negotiate and arrive at consensus re: outcome priorities - a process that may require real compromise

### C. Summary of Current “Best Practices” in Goal Setting

#### “Best Practices” in Goal Setting

##### Service Delivery Values

1. Individualized:	Outcomes are specifically designed to address child’s individual needs (not selected from “canned” list of IEP objectives) and specify antecedents, conditions and mastery criteria appropriate for that child.
2. Comprehensive:	Outcomes address all aspects of child’s current and future environments and performance in which needs were identified and prioritized by the team.
3. Normalized/ Normalizing:	Outcomes focus on skills that are normalizing, not stigmatizing; team considers effects of outcomes on child’s perceived status in typical settings.
4. Community-based LRE:	Outcomes are selected that will specifically improve quality of child’s interactions in typical community and LRE program environments.
5. Interdisciplinary:	All members of the team, including family, contribute to the identification and prioritization of goals and outcomes for a child and family.
6. Collaborative:	All team members are aware of and involved in implementing outcomes; if multiple agencies are involved, information is coordinated so all are addressing same or compatible outcomes.
7. Family-centered Relationship- supportive:	Outcomes specifically address needs that will enhance child’s interactions with family members and significant others’; family is important contributor to process of selecting and prioritizing outcomes.
8. Culturally Competent:	Outcomes are appropriate to child’s family culture and are written in style (and language) that is meaningful to family.

*Adapted from “Assessment and Curriculum: Choosing a System That’s Right for Your Program,”  
By Lee K.S. McLean. ECSE Summer Institute, Ames, Iowa (June, 1992).*

# DEVELOPING COLLABORATIVE IEPs: Integrating Related Services and Therapies

- The IEP is most useful when it reflects an integrated approach to curriculum and intervention that emanates from the collaborative team process.
- Collaborative assessment is the first step in developing a team IEP. The assessment tool(s) used should link directly to goal setting and subsequent intervention.
- Teams should adopt principles of effective group decision making (see Bolton, 1979; Johnson & Johnson, 1987). Teams should also see the child as a “whole” rather than dividing the child’s needs by disciplines or domains.
- Before the IEP is developed, the team (including the family) must identify the integrated environments and activities in which the child’s participation is most important.
- Consensus on priorities is negotiated through a) generating a list of specific needs, b) establishing criteria to select the highest priorities, c) identifying as high priority those needs that meet more than one criteria, then ranking those needs, and d) writing goals and objectives that reflect the established criteria. Sample criteria include:
  - \*maintains health and vitality
  - \*enhances participation in current and future integrated environments
  - \*increases social integration including interactions with peers
  - \*has frequent/ multiple applications across environments or activities
  - \*is a student or family priority
  - \*is a priority of a significant person in a target environment
- A collaborative and consensual approach to determining priorities and intervention strategies can be difficult because it frequently requires one or more team members to let go of what they view as important from their discipline’s perspective.
- Recommendations for related services should be determined by matching the child’s priority needs with the personnel who can meet those needs. When team members have similar or overlapping skills for a specific need, the team should consider the child’s needs, the team member’s separate skills, the need to coordinate strategies, and therapist scheduling variables to determine a primary therapist for that need.
- Recommendations for related services should be in proportion to the priorities outlined in the IEP and with consideration of which team member can competently address each priority.
- Consider recommending blocks of therapist time to increase the therapists’ flexibility to work with a variety of children in routine activities (i.e., PT for 30 minutes twice a week can be translated into 4 hours per month to facilitate time used in integrated settings). Intervention strategies can be imbedded in these routine activities.

Salisbury, C. (1992). Parents as team members: Inclusive teams, collaborative outcomes. In B. Rainforth, J. York & C. Macdonald, (Eds.), Collaborative teams for students with severe disabilities: Integrating therapy and educational services (pp. 43-66). Baltimore, MD: Paul H. Brookes.

# Indicators of High-Quality IFSP/IEP Goals and Objectives for Infants and Young Children

## FUNCTIONALITY

1. Will the skill increase the child's ability to interact with people and objects within the daily environment?
2. Will the skill have to be performed by someone else if the child cannot do it?

## GENERALITY

3. Does the skill represent a general concept or class of responses?
4. Can the skill be adapted or modified for a variety of disabling conditions?
5. Can the skill be generalized across a variety of settings, materials, and/or people?

## INSTRUCTIONAL CONTEXT

6. Can the skill be taught in a way that reflects the manner in which the skill will be used in daily environments?
7. Can the skill be elicited easily by the teacher, parent within classroom, or home activities?

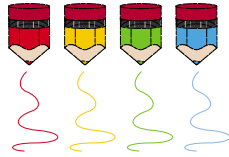
## MEASURABILITY

8. Can the skill be seen and/or heard?
9. Can the skill be directly counted (e.g., by frequency, duration or measures of distance such as how far a child is able to ride a tricycle, throw a ball, or propel a wheelchair)?
10. Does the skill contain or lend itself to determination of performance criteria?

## HIERARCHICAL RELATION BETWEEN LONG-RANGE GOAL AND SHORT-TERM OBJECTIVE

11. Is the short-term objective a developmental subskill or step thought to be critical to the achievement of the long-range goal?

Davis, M.D., Kilgo, J.L., & Gamel-McCormick, M. (1998). Using individualized plans as a basis for designing developmentally appropriate learning experiences for young children with special needs. In Young children with special needs: A developmentally appropriate approach (p. 113). Boston: Allyn and Bacon. Reproduced with permission. Further reproduction of this material is prohibited without permission from Allyn & Bacon.



## Illustration of IEP Characteristics with Alternative Practices

### Problematic Characteristics

1. Sweeping statements: “Jose will improve communication skills.”
2. Functional rhetoric without substance: “Gina will enlarge her circle of friends.”
3. Making promises that are hard to keep: IEPs filed away, lengthy, and not incorporated into general education activities.
4. Goals for staff rather than for children: “Mary Ann will have hearing aids checked daily by the audiologists” written as an IEP goal is actually a goal for the staff, not Mary Ann.
5. Discipline-referenced: “Darren will improve articulation of bilabial sounds in speech therapy.”

### Potential Alternatives

1. Individual learning outcomes: “Jose will initiate the use of 15 new signs in interactions with peers in his preschool.”
2. Family-centered priorities based on valued life outcomes: “Gina will initiate and maintain social interactions with her peers throughout activities encountered at preschool.”
3. Useful IEPs: Use of a one-page “program-at-a-glance” to summarize a child’s individualized education program within the learning areas of a play-centered setting.
4. Goals for children are distinguished from supports provided by staff: “A teacher assistant, taught by an audiologist, will check Mary Ann’s hearing aids daily” is written in the IEP as a support rather than a goal.
5. Discipline-free shared goals: “Darren will increase intelligibility of speech in one-to-one conversation with parents, siblings, peers, and teachers.”

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Hull, K., Capone, A., Giangreco, M. F., & Ross-Allen, J. (1996). Through their eyes: Creating functional, child-sensitive individualized education programs. In *Rethinking pull-out services in early intervention: A professional resource* (p. 108). Baltimore, MD: Paul H. Brookes.

Giangreco, M.F., Dennis, R.E., Edelman, S.W., & Cloninger, C.J. (1994). Dressing your IEPs for the general education climate: Analysis of IEP goals and objectives for students with multiple disabilities. *Remedial and Special Education*, 15, 293. Copyright 1994 by PRO-Ed, Inc.

## Team Checklist for Developing Authentically Individualized Goals and Objectives

The team has gathered information about the child from:

- Significant people in the child's life (e.g., parents, caregivers, siblings)
- Observations conducted in natural settings (home, child care, play groups)
- Appropriate standardized/curriculum-based measures/checklists

The team has developed a knowledge of the child that includes:

- Knowledge of child's preferences (e.g., favorite materials, activities, peers)
- Knowledge of child's learning history (e.g., pace, context variables, modality preferences)
- A description of the ways the child integrates his or her skills in all domains during all play and daily routines

The team has engaged in discussions focusing on:

- Identifying family priorities
- Describing the activities, materials, and routines that are characteristic of a play-based environment
- Identifying the child's educational needs
- Determining the naturally occurring activities or routines that support the accomplishment of the child's identified educational needs
- Describing the supports or accommodations that will ensure that the child has access to all aspects of a play-based environment (e.g., peers, materials, activities)

The team has developed goals and objectives that:

- Reflect its holistic knowledge of the child
- Are linked to activities typically engaged by young children
- Support interaction with peers
- Lead to the development of more complex play schemes
- Are discipline-free

The team has prioritized goals and objectives based on

- Family priorities
- Immediate relevance
- Long-term benefit

Hull, K., Capone, A., Giangreco, M. F., & Ross-Allen, J. (1996). Through their eyes: Creating functional, child-sensitive individualized education programs. In *Rethinking pull-out services in early intervention: A professional resource* (pp. 103-120). Baltimore, MD: Paul H. Brookes.