

## Chapter 6: Assessment for Service Planning

Assessment for service planning includes several steps in the early intervention process. The required activities will occur through a combination of phone contact and/or a visit(s) with the family. The number of visits and phone calls needed to accomplish these activities will be individualized to meet each family's need for information, time to consider options and other family scheduling preferences. This step in the early intervention process includes the identification of the resources, priorities and concerns of the family through a family-directed family assessment. A multidisciplinary team reviews existing medical and developmental information and conducts observation and assessment of the eligible child to determine the child's strengths and needs in all areas of development and to assist the IFSP team in identifying the early intervention supports and services necessary to address the child's unique needs. An assessment tool(s) will be used at this point as an objective anchor for the comprehensive assessment of the child's functional skills in comparison to same age peers for determination of the child's entry status on the OSEP child indicators. Planning and preparation for the IFSP meeting begin and family cost share paperwork is completed.

### Completing the Assessment for Service Planning

General:

1. Assessment can occur in a variety of ways and at several points in the early intervention process. This chapter describes the practices associated with the assessment for service planning that occurs after the child's initial eligibility is determined and before the meeting to develop the initial IFSP. The following is a list of all of the different types and purposes of assessment that occur throughout the early intervention process:
  - a. Assessment for eligibility – Targeted assessment designed to provide the eligibility determination team with further information about a specific area(s) of development when existing information is not sufficient to determine eligibility. The eligibility determination team identifies the area(s) of development that need to be assessed, and the purpose of this assessment is to determine whether the child meets the eligibility criteria for Part C. An assessment tool is not required.
  - b. Assessment for service planning – Comprehensive assessment designed to:
    - Determine the child's strengths and needs in all areas of development;
    - Identify the family's priorities, resources and concerns;
    - Assist the IFSP team in identifying the early intervention supports and services necessary to address the child's unique needs; and
    - Assess the child's functional skills in comparison to same-age peers for determination of entry ratings for the three child indicators (positive social relationships, acquiring and using knowledge and skills, and taking appropriate action to meet needs).Use of a comprehensive assessment tool is required.
  - c. Ongoing assessment – Assessment based on observation of the child's functioning and skills across all developmental domains that occurs as a routine part of service delivery. The purpose of ongoing assessment is to give the provider and the IFSP team, including the family, information on

the child's progress on the outcomes and short-term goals being addressed by the current activities and to assist in identify any emerging concerns in other areas of development. No assessment tool is required; but, when needed, the service provider may use an assessment tool as a reference point, especially for areas of development outside his/her area of expertise.

- d. Exit assessment – An assessment of the child's functional skills compared to same-age peers using information from parent report, an assessment instrument, observation and other sources to determine the child's status (rating) for each of the child indicators. A formal assessment is not required, though documentation of the child's abilities using an assessment tool (such as the HELP, ELAP, etc.) is required.

#### Service Coordinator Responsibilities:

1. When notifying the family that their child is eligible, share information about the process for child and family assessment and IFSP planning. Explain the family's role in these steps of the early intervention process, the other people who will be involved, and the service coordinator's role in coordinating the activities and supporting the family's active participation. Discuss the notice and consent requirements related to assessment for service planning and determine with the family whether they would like to proceed to assessment or would prefer more time to consider their options. This may be accomplished by phone contact(s) or a visit with the family, depending on the needs and preferences of the family.
2. Provide a copy and explanation of the procedural safeguards forms associated with assessment for service planning:
  - a. Provide a copy and explanation of the *Notice and Consent for Assessment* form and the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System* prior to conducting any assessment activities. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined. The form and rights document may be mailed to the family after discussion by phone or may be handled during a visit with the family depending on family preferences. Depending on the child and family circumstances, this paperwork may have been completed during intake.
    - Individual families and participating family members must be informed before any formal or informal process to identify family resources, priorities and concerns begins, that participation in such family assessment activities is strictly voluntary on the part of the family, that the process shall be family directed, and that a family's decision not to participate in the assessment of the family's resources, priorities and concerns will not affect the child's eligibility for early intervention supports and services.
    - Ensure that copies and explanations of procedural safeguard forms are provided in the family's native language or other mode of communication unless clearly not feasible to do so.

- b. Ensure the following occur if the family declines to proceed to assessment for service planning:
- Provide a copy and explanation of the *Declining Early Intervention Services* form and the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System* related to declining services.
    1. Using the bottom half of the *Declining Early Intervention Services* form, the family is asked to mark the second line (that they understand that an IFSP can be developed for their child/family and that they do not choose to have their child receive an IFSP). Explain to the family how they can contact the local Infant & Toddler Connection system in the future using the phone number provided at the bottom of the form if they have concerns about their child's development.
    2. In explaining the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*, review and explain the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
  - If the child is close to being age eligible for early childhood special education services through the local school division (under Part B), explain how to access Part B services through the local school system.
  - Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.
  - Obtain parent consent to communicate with the primary care physician and primary referral source, if not already provided.
  - Ensure that copies and explanations of procedural safeguard forms are provided in the family's native language or other mode of communication unless clearly not feasible to do so.
  - Document in ITOTS, within 10 business days of the family declining to proceed, that the child was evaluated to determine eligibility and that either the child was eligible/declined services or was eligible/chose other services. Enter the exit date (the date the family declined to proceed).
3. Support the family in assessing their resources, priorities and concerns. This includes identifying natural environments and gathering other family input for IFSP development. Explain that this information helps in service planning since the focus of supports and services is on increasing the child's participation in family and community activities that are important to the family.
- a. The method of obtaining information from the family must be directed by the family, meaning that the family decides what information they want to share and how they want to share it. Methods may include, but are not

- limited to, a conversation, a checklist or other written options and address daily family routines and activities and the family's perceptions of their child's abilities and needs in the context of daily activities. No one method is recommended for all families.
- b. Each family should be offered multiple and continuing opportunities to identify their own resources, priorities and concerns in those areas of family life that the family feels are relevant to their ability to enhance the child's development.
  - c. The information gathered from the family during intake to assist in determining eligibility may be re-visited or expanded upon as part of the family assessment.
4. Coordinate the multidisciplinary assessment of the child for service planning. The assessment for service planning includes reviewing available pertinent records that relate to the child's current health status and medical history and conducting personal observation and assessment of the child in order to identify the child's unique strengths and needs, including an identification of the child's level of functioning in each area of development (cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development) based on objective criteria, which must include informed clinical opinion. The assessment information is also used to determine entry ratings for the three child indicators (positive social relationships, acquiring and using knowledge and skills, and taking appropriate action to meet needs). The determination of entry ratings on the three indicators may occur at the assessment for service planning or the IFSP meeting if those two activities occur on different days. See #5, below, for more information on determining entry ratings on the three child indicators.
- a. (Optional) Use the *Confirmation of Scheduled Meetings/Activities* form to provide the family with a written reminder of the date, time, place and participants for the assessment for service planning.
  - b. Obtain physician referral/authorization, if needed, for assessment.
    - o In order to receive reimbursement at the full TRICARE rate for assessment by a specialty provider (OT, PT or SLP), there must be a referral from the primary care manager (PCM) prior to the assessment. With careful planning, this step need not significantly impact the 45-day timeline since the PCM must offer an appointment within one week of the family's request to be seen. The single point of entry or the service coordinator must determine at the time of referral or in the first contact with the family whether the family is a TRICARE Prime beneficiary so the appointment with the PCM and referral for specialty provider assessment can be obtained as quickly as possible. If the family chooses to delay the appointment with the PCM due to a family scheduling preference or child/family illness, then any delay in the 45-day timeline would be due to those family reasons. If the child is assessed by a specialty provider without a prior referral from the PCM, then the assessment would be covered under the point of service option and is reimbursed under TRICARE at 50% of the TRICARE rate. The beneficiary is responsible for the other 50%. Since this is an assessment and Part C regulations require that

- assessments must be provided at no cost to the family, Part C funds would have to be used to cover the beneficiary's share.
- o Physician referral is needed for a physical therapy assessment regardless of the reimbursement source, except as allowed under PT regulations (see [http://www.dhp.virginia.gov/PhysicalTherapy/physther\\_laws\\_regs.htm](http://www.dhp.virginia.gov/PhysicalTherapy/physther_laws_regs.htm), § 54.1-3482 B)
- c. Ensure that a comprehensive assessment tool is used as the foundation of the child assessment. The reason for using a foundation tool is not to generate age levels but to serve as an anchor for the assessment and to provide a standard measure to be used in combination with other assessment sources for determining the child's functional status on the OSEP child indicators in relation to same-age peers. Discipline-specific assessment tools may be used in addition to the comprehensive assessment, if needed for an individual child.
  - d. Ensure two or more different disciplines are involved in the assessment for service planning. It is possible that one or more disciplines were involved in assessment activities prior to or since referral that may be used for service planning. These assessors count towards the requirement for 2 disciplines to participate as long as there is a written report from that discipline.
    - Information gathered by a qualified provider as part of the intake (such as screening and observation performed by an Occupational Therapist) can be used to meet the requirement for one of the disciplines.
    - Developmental information provided by a physician or a provider who is from a discipline listed in Table A at the end of Chapter 12 but who practices outside the local Part C system can be used to meet the requirement for one of the disciplines if the physician or outside provider includes information that can be used for service planning. This information may include, but is not limited to, results from an assessment tool, observations of child development, and information about current or projected impact of the child's health on his/her development. The local system determines whether the information provided by the physician or outside provider can be used for service planning (e.g., whether it is helpful in identifying outcomes, short-term goals, necessary supports and services, and/or treatment modalities).
  - e. Participate in any assessment activities that occur after referral, supporting the family as an active participant in the assessment.
5. Facilitate determination of entry ratings for the three child indicators (positive social relationships, acquiring and using knowledge and skills, and taking appropriate action to meet needs) for all eligible children new to early intervention who are 30 months or younger at the time of the initial IFSP. This includes children who have received early intervention from other states, but who are new to early intervention in Virginia. The entry ratings recorded in ITOTS follow the child. A child who moves within Virginia from one early intervention system to another will already have entry assessment data, and the new local system does not need to do a new entry-level assessment. If a child is discharged from the Part C system and returns within 6 months of leaving the system, then the initial child indicator ratings continue to be used as the entry ratings. If the child is out

of the system for more than six months but returns to the system when he/she is still 30 months old or younger then new entry indicator ratings are completed.

- a. Entry assessment information is derived from multiple sources:
    - Results from developmental instruments and observation;
    - The family, including information about the child's performance in relation to the three indicators across situations and settings and with different people;
    - Any other source (e.g., child care provider, medical records, etc.)
  - b. Considering the information above and functional skills of same-aged peers, the team determines the appropriate rating from 1-7 for each of the indicators. The Decision Trees and other documents available at <http://www.infantva.org/ovw-DeterminationChildProgress.htm> can be used to guide the process.
  - c. The team completes the front page of the Child Indicator Summary Form (CISF). If documentation on the IFSP and in the child's record is not sufficient to support the rating decisions, then supporting documentation must be provided on the back of the CISF. Documentation must include the sources of information (instrument, observation, parent report, etc.) and the information from those sources about the child's functional skills across settings, situations and people. The completed CISF is maintained in the child's early intervention record. If the CISF or the information required on the CISF is completed and maintained electronically, then it is not necessary to also complete a hard copy of the form as long as the information on the CISF can be produced in full from the electronic record.
6. Enter into ITOTS any additional reasons for eligibility if additional reasons were identified during the assessment for service planning than were identified at the time of eligibility determination. These additional reasons for eligibility should also be documented in a contact note and/or the Team Assessment Narrative on page 3 of the IFSP.
7. Complete the following steps in those rare instances where the child was found eligible by the multidisciplinary team based on a review of available documentation (including results of any screenings completed, medical information, parent report, formal/informal observation and written assessment reports if available) but the child has made progress since the eligibility determination and is no longer eligible based on the information gathered during the assessment for service planning.
- a. Congratulate the family on the good news that their child's development now appears to be closer to or at age level or more typical than it first appeared.
  - b. Provide the parents with a copy and explanation of the *Parental Prior Notice* form (indicating "Your child is not eligible for Infant & Toddler Connection of Virginia") and the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*. On the *Parental Prior Notice* form, identify the information used to make the determination that the child is not eligible. In explaining the *Notice of Child and Family Rights and Safeguards*, review and explain the complaint procedures. Even if the family has already received a copy of the *Notice of Child and Family Rights and Safeguards* document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do

not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.

- c. For Medicaid/FAMIS recipients only: Complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid if they disagree with the multidisciplinary team’s determination that their child is not eligible for early intervention services. Point out where additional information about the appeal process is located in the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*.
  - d. Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.
8. Document any and all circumstances that result in required assessments not being completed within the required timelines.

#### Responsibilities of Other Early Intervention Service Providers:

1. Focus on gathering information through the assessment that is important for the IFSP team to use in service planning (e.g., functional skills, developmental strengths, areas of concern). The providers conducting the assessment are not recommending specific services, only providing information (e.g. functional skills the child has, areas of concern, skills not observed, etc.) for the IFSP team to use in identifying desired outcomes and the necessary supports and services.
2. Review any assessment information less than six (6) months old to determine if it is appropriate for consideration in service planning in order to prevent children and families from undergoing unnecessary assessment and duplication of existing assessment information. However, given the rapid changes in growth and development in infancy, it is important that all information used in service planning accurately reflects a child's current status.
3. Check in with the family during the assessment to determine whether the skills and behaviors observed are representative of what the family sees at other times and in other places or situations.
4. Participate in the determination of the child’s status on the three OSEP indicators.
5. Document the assessment results, including the child’s level in all developmental areas and the child’s skills and abilities that support the child status rating for each of the three OSEP indicators. Individuals participating in the assessment for service planning may document their findings directly in the “Team Assessment Narrative” section of the IFSP or in a separate written report that the team then reviews and integrates into the “Team Assessment Narrative.”
6. Provide assessment results to the service coordinator prior to the IFSP meeting, unless clearly not feasible to do so, so that this information is available to all IFSP team members.
7. Limit the use of jargon and acronyms and explain words or concepts that may be unfamiliar to the family.

#### Planning for the IFSP Meeting

##### Service Coordinator Responsibilities:

1. Review family cost share practices with the family (unless the child has Medicaid/FAMIS and the *Family Cost Share Agreement* was completed at Intake). These practices should have been introduced during referral and intake.

- The service coordinator is also responsible for ensuring the *Family Cost Share Agreement* form is completed in accordance with the procedures specified in Chapter 11. Since the financial intake includes sharing personal financial information, care must be taken when combining eligibility determination and/or assessment for service planning and/or IFSP development to ensure the family has an opportunity for privacy during the financial intake.
- a. If there is documentation from the physician of a qualifying diagnosed condition prior to the eligibility determination and the family wishes to combine the eligibility determination with the assessment for service planning, and potentially the IFSP meeting, then financial intake can be conducted prior to the combined activities.
  - b. Otherwise, when eligibility determination and assessment for service planning are combined, then the financial intake should occur between assessment for service planning and the IFSP meeting. If the family wants the IFSP meeting also to occur on the same date, then the service coordinator needs to be sure the family understands (before consenting to this arrangement) that the financial intake will need to occur that day as well, prior to the IFSP meeting. The family should be made aware that if they wish to discuss these matters privately and if these activities are happening at the family's home, then there will need to be a separate place where the service coordinator and family can go to discuss the financial matters. Provider participants should also be made aware of the need to conduct financial intake during these combined activities since it impacts their time and availability for other activities and services.
2. Identify an ongoing service coordinator. If there is more than one agency that provides service coordination in the local system, then the family must be offered a choice between the provider agencies.
  3. Work with the family to identify the composition of the IFSP team. Required team members include the following:
    - a. The parent(s) of the child;
    - b. Other family members, as requested by the parent, if feasible;
    - c. An advocate or person outside the family if requested by the parent;
    - d. The service coordinator who has been working with the family since referral and/or the ongoing service coordinator;
    - e. A person or persons involved in eligibility determination and/or assessments; and
    - f. As appropriate, individuals who may be providing supports and services to the child and family.
  4. Determine with the family whether a foreign language or sign language interpreter will be needed for the IFSP meeting. If so, identify an interpreter in accordance with the following:
    - a. A professional foreign language interpreter is not required. An IFSP team member may be able to interpret or there may be an extended family member, neighbor, clergyman, or other family friend who would be willing and able to interpret (if the family agreed). The local Infant & Toddler Connection system may wish to collaborate with the local school system(s) in finding foreign language interpreters since Part B has the same requirements related to native language. A neighboring local system also may be able to assist if the service coordinator is having difficulty locating a foreign language interpreter. Document in a contact note(s) all efforts to locate an interpreter.

- b. When sign language interpreters are needed during IFSP meetings in order to meet the requirement related to family's mode of communication, these interpreters must meet professional licensure requirements. To locate qualified sign language interpreters, contact the Virginia Department for the Deaf and Hard of Hearing (1-800-552-7917) or access their website, [www.vddhh.org](http://www.vddhh.org), for a directory of qualified interpreters. If a licensed sign language interpreter is not available in the area served by the local system, then document efforts to locate a licensed sign language interpreter and use a family member, family friend or other informal resource to provide the needed interpreting.
5. Plan and schedule the IFSP meeting.
- a. Provide the family with a copy and explanation of the *Parental Prior Notice* form (with check marks by "Your child is eligible for Infant & Toddler Connection of Virginia" and "A meeting to develop the initial IFSP is needed"); *Confirmation of the Individualized Family Service Plan (IFSP) Schedule* form or *Confirmation of Scheduled Meetings/Activities* form; and *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*. Emphasize those safeguards applicable to IFSP development. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
  - b. Schedule the IFSP meeting at a time convenient for team members with preference being given to times that are best for the family. While development of the IFSP is a separate step in the process, the IFSP meeting may occur on the same day as the assessment for service planning if that is the family's preference. Talk with families about this when planning and scheduling the assessment for service planning. Families may need time to review and consider the assessment information, do research or ask questions in understanding and preparing for the IFSP development process. Parents may want to talk with other family members or individuals who offer guidance and support to them before participating in the IFSP meeting. A decision to combine the assessment and IFSP meeting activities on the same date must be made by a fully informed family and cannot be required by the local system.

Talking with Families about Conducting the Assessment for Service Planning and the IFSP Meeting on the Same Day:

Consider using the following language in explaining the advantages and disadvantages of completing the assessment for service planning and the IFSP meeting on the same day: “Some families prefer to move straight from the assessment for service planning into the IFSP meeting. This can mean fewer visits/meetings, getting started sooner on services and has the advantage that the assessment information is fresh in your mind. On the other hand, some families prefer to wait and hold the IFSP meeting on a different date. Combining it all on one day can be a lot ... it can take a couple of hours. Families may find it helpful to wait because they want time to review and consider the assessment information, do research or ask questions in understanding and preparing for the IFSP development process. You may want to talk with other family members or individuals who offer guidance and support to you before participating in the IFSP meeting. You should feel free to decide based on what you think is best for your family. ”

- c. Arrange IFSP meetings in the setting and language that facilitates a family's ability to participate.
- d. Notify all participants in writing of the date, time and location for the IFSP meeting.
  - Parents must be notified using the *Confirmation of Individualized Family Service Plan (IFSP) Schedule* form or *Confirmation of Scheduled Meetings/Activities* (either form may be used; it is not necessary to send both).
  - Other team members may be notified using that same form or through other written means (e.g., email).
  - Documentation must be maintained in the child's early intervention record that shows that the family and other team members were notified in writing in advance of the IFSP meeting.

If the family thinks they want to do the assessment for service planning and IFSP meeting at the same time, then notification of the IFSP meeting is sent out ahead of the assessment for service planning to ensure all participants are aware of the plans. Even though the family may have planned to do the IFSP on the same day as the assessment for service planning, the family may change their mind after the assessment is completed and decide that they prefer to delay the IFSP meeting until another day.

- e. Ensure that IFSP team members who are not able to meet at times convenient for the family are given other options for IFSP participation, such as telephone consultations or providing written information.
- f. Assist the family in preparing for the IFSP meeting by reviewing a blank copy of the statewide IFSP form with the family, explaining the different sections and discussing the kind of information included and the role the family can play in providing that information. Offer to leave a blank form

or select pages of the blank form with the family, suggesting that they might want to make notes of their input and questions in each section of the blank form and bring that to the IFSP meeting as a reminder for the family during the meeting. The level of support that each family will want and need in preparing for the IFSP meeting will vary and preparation should be individualized for each family.

- g. Ensure the following occur if the family declines to proceed to IFSP development:
- Ensure that the family's signature is obtained on the *Declining Early Intervention Services* form and that the family receives further explanation of sections of the *Notice of Child and Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System* related to declining services.
    - 1) Using the bottom half of the *Declining Early Intervention Services* form, the family is asked to mark the second line (that they understand that an IFSP can be developed for their child/family and that they do not choose to have their child receive an IFSP).
    - 2) Explain to the family how they can contact the local Infant & Toddler Connection system in the future using the phone number provided at the bottom of the form if they have concerns about their child's development.
    - 3) In explaining the Notice of Child and Family Rights and Safeguards, review and explain the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
  - If the child is close to being age eligible for early childhood special education services through the local school division (under Part B), explain how to access Part B services through the local school system.
  - Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.
  - Obtain parent consent to communicate with the primary care physician and primary referral source, if not already provided.
  - Ensure that copies and explanations of procedural safeguard forms are provided in the family's native language or other mode of communication unless clearly not feasible to do so.
  - Document in ITOTS, within 10 business days of the family declining to proceed, that eligibility determination was completed and the child was either eligible/declined services or eligible/chose other services. Enter the exit date (the date the family declined to proceed).

### ITOTS Data Entry – Assessment

1. If the family declines to proceed in the early intervention process, the local system manager ensures that the following data is entered into ITOTS within 10 business days of the family declining to proceed:
  - a. Eligibility determination completed? Yes
  - b. Date of eligibility determination
  - c. Result of eligibility determination: Eligible/Declined Services or Eligible/Chose Other Services
  - d. Exit date (the date the family declined to proceed)
2. If the child was found no longer eligible at the assessment for service planning, the local system manager ensures that the following data is entered into ITOTS within 10 business days of the child being found ineligible:
  - a. Eligibility determination completed? Yes
  - b. Date of eligibility determination
  - c. Result of eligibility determination: Eligible/Ineligible at Assessment for Service Planning
  - d. Exit Date (the date the child was found ineligible)
3. If additional reasons for eligibility were identified during the assessment for service planning than were identified at the time of eligibility determination, enter those additional reasons.
4. Otherwise, no further data can be entered into ITOTS until the IFSP is signed or the child is discharged (e.g., lost to contact or family declines to proceed).

[Complete ITOTS instructions are available at

<http://www.infantva.org/documents/forms/INST1117eR.pdf>]

### Local Monitoring and Supervision Associated with Assessment for Service Planning

The local system manager provides the supervision and monitoring necessary to ensure the following:

1. Procedural safeguards forms are used and explained appropriately.
2. Assessment for service planning occurs in a timely manner so that the initial IFSP meeting can be held within the 45-day timeline. Any circumstances that result in a delay in the assessment for service planning are fully documented in the child's record.
3. A comprehensive assessment tool is used as the foundation of the child assessment.
4. Assessment documentation is sufficient to support child indicator rating decisions.
5. Child indicator ratings appear to be appropriate based on the documentation of child functioning.
6. Efforts to secure foreign language and sign language interpreters to assist the family's active participation in the assessment for service planning are documented.