

Developing and Using the Service Support Plan to Guide Early Intervention Services

(2006-2007)

Overview of Training

This workshop series is designed to help early intervention providers refine the skills they need to develop a Service Support Plan that

- 1. is based on family-centered principles
- 2. includes objectives, strategies and methods that reinforce learning opportunities within the everyday activities and life experiences of the infant/toddler and his or her family
- 3. is updated and revised quarterly, using progress monitoring data and collaboration with family and other team members.

Participants will also have opportunities to develop skills needed to identify ways to measure and document children's participation in their families' activities and routines in between regularly scheduled early intervention home visits, as a means to measure progress. This course will cover how early intervention team members can use this data to make decisions during the IFSP Quarterly Review Meeting (including 6-month and annual).

Objectives

Upon completion of this training series, participants will be able to:

- develop a Service Support Plan in collaboration with the family/caregiver, and document the plan according to Philadelphia County guidelines.
- implement a plan to collect information about the child and family's progress towards IFSP outcomes.
- use progress monitoring data to make decisions abut whether intervention strategies need to be continued, modified or replaced to enable child and family to meet IFSP outcomes.
- summarize progress monitoring data into a graph or other means so that progress monitoring data may be seen visually during the Quarterly Review Meeting.
- revise and update the SSP as needed, based on progress monitoring data and team meeting discussions.
- assess self on success.

Course Requirements

In order to fulfill TLC requirements and earn 8 TLC credits, early intervention providers need to complete several steps:

- o attend two training sessions (dates are on page 4).
- develop a Service Support Plan according to Philadelphia County guidelines, for each of **3 different families.***
- use the Service Support Plan to guide intervention for these 3 families through at least 1 quarterly review for each of the families.*
- collect ongoing information that the provider and the family will use to measure progress toward the IFSP outcomes; this information may take a variety of forms like graphs, photographs of sample routines, etc.
- o use the information to revise or adjust the Service Support Plan as needed.
- summarize and review progress monitoring data with other team members at the ISFP quarterly reviews.
- submit assignment documents (see list on page 5) to agency supervisor by May 1, 2007 (or the date your agency supervisor establishes with you).**

*Please Note: Some providers may not currently be working with 3 children who are receiving EI services. IF YOU ARE NOT CURRENTLY SERVING 3 CHILDREN, PLEASE SPEAK TO THE INSTRUCTOR FOR THE COURSE. DO NOT COMPLETE THE ASSIGNMENT WITH FEWER THAN 3 CHILDREN UNLESS YOU HAVE FIRST SPOKEN WITH THE INSTRUCTOR.

**Your supervisor will tell you the date by which you need to complete this project if May 1, 2007 is not possible.

Forms

Forms that you need are included at the end of this packet. You may photocopy these forms or you may also obtain them from our website: <u>http://jeffline.tju.edu/cfsrp/</u> From the website, you can save the forms to your computer and type directly into them. When finished, you can print a copy of the page and keep a copy on your own computer.

Questions that cannot be answered by your supervisor may be directed to

Mary Muhlenhaupt <u>mary.muhlenhaupt@jefferson.edu</u>

Main TLC phone: 215.503.4019 Website: <u>http://jeffline.jefferson.edu/cfsrp/</u> General Email: <u>teaching.collaborative@jefferson.edu</u> TLC 2006-07 Competency Workshops for Providers Developing and Using the Service Support Plan to Early Intervention Services

| Group | 1 st Class Session Date | 2 nd Class Session Date |
|-------|--|---|
| Α | November 20, 2006 9am-12pm Einstein Fox Room | January 15, 2007 9am-12pm Einstein Fox Room |
| В | November 30, 2006 1pm-4pm CCIS-Northeast | February 22, 2007 1pm-4pm CCIS-Northeast |
| С | December 5, 2006 1pm-4pm Germantown | February 19, 2007 1pm-4pm Germantown |
| D | January 16, 2007 9am-12pm Germantown | March 16, 2007 9am-12pm Germantown |
| E | February 26, 2007 9am-12pm Einstein | April 26, 2007 9am-12pm Einstein |
| F | March 8, 2007 5pm-8pm Jefferson Bluemle | May 10, 2007 5pm-8pm Jefferson Bleumle |
| G | March 26, 2007 1:30pm-4:30pm CCIS-Northeast | June 14, 2007 1:30pm-4:30pm CCIS-Northeast |
| Н | April 16, 2007 9am-12pm Einstein Fox Room | June 11, 2007 9am-12pm Einstein Fox Room |
| Ι | May 3, 3007 1pm-4pm Jefferson Edison | July 12, 2007 1pm-4pm Jefferson Edison |

(Bring examples of service support plans that you have already completed to the training sessions)

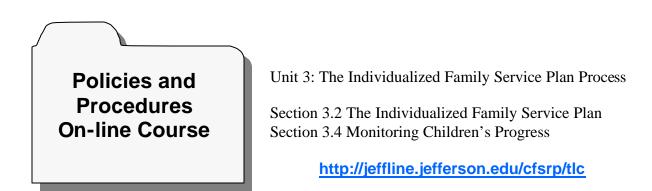
Sometimes we have to change meeting locations. Be sure to check the TLC website to confirm the location of the meeting. (http://jeffline.tju.edu/cfsrp/tlc/)

| What do I need to do to complete this TLC requirement? |
|--|
| Attend the 2 Training Sessions for your group (see Page 4). |
| Select 3 children/families on your caseload who you anticipate will continue to be eligible for early intervention services for the remainder of the 2006-07 year. |
| For EACH CHILD AND FAMILY: |
| a. If not already complete, develop and document your Service Support Plan according to Philadelphia County guidelines. |
| b. Establish and implement a progress monitoring strategy. |
| c. Review progress monitoring data at each home visit and use this information to modify or refine your intervention with the child/family. |
| d. Summarize your progress monitoring data into a concrete, visual representation in advance of the next IFSP Quarterly Review Meeting. |
| e. Share the summary of progress monitoring data with the team during the Quarterly Review process. Together with family and other team members, update and/or revise the Service Support Plan based on team meeting discussions. |
| f. Continue to monitor progress, present summary at future quarterly reviews and update the Service Support Plan with other team members. |
| g. After one quarterly review meeting has been completed for each of the 3 families, give your supervisor copies of the following by May 1, 2007 (be sure to delete each child/family name and any other personally identifiable information): |
| completed summary/reflection sheet (included at end of this packet) |
| Child/family's IFSP |
| completed Philadelphia County Infant/Toddler Early Intervention Home and Community Routines Form |
| initial Service Support Plan document |
| the visual summaries of progress monitoring data that were included in the IFSP quarterly review process |
| Service Support Plan Update sheet completed during the Quarterly Review process |
| Service Support Plan Addition/Revision Sheet, if completed during the quarterly review process. |
| Your supervisor will submit all assignments to TLC. |

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Resources

- Philadelphia County guidelines for the Service Support Plan are included in this module on pages 9-13.
- > Refer to these sections of **<u>Philadelphia County's policies</u>** for more information:



➢ Resources from <u>TaCTICS</u>

• Family-guided Routines for Early Intervention <u>http://tactics.fsu.edu/pdf/HandoutPDFs/TaCTICSHandouts/Module1/FamilyRouti</u> <u>nes.pdf</u>

• Identifying Child Care/Classroom Routines and Activities <u>http://tactics.fsu.edu/pdf/HandoutPDFs/TaCTICSHandouts/Module1/childcarecla</u> <u>ssroom.pdf</u>

• Facilitating a Problem-solving Approach for Families <u>http://tactics.fsu.edu/pdf/HandoutPDFs/TaCTICSHandouts/Module3/ProbSolv</u> (text).pdf

• Monitoring Progress on Family-guided Routines <u>http://tactics.fsu.edu/pdf/HandoutPDFs/TaCTICSHandouts/Module4/Monitoring</u> <u>%20.pdf</u>

Frequently Asked Questions About the Service Support Plan

1. What is the benefit of the Service Support Plan?

The Service Support Plan (SSP) is the means for providers to document an intervention plan that's based on collaboration with the family/caregiver. It includes strategies and activities that help the child and family achieve the outcomes listed in the ISFP. Providers can review other team members' SSPs as a means to facilitate communication.

| Scheduled frequency of home visits | Service Support Plan Timeline |
|---------------------------------------|---|
| Three or more visits per month | <u>1st and/or 2nd visit</u>: discuss family routines and activities with parent/caregiver and get ideas about possible intervention strategies that would support the child/family. <u>between 2nd and 4th visits</u>, write plan based on discussion with family. <u>4th visit</u>: review SSP with family, make any needed adjustments; provider and family sign and date SSP. |
| Once or twice per month | <u>visit during first month</u>: discuss family routines and activities with parent/caregiver and get ideas about possible intervention strategies that would support the child/family. <u>after visit during which SSP was discussed</u>, write plan based on discussion with family. <u>visit during 2nd month</u>: review SSP with family, make any needed adjustments, provider and family sign and date SSP. |

2. When does the initial Service Support Plan need to be completed?

3. How do I know which IFSP outcomes I need to address when I write my Service Support Plan?

Early intervention outcomes are not written for specific disciplines or for specific providers. All providers should write an SSP for each outcome on the IFSP to that they can document how they support all of the outcomes in the child/family's IFSP.

4. Who do I discuss the Service Support Plan with for the child who I see only in a day-care setting?

You should try to speak with both the day-care provider and the child's family as you develop the SSP. When you write the SSP, it should reflect the discussions you had with both the parent and day-care provider.

5. What happens to the SSP after the family and I sign and date it?

- 1. <u>Pink copy:</u> the family should keep this. If possible, arrange with the family to put all of the SSPs into one folder or notebook so that all service providers may refer to them as needed.
- 2. <u>Yellow copy</u>: the provider should keep this.
- 3. <u>White page (original</u>): deliver this page your agency supervisor who will copy it for the agency file before sending the original to the Service Coordinator.

6. How often should the Service Support Plan be reviewed and updated?

The SSP is updated at least quarterly through the Quarterly Review process. The team reviews progress monitoring summaries from each provider. The status of SSP objectives is recorded on page 2 of the SSP as "Achieved" or "Not Achieved," and the need to continue or to revise methods and activities is noted. Page 3 is used to record any revised or additional objectives.

7. What happens when the family and I agree that objectives, methods and activities in the SSP are not working, but the Quarterly Review isn't due for 2 months ?

Don't wait for the quarterly review meeting. The provider and family should discuss alternate objectives, methods and activities and the SSP should be revised to reflect the changes. The provider documents the additional or revised objectives, methods and materials on page 3 of the SSP and distributes copies as explained in #5 above.

8. What should I be writing as "Objectives" on the SSP?

These are the steps that need to be accomplished to help the child/family reach the IFSP outcome. You may think about several different areas and write one objective for each that is relevant for this child and family:

- skills the family/caregiver needs
- environmental adaptations/accommodations
- information/community resources
- skills the child needs

Philadelphia County Early Intervention Services Services and Supports Plan 1/26/06 revision

Purpose: The purpose of the service support plan is for the service providers working with the child to detail the objectives, strategies and activities they will use to help the child and family meet their outcomes.

Service coordinators have a service support plan developed for their use. While the purpose and guidelines outlined here also governs their use of the service support plan, they will be using the form already developed specifically for service coordinators.

Service coordinators and initial MDE team should: (1) Discuss the use of a SSP with the family during the initial visit so they will be familiar with the concept when the service provider discusses it with them. (2) Remind parents that the service provider will monitor the child's progress on their IFSP outcomes using specific measurement tools and families will be asked to help collect progress data. (3) Remind families that the service providers may need to review the initial IFSP for their child, so they will have an idea of what outcomes they will be working on together.

GUIDELINES

It is the County's expectation that each service provider write a service support plan to address the outcomes on the IFSP of children they are seeing in infant-toddler early intervention. The development and implementation of the service support plan should reflect the philosophy of services in infant/toddler early intervention and be a family centered process.

- 1. A Service support plan should be developed for each outcome on the IFSP.
- 2. Prior to developing the SSP, each service provider should complete a <u>Home and</u> <u>Community Routines Form</u> with the family, following the guidelines outlined on that form.
- 3. Each individual service provider involved with the child should develop and implement a service support plan that reflects how the activities that they will use will help achieve the IFSP outcomes.
 - a. The plan should include objectives and in-depth strategies that relate to the outcome for the child and family as indicated and described on the IFSP.
 - b. The objectives and activities chosen for the SSP should relate to the information gathered on the <u>Home and Community Routines Form</u>. They should enable the child to participate optimally in the activities and routines identified by the family.

- 4. It is also the County's expectation that the service support plan be discussed with the family at the first and/or second visit, written after the second visit with the family, and presented to the family no later than the fourth visit with the family (for services delivered 3, 4 or 5 times per month). For service delivered 1 times per month or twice monthly, every attempt should be made to complete the SSP in the second month of services, otherwise, a full quarter will pass before a final SSP is implemented with the child and family.
- 5. The service support plan should reflect the philosophy that all service providers should be aware of and working on all outcomes.
 - a. **Outcomes are <u>not</u> discipline specific** (i.e., only speech language pathologists work on language and communication) therefore; the SSP should reflect the ways in which a particular discipline is addressing any of the outcomes that are on the IFSP.
 - b. Service providers should give attention to all outcomes of the child and be mindful of how their interventions can support all of the outcomes.
- 6. Once the service support plan is drafted it is taken to the family home for review. However, the service provider should be prepared to make any adjustments and/or revisions that the family suggests. The service provider will then sign and date the service support plan when it is in the final form and after the parent has reviewed and signed it. A copy of the fully signed formed should be given/mailed to the family on or before the next visit.
- 7. For children receiving services in day care centers every attempt should be made to include the family and day care providers in the development of the service support plan.
- 8. The SSP should also be reviewed by those in the agency who give clinical oversight or supervision to service delivery staff. This review will be indicated by checking off the box at the bottom of the form and indicating the date it was reviewed. This step can occur at any point after the parent has finalized the SSP with their signature.
- 9. Services to the child are integrated (where possible) and relate to each other. Therefore all of the service support plans developed by a child's service providers should complement each and be viewed in a holistic manner by all of the individual service providers involved.
- 10. The goal is to develop methods/activities connected to the outcomes for the child and family, and to show how the methods and activities support all of the child and family's outcomes on the SSP Form it is written "How do these methods/objectives help the child and family achieve the other outcomes?" Do not leave this space blank on the form.

- 11. The objectives on the service support plan should be measurable. Ask yourself, "How will we know that each objective has been met?"
 - a. When using a measurement strategy refer to frequency, latency, duration, quality and level of assistance and how they are defined as a guide to writing out measurable strategies. (See definitions attached to guidelines)
 - b. Service providers should measure one thing at a time. In addition, they should plan to use visual, concrete documentation (chart, graph, video, pre/post test) of child's progress on outcomes and share this with families as well as with service delivery team at the Quarterly Review (including 6 month review) Meeting.

Chart/graph: The advantage of visual documentation of progress is that it provides a concrete and visible representation of progress towards outcomes. It should be simple and understandable and care should be taken to insure that a graph or chart is studied and followed only in combination with the notes, observations and comments of the individuals involved.

Videotapes: A videotape of a child before and after a time of intervention is another helpful and illustrative way to monitor progress. The advantage of having videotapes is that it provides a concrete record, that lasts, and it is considered family friendly and meaningful. On the other hand, there may not always be enough time to watch a video during a quarterly review meeting and videotaping requires equipment.

- c. It is expected that attachments will be bought to the meeting when the service support plan is discussed (please indicate it on the plan) to reflect the collection and analysis of concrete, objective data (in the form of charts or graphs). This data should document the progress that the child had made on the objectives and family-identified IFSP outcomes.
- 12. The status of the objectives and the types of activities and strategies used and identified in a service support plan need to be reviewed and revised at least quarterly (at the quarterly review meetings, including 6 month review), and the strengths and needs of the child/family periodically refined and delineated.
- 13. Service providers should develop a new service support plan, when new outcomes are written to the IFSP and/or in conjunction with the child' annual review including 6 month review and IFSP.
- 14. At Quarterly Reviews meetings, service providers should review the service support plan to note the child's progress and to determine if a revision is needed to incorporate any new outcomes that may be added.
- 15. When a service provider cannot attend the Quarterly Review, (including 6 month review) meeting in addition to the Single Service Provider Quarterly Review form,

the service provider should also submit documentation of the child's progress or lack of progress towards their objectives over the previous quarter. This should be done on a chart, graph or some visual documentation of progress with notes, so it can be easily understood and discussed by the child's' team at the quarterly review meeting.

- 16. Use the Service Support Plan Additions/Revisions Sheet to add an objective, beyond the 3 allotted for on the front of the sheet. Numbers the new objective sequentially with the ones on the front of the form. This section can also be used to revise an objective if there has been achievement or lack of progress.
- 17. Copies of the service support plan should be given to the other service providers at the quarterly review (including the 6 month review) meeting. At this meeting the visual representation of the data collected during the previous service period of the child's progress should also be shared. If a Service provider would like to review a SSP done by other service providers on the child's team (before they receive their own copy at the quarterly meeting), they should ask to see the parent's copy.
- 18. How does it all relate to Progress monitoring?

The IFSP indicates:

- The outcome
- What is happening now (child's current functioning)

The Service support plan indicates:

- The objective: (what does the child and family need to learn or work on to help achieve this outcome?).
- Intervention plan (Best guess of what methods/activities help the child and family achieve the objective)
- Measurement strategy: (how will you know progress has been made?)
- Status: (Objective achieved or not?)
- Next steps: (revise or maintain).

Quarterly Review (including 6 month review)

- Assessment of child's progress on all outcomes
- Next steps (adjustments to strategies/services)

Annual Review

- Re-evaluation of child's development
- Re-determination of eligibility for early intervention
- If eligible, identification of needs and outcomes
- Identify the best service providers to assist families with interventions to achieve the outcomes

Definitions

Outcome: Outcomes are what the family wants to child to be able to do as a result of the intervention. An outcome is important to the family; should be functional and measurable; and must relate to the identified needs stated in the MDE.

Objective: An objective describes meaningful intermediate and measurable levels between what the child can presently do (related to this outcome) and the desired outcome.

Methods/Activities: This definition should be similar to methods...used in the IFSP. This includes: how will we teach, learn or do certain things in order to address the objectives, which will help us achieve the outcome.

Measures: How we will know whether the child has made progress towards the objectives and thus the outcome stated on the IFSP. Record data on demonstrated behaviors, performance, growth, progress, setbacks, and attempts. Chart or graph collected data to provide a visual account of how the child is doing.

Frequency: How often does it occur?Latency: How long between behaviors?Duration: How long does it last?Quality: How well was the activity done?Level of assistance: How much adult or child help was provided?

Forms needed for Service & Support planning and completion:

- Service and support plan
- SSP Signature Page
- SSP Revision Form
- > Philadelphia County Home & Community Routines Form

To help in translating the information from the Home and Community Routines Form into *IFSP Outcomes*:

- > Routines & Activities Chart
- Summary Chart (what are priority activities and routines?)
- Going from Outcomes to Objectives and Progress Monitoring

Philadelphia County Infant/Toddler Early Intervention Service Support Plan

Child's Name: _____

ChildLink

| IFSI Itcon | P Date: ne | Date of SS Plan: |
|---------------|---|--|
| ou Me | utcomes? | need to learn or work on to help achieve the vill help the child and family achieve this objective' s made progress? |
| A. | Objective: Method/Activity a. | |
| | b | |
| | | |
| | Measure: How do these methods/activities help th | ne child and family achieve the other outcomes? |
| B. | Objective: Method/Activity a | |
| | | |
| | Measure: How do these methods/activities help th | ne child and family achieve the other outcomes? |
| C. | Objective: Method/Activity a. | |
| | b | |
| | C | |
| | Measure: How do these methods/activities help th | |

Philadelphia County Infant/Toddler Early Intervention Service Support Plan Signature and status Update Sheet

| Child's Name: | ChildLink #: |
|--|----------------|
| II. Signatures: Service Provider: | Date: |
| Provider Agency: | Date: |
| Parent: | Date: |
| Supervisory Check Off: Name: | Date Reviewed: |
| III. Status of Objective(s) | Date Assessed: |
| Check all that apply: I-A. Objective 1: ÿ Achieved ÿ Not Achieved ÿ Yes, The Chart/graph/video/other was available fo ÿ Maintain methods/activities ÿ Revise methods/activities | • |
| I-B. Objective 2: ÿ Achieved ÿ Not Achieved ÿ Yes, The Chart/graph/video/other is attached to (i ÿ Maintain methods/activities ÿ Revise methods/activities | |
| I-C. Objective 3: ÿ Achieved ÿ Not Achieved ÿ Yes, The Chart/graph/video/other is attached to (i ÿ Maintain methods/activities ÿ Revise methods/activities | |

Copies: Bring copy for SC and other service providers on the team to the Quarterly Review (including 6 Month Review) Meeting.

Philadelphia County Infant/Toddler Early Intervention Service Support Plan Addition/Revision Sheet

| | ChildLi | nk #: |
|--|--------------------------------------|---------------------------|
| dditional Objectives evisions of Objective A. Objective: | Date: | Initials: |
| | | |
| | | |
| Measure: | | |
| | vities help the child and family ac | hieve the other outcomes? |
| dditional Objectives Revisions of Objective | Date: | Initials: |
| B. Objective: Method/Activity a. | | |
| | | |
| C | | |
| | | |
| Measure: How do these methods/activ | vities help the child and family ach | nieve the other outcomes? |
| How do these methods/activ | | |
| How do these methods/activ | Date: | Initials: |
| How do these methods/activ | | Initials: |
| How do these methods/activ | Date: | Initials: |

PHILADELPHIA COUNTY INFANT/TODDLER EARLY INTERVENTION HOME AND COMMUNITY ROUTINES FORM

| CHILD'S NAME: | CL#: | |
|-------------------|-------|--|
| DOB: | DATE: | |
| Service Provider: | | |

DIRECTIONS: The following questions are related to this child's activities of everyday life. These questions are used to develop the participation-based outcomes that were identified on the IFSP. The information you collect below is to help you (service providers) develop objectives and interventions for the SSP to meet the participation based outcomes within the context of the natural routines and activities of the child and family. Describe this child's overall abilities in each area, and the parent/caregiver thoughts about their child's abilities.

- 1. During the development of the SSP, discuss these routine/activity areas with the family and team to develop interventions that are activity/routine based and relate to the "participation" outcomes on the IFSP.
- 2. Circle all the activities or routines (in and outside of the home) that the family indicated as "very challenging" or "a little challenging".
- 3. With the family, prioritize the activity/participation areas that the family has identified as very challenging or a little challenging. Designate these areas by writing Priority 1, Priority 2, Priority 3 and Priority 4 next to each of the top 3 or 4 priority areas.

Part A-Participating in daily home routines: Daily routines are things like playing, eating, sleeping, bathing, communicating with others, etc.

- 1. Check the statement that best describes this child's abilities during **PLAY** (Using toys, play with others such as the parent, caregivers, other children, plays by self)
 - ____This is a very challenging area
 - _____This area is a little challenging
 - ____My child does OK in this area
 - _____This is a strength for my child

If challenging, state why _____

- Check the statement that best describes this child's ability to SOCIALIZE or INTERACT WITH OTHERS (Smiles, laughs, reacts and interacts with others such as the parent, family members, neighbors, caregivers, other children, strangers)
 - ____This is a very challenging area
 - _____This area is a little challenging
 - _____My child does OK in this area
 - ____This is a strength for my child

If challenging, state why _____

- 3. Check the statement that best describes this child's ability to **COMMUNICATE WITH OTHERS** (Uses gestures such as points, reaches up, shakes head; cries, smiles, laughs and makes faces to express self, makes eye contact, responds and interacts with the parent and others; appears to be listening and responds to questions or directions;)
 - ____This is a very challenging area
 - ____This area is a little challenging
 - ____My child does OK in this area
 - ____This is a strength for my child

If challenging, state why _____

- 4. Check the statement that best describes this child at **MEALTIMES** (Interest in food, behavior during mealtime and ability to eat during snack times, breakfast, lunch, dinner)
 - ____This is a very challenging area
 - ____This area is a little challenging
 - ____My child does OK in this area

____This is a strength for my child

If challenging, state why _____

- 5. Check the statement that best describes this child's ability in **GETTING AROUND** (Moving crawling, walking; rolling from place to place in bed; moving from home to other places such as child care, church, restaurants, stores; ability to handle car seat, stroller; moving around outside on the playground, on neighborhood "walks," etc.)
 - ____This is a very challenging area
 - _____This area is a little challenging
 - ____My child does OK in this area
 - ____This is a strength for my child

If challenging, state why _____

6. Check the statement that best describes **DIAPERING AND DRESSING** time with this child (Being diapered, being dressed, putting on and taking off socks, shoes, pants, shirts, coats, hats, gloves, etc.)

____This is a very challenging area

- ____This area is a little challenging
- ____My child does OK in this area
- ____This is a strength for my child

If challenging, state why _____

- 7. Check the statement that best describes **BATHING AND OTHER PERSONAL CARE** activities with this child (Getting in and out of water, reaction to soap,
 - shampoo, washcloths, towels; cleaning toe and finger nails, mouth, teeth, ears, private areas; reaction to potty chair, toilet, sink, bath tub, shower)
 - ____This is a very challenging area
 - ____This area is a little challenging
 - ____My child does OK in this area
 - _____This is a strength for my child

If challenging, state why _____

- 8. Check the statement that best describes **BED TIME OR NAP TIME ROUTINES** with this child (Reaction to bed, nap area/place, falling asleep, staying asleep; restful or agitated sleep, night terrors, crying)
 - ____This is a very challenging area
 - ____This area is a little challenging
 - ____My child does OK in this area
 - This is a strength for my child

If challenging, state why

- 9. Check the statement that best describes this child's ability in **USING HIS/HER** HANDS AND ARMS (Picking up things, manipulating objects such as toys, foods, eating utensils, clothing; using hands for gestures in communicating or plan like pointing, playing patty-cake, etc.)
 - This is a very challenging area
 - This area is a little challenging
 - ____My child does OK in this area
 - This is a strength for my child

If challenging, state why _____

Part B-Participating in activities outside the home: These questions have to do with this child's participation in activities outside the home such as playing in the yard, going to church, going to parties and other social events with the family, going out to eat with the family, visiting with friends or relatives, going shopping, riding in the car on the subway or bus, etc. What MAJOR activities does this child do outside the home? If there are no additional activities that the family can identify, indicate "none" on the "Activity 1" line.

Activity 1.

Overall, check the statement that best describes this child's abilities during this activity

- This is a very challenging area
- ____This area is a little challenging
- My child does OK in this area
- This is a strength for my child

If challenging, state why _____

Activity 2 _____

Overall, check the statement that best describes this child's abilities during this activity

- ____This is a very challenging area
- ____This area is a little challenging
- My child does OK in this area
 - This is a strength for my child
- If challenging, state why _____

Activity 3

Overall, check the statement that best describes this child's abilities during this activity

- This is a very challenging area
- ____This area is a little challenging
- ____My child does OK in this area
- ____This is a strength for my child
- If challenging, state why _____

Are there any other concerns related to the child's participation in activities or their abilities that the family would like people helping to know?

Family Routines Planning Form

| Child's Name | Date: |
|--------------|-------|
|--------------|-------|

| Caregiving | g Routines | Community & F | amily Routines |
|-----------------|-----------------------|---------------------------|-----------------------|
| Mealtimes | Dressing/Diapering | Recreation (playground, | Car/Bus Rides/Errands |
| | | gymboree, Discovery Zone) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Bedtime/Naptime | Bathing/Personal Care | Restaurants | Shopping |
| | | Restaurants | Shopping |
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See Next Page

| Other | Field Trips/Family Outings Movies, library, church | Other |
|-----------------|---|--|
| ic Routines | Play Ro | outines |
| Songs & Rhymes | Social Games | Outdoor (physical) Play |
| Drawing/writing | Play with Objects | Pretend Play |
| | ic Routines Songs & Rhymes | ic Routines Play Ro Songs & Rhymes Social Games |

Directions for completing this form: Transfer the information that you learned from the family interview onto this form. For example, if the family identified mealtimes as being challenging because the child rejects food or does not finger feed, or can't tell the caregiver what s/he wants, under the mealtime category, you would write these concerns/observations of the family. If, the family says that play is going really well (is a strength) because the child is able to play with toys by him- or herself, put plays with toys under the "plays with objects" category. Put a * next to those activities that the family identified as "challenging" or with which they are not satisfied.

From Routines and Activities ----- TO ---- Participation-Based Outcomes --- TO ----Methods ---- TO -----Measurement

Step 1: Identify Activities & Routines On Which to Focus:

| Activity or Routine | Challen | ging? | Focus A | t This Improve | Focus At 7 to Embed | his Time |
|----------------------------|------------|-----------|------------|-------------------|--------------------------|----------|
| | | | Routine | • | Opportunit Learning & | |
| | YES | NO | YES | NO | YES | NO |
| Play | | | | | | |
| Mealtimes | | | | | | |
| Diapering/Dressing | | | | | | |
| Bathing & Personal Care | | | | | | |
| Bed Time – Nap or | | | | | | |
| Sleep | | | | | | |
| Interacting with Others | | | | | | |
| Communicating with | | | | | | |
| Others | | | | | | |
| Getting Around | | | | | | |
| Using Hands & Arms | | | | | | |
| Activities Outside the Ho | me (fill i | n activit | ies like r | iding in a c | ar/bus, goin | g for |
| walks, playground, child c | are, reli | gious sei | rvices, et | tc.) | | |
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- > Participation-based outcomes <u>target a child's participation</u>:
 - Natalie will participate in mealtimes by using a spoon or her fingers independently to feed herself and by making food choices.
 - LaRue will participate in story time at child care sitting by sitting in a bean bag chair and using story props.
- The activity or routine is the emphasis and comes first not the skill; We are trying to have children and families be more successful in their lives - not just to have children accomplish skills that are isolated from any context. We want them to be successful by using more skills and abilities.
- Skills opportunities to learn and use skills effectively are embedded into successful (or reasonably successful) activities and routines.
- Step 3: What will be done to improve (these are called methods)
 - > Participation in activities and routines
 - Generally this means the use of adaptations and assistive technology (AT) and other types of environmental adjustments that will quickly enhance and increase participation.
 - Generally relates to improvements in participation (with or without learning or using new skills).
 - Children's Learning Opportunities (opportunities to learn a new skill or to practice using a skill)
 - Generally requires embedding an instructional or therapeutic strategy into a naturally occurring activity or routine that is not challenging or problematic.
 - May mean adapting the environment to enhance the use of the instructional strategy.
 - Means teaching the family, other caregivers, siblings the instructional or therapeutic strategy (not an activity suggested by the therapist or teacher or other provider).
- Step 4: Write Objectives:
 - Improvements to participation and children's learning opportunities may be written as <u>objectives</u>.
 - Skills need by parent/caregiver/other persons
 - Environmental adaptations or AT
 - Information about community resources
 - Developmental skills
- Step 5: Determine Measurement of Each Objective (progress monitoring)
 - > What information will be collected? By Whom? When (what time intervals?)
 - > Review information at each session and quarterly (for all team members)
 - > Adjust intervention METHOD

| IFSP Participation-based Outcome |
|----------------------------------|
|----------------------------------|

What is happening now:

What could be measured (in relation to outcome)

Objectives

| Skills needed by parent/ | Environmental | Community Resources | Infant/toddler skills |
|--------------------------------------|--------------------------|---------------------|-----------------------|
| caregiver/other persons | adaptations/acquisitions | Information | |
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| What is measured (in relation to our | itcome) | | |
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TLC 2006-07

Project Checklist/Summary and Reflection

| Name: | | Date: | |
|---|---------------------------------------|---|--|
| Developing and Using the Service Support Plan | | | |
| to Guide Early Intervention Services | | | |
| Dates of TLC training meetings I attended: Session 1: | | | |
| Session 2: | | | |
| Child/family #1: | IFSP date: | (attached) | |
| | Home/Community Routines Form attached | | |
| | SSP developed | d: (attached) | |
| Quarterly review date | * | Progress Monitoring attached SSP Update/revision attached | |
| Quarterly review date | | Progress Monitoring attached SSP Update/revision attached | |
| Child/family #2: | IFSP date: | (attached) | |
| | Home/Com | nmunity Routines Form attached | |
| | SSP developed | d: (attached) | |
| Quarterly review date | | Progress Monitoring attached SSP Update/revision attached | |
| Quarterly review date | »: | Progress Monitoring attache d SSP Update/revision attached | |
| Child/family #3: | IFSP date: | (attached) | |
| | Home/Con | nmunity Routines Form attached | |
| | SSP developed | d: (attached) | |
| Quarterly review date | * | Progress Monitoring attached SSP Update/revision attached | |
| Quarterly review date | »: | Progress Monitoring attached SSP Update/revision attached | |

(Continued on next page)

TLC 2006-07 - Service and Support Plan – Summary and Reflection

Name: _____ Date: _____

Checklist for Review of Service Support Plan Family #_____

Review the Service and Support Plan that you have written and complete a copy of this form for each of the 3 families. Rating scale:

1 =definitely needs improvement;

2 =could be done a little better;

3 = was done extremely well.

| General | Rating | Comments |
|--|--------|-----------------------------|
| Home and Community Routines Form was completed with family. | | |
| An SSP is written for each outcome in the child/family's IFSP. | | Number of outcomes on IFSP: |
| SSP was signed by provider and parent according to Philadelphia County timeframes. | | |
| Family's copies of other providers' SSPs were available for my review | | |

What could you have done differently?

| Family Centered Practices | Rating | Comments |
|---|--------|----------|
| Family/caregiver participated in discussions with provider before SSP was developed/ documented | | |
| If child is seen in day care setting, parents' perspectives were incorporated into SSP. | | |
| Information in Home/Community Routines Form is reflected in SSP | | |
| | | |

What could you have done differently?

| Objective A | Rating | Comments |
|--|--------|----------|
| Methods/activities identify strategies that | | |
| are natural for families/caregivers and | | |
| family/caregiver can implement them easily | | |
| into their everyday routines and activities. | | |
| Measure: relationship between these | | |
| methods/activities and other IFSP outcomes | | |
| is clearly explained. | | |
| Progress Monitoring strategy for this | | |
| objective provides information about | | |
| child/family's progress toward IFSP | | |
| participation-based outcome. | | |
| Visual Summary of Progress Monitoring | | |
| data was completed and reviewed during | | |
| Quarterly Review process. | | |
| What could you have done differently? | | |

What could you have done differently?

| Rating | Comments |
|--------|----------|
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| | Rating |

What could you have done differently?

| Objective C | Rating | Comments |
|--|--------|----------|
| Methods/activities identify strategies that | | |
| are natural for families/caregivers and | | |
| family/caregiver can implement them easily | | |
| into their everyday routines and activities. | | |
| Measure: relationship between these | | |
| methods/activities and other IFSP outcomes | | |
| is clearly explained. | | |
| Progress Monitoring strategy for this | | |
| objective provides information about | | |
| child/family's progress toward IFSP | | |
| participation-based outcome. | | |
| Visual Summary of Progress Monitoring | | |
| data was completed and reviewed during | | |
| Quarterly Review process. | | |
| What could you have done differently? | | |

What could you have done differently?

| Rating | Comments |
|--------|----------|
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| | Rating |

What could you have done differently?

Reflecting about the Services and Support Plan and the MDE/IFSP

| Provider name: | Family # (Complete a separate form for each family) |
|--|--|
| What were the strengths of this Services and Supp | port Plan? |
| | |
| On a scale of 0-4, how well do you feel that the S (0= not well written and 4 = very well written) | |
| | |
| What was challenging about developing this Servi overcome this? | ice Support Plan and what did you do to |
| | |
| | |

Are there other things that you noticed and would like to comment about?

Submit this summary/reflection to your supervisor along with documents for all 3 families. Forms and documents must be submitted to supervisors by May 1, 2007.