

## Partnering with Professionals

All families, with the necessary supports and resources, can enhance their children’s learning and development<sup>1</sup>. Coaching is a strategy that early intervention professionals use with families where they promote reflection to determine effectiveness of an action or practice so they can develop a plan of action (Rush & Sheldon, 2011). The table below includes the various aspects of a family’s journey through early intervention and strategies to consider as you plan “with” the professionals on your team.

| Activity        | Planning “with” My Team   |   |
|-----------------|---|---|
|                 | Reflect   | Prepare to Discuss  |
| <b>Referral</b> | <p><i>During referral...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>What questions/concerns do I have (if any) for my child and family?</b></li> <li><input type="checkbox"/> <b>Why was the referral made (by me or someone else)?</b></li> <li><input type="checkbox"/> <b>What local organizations or agencies are my child and family involved with?</b></li> <li><input type="checkbox"/> <b>Are there community resources I wish to connect with? If so, who will initiate the contact or seek assistance with this?</b></li> <li><input type="checkbox"/> <b>What medical providers see my child?</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>My priorities/concerns:</b> Make a list and be prepared to share/discuss them.</li> <li><input type="checkbox"/> <b>Family routines:</b> Identify activities and routines that are meaningful, that work well, and that you may find challenging or want support with.</li> <li><input type="checkbox"/> <b>Family supports:</b> Make a list of community resources, organizations or agencies involved with your child and family, including those you are seeking and determine who will make the connection to the support, if needed.</li> <li><input type="checkbox"/> <b>Medical providers:</b> Make a list of names/numbers of medical professionals who care for your child and determine a plan for how they will stay informed.</li> </ul> |

| Activity                          | Planning “with” My Team   |   |
|-----------------------------------|---|---|
|                                   | Reflect   | Prepare to Discuss  |
| <b>Intake</b>                     | <p><i>When planning for the initial visit and subsequent activities such as evaluations, assessments and development of the Individualized Family Service Plan (IFSP) consider:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>When would I like to have this happen?</b></li> <li><input type="checkbox"/> <b>Who would I like to include in this visit?</b></li> <li><input type="checkbox"/> <b>Where is the best place for this to occur?</b></li> <li><input type="checkbox"/> <b>How can my service coordinator help me prepare for the meeting?</b></li> <li><input type="checkbox"/> <b>Do I have any questions or concerns?</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Preferred date, time and location for this visit.</b> Provide and discuss options and choices that work for you and your family.</li> <li><input type="checkbox"/> <b>Support network:</b> Is there anyone else you would like to include in this meeting?</li> <li><input type="checkbox"/> <b>Family Story:</b> Tell your story, discuss your routines, priorities and concerns.</li> <li><input type="checkbox"/> <b>Next steps:</b> Ask questions, clarify what will happen next, and identify ways you may divide responsibilities throughout the process.</li> </ul> |
| <b>Evaluation/<br/>Assessment</b> | <p><i>Prior to the evaluations and assessments...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Do I have any questions about my role during the evaluation and assessment?</b></li> <li><input type="checkbox"/> <b>What providers would I prefer to work with for the evaluation and assessment?</b></li> <li><input type="checkbox"/> <b>Do I have any questions or concerns about the evaluators or the process?</b></li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Expectations:</b> Learn about the process, timelines and procedures involved, share your preferences and ask questions.</li> <li><input type="checkbox"/> <b>Selecting providers:</b> Work with the service coordinator to identify providers based on their knowledge/skills and your preferences.</li> <li><input type="checkbox"/> <b>Who is on the team:</b> Request the names, roles and contact information of the evaluators. If available, request descriptions of their expertise and ask questions as they arise.</li> </ul>                                     |

| Activity    | Planning “with” My Team  |  |
|-------------|--|--|
|             | Reflect  | Prepare to Discuss   |
| Eligibility | <p><i>Eligibility requirements:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Do I have any questions about the results of the evaluation or how eligibility was determined?</b></li> </ul> <p><i>If your child is eligible for services...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Would I like to proceed with developing an IFSP?</b></li> <li><input type="checkbox"/> <b>Who would I like to notify about eligibility?</b> (e.g. physician, referral source, childcare provider, family members, etc.)</li> </ul> <p><i>If evaluation/assessment and IFSP meeting are set for the same day...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Would I like to proceed with the IFSP development today?</b></li> <li><input type="checkbox"/> <b>Do I need to take a break or reschedule?</b> <ul style="list-style-type: none"> <li>○ If necessary, work with the team to schedule an alternate time to develop the IFSP (if possible within the 45 day timeline)</li> </ul> </li> </ul> | <p><i>If my child is eligible...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Process:</b> Ask questions and request time and space for decisions if needed.</li> <li><input type="checkbox"/> <b>Notifications:</b> Determine who you would like to notify and what role you will play in notifying others (e.g. physician, family members, etc.) about eligibility</li> <li><input type="checkbox"/> <b>IFSP Development:</b> Determine if you are ready to proceed with IFSP development and, if needed, request time to make this decision.</li> <li><input type="checkbox"/> <b>IFSP meeting:</b> Consider who you would like to participate, invite family/friends or other supports as needed, and determine when/where the meeting will take place. If the meeting is the same day as evaluation/assessment, let the team know if you are ready to proceed or if you prefer to reschedule.</li> </ul> <p><i>If my child is ineligible...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Ask questions as needed</b></li> <li><input type="checkbox"/> <b>With the help of your team members explore potential resources outside of Early Intervention</b></li> </ul> |

| Activity                | Planning "with" My Team  |  |
|-------------------------|--|--|
|                         | Reflect  | Prepare to Discuss   |
| <b>IFSP Development</b> | <p><i>When planning and preparing for the meeting...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>When/Where would I like to have this happen?</b></li> <li><input type="checkbox"/> <b>Who would I like to be included?</b></li> <li><input type="checkbox"/> <b>What do I hope to accomplish?</b></li> <li><input type="checkbox"/> <b>Do I have any questions about what will take place?</b></li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Logistics:</b> Participate in the decision making process for how/when this meeting takes place and who will participate in the meeting.</li> <li><input type="checkbox"/> <b>Agenda:</b> Prior to the meeting, request an agenda or an overview of what will take place at the meeting. Consider the ways you will contribute to the development of the plan and if there is anything you would like added to the agenda.</li> <li><input type="checkbox"/> <b>A Family's Role:</b> Be prepared to answer questions and help guide the discussion as it relates to your priorities, concerns and family routines. Ask questions when needed.</li> <li><input type="checkbox"/> <b>IFSP outcomes:</b> Help make linkages to your priorities/routines and to what you would like to see for your child and family.</li> <li><input type="checkbox"/> <b>The service plan:</b> Offer reminders about existing resources/supports, consider times of day where it would be most helpful to have additional support from EI and non-EI services, find out who your team members will be and how to contact them.</li> </ul> |
|                         | <p><i>During the meeting...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>What, if anything, has changed since intake and evaluations?</b></li> <li><input type="checkbox"/> <b>What concerns do I still have?</b></li> <li><input type="checkbox"/> <b>What are my current priorities?</b></li> <li><input type="checkbox"/> <b>What questions do I have so far?</b></li> <li><input type="checkbox"/> <b>How do the outcomes align to my priorities?</b></li> <li><input type="checkbox"/> <b>Does this outcome work within my routines?</b></li> </ul> |  |

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|--------------------------------|--|---|
|                                | Reflect  | Prepare to Discuss  |
| <b>IFSP<br/>Implementation</b> | <p><i>When discussing IFSP implementation...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Are there any service providers I prefer to use for achieving these outcomes?</b></li> <li><input type="checkbox"/> <b>Do I have any financial questions or concerns about implementing services?</b></li> <li><input type="checkbox"/> <b>Am I willing/able to use insurance for services?</b> If so, is there an in-network insurance provider who might be able to continue with my child and family after exiting EI?</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Ongoing service providers:</b> Determine if they will be the same people from the evaluation team or not. If not, work with service coordinator to find providers with the knowledge and skills needed to address outcomes, and determine their availability to meet within my family routines and scheduling preferences.</li> <li><input type="checkbox"/> <b>Finances:</b> If applicable, provide insurance and financial information to implement services. <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Private insurance:</b> Partner with service coordinator to find out if an in-network provider is available</li> <li><input type="checkbox"/> <b>Family participation fee:</b> If applicable, provide proof of income and ask any questions you may have about fees</li> </ul> </li> </ul> |
| <b>Monthly<br/>Contacts</b>    | <p><i>When contacted by the service coordinator be prepared to discuss:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>How are services going?</b></li> <li><input type="checkbox"/> <b>What is working well?</b></li> <li><input type="checkbox"/> <b>What could be working better?</b></li> <li><input type="checkbox"/> <b>What, if any, concerns do I have?</b></li> <li><input type="checkbox"/> <b>Has anything changed with my family priorities, concerns, or circumstances?</b></li> </ul>                              | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Outcomes:</b> Review outcomes, discuss new concerns/priorities and provide input on progress and how services are going.</li> <li><input type="checkbox"/> <b>Next Steps:</b> Determine together who will follow up on any next steps (such as phone calls, discussions with providers or the physician, meetings to be scheduled, etc.)</li> </ul>  |

## IFSP Reviews

*When planning the meeting...*

- When/Where would I like to have this happen?**
- Who would I like to be included?**
- What do I hope to accomplish?**
- Do I have any questions about what will take place?**

*During the meeting...*

- What are my thoughts on the outcomes?**
- What progress has been made?**
- What concerns do I still have?**
- Have my family priorities changed?**
- What questions do I have so far?**
- Who can help with our next steps?**
- Are there new resources or additional supports needed?**
  - Will I contact community resources/supports discussed or do I need help with this?
- Will I share updates/progress with physician, childcare providers or anyone else? Or do I need help with that?**

- Meeting Planning:** Schedule a date, time and place that works best for your family. Be sure to include any guests you want to attend.
  - Consider inviting the school district** if the child is 30 months or older to combine with a transition planning conference.
- A Family's Role:** Review outcomes, share updates as to the progress you feel has been made, draw attention to new priorities.
- Progress reports:** Consider writing your own progress report to share with the team and communicate expectations for when you would like to receive reports from other team members
- Agenda:** Discuss agenda with the service coordinator ahead of time and discuss places where you can take the lead.
- Next Steps:** Determine together who will follow up on any new tasks/activities that have been discussed.

| Activity   | Planning “with” My Team  |   |
|------------|--|---|
|            | Reflect  | Prepare to Discuss  |
| Transition | <p><i>Before the transition planning conference...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>What are my hopes and dreams for my child after leaving EI?</b></li> <li><input type="checkbox"/> <b>What concerns do I have for my child related to this change in services?</b></li> <li><input type="checkbox"/> <b>What outcomes would I like to achieve?</b></li> <li><input type="checkbox"/> <b>Do I have any questions about my child entering Part B services?</b></li> <li><input type="checkbox"/> <b>How well does my family manage change? Does anyone in my family get overwhelmed or stressed by changes? If so, who can help?</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>The future:</b> Make a list of your hopes, dreams, questions, concerns and anything else that may help you prepare for transition planning. <ul style="list-style-type: none"> <li>○ <b>Managing changes:</b> Focus on hopes, dreams, outcomes and vision for the future and seek support as needed.</li> </ul> </li> <li><input type="checkbox"/> <b>Outcomes:</b> Jointly develop an outcome (or outcomes) you would like to see related to transition (as appropriate).</li> <li><input type="checkbox"/> <b>Transition activities:</b> Contribute to the completion of transition planning worksheets and activities (Resource: <a href="#">When I’m Three Where Will I Be?</a>)</li> <li><input type="checkbox"/> <b>Options:</b> Schedule site visits and invite team members to go with you if desired.</li> <li><input type="checkbox"/> <b>Individualized Education Program (IEP) Meeting:</b> (if applicable) Prepare and discuss questions with team members and invite them to participate if desired and schedules permit.</li> </ul> |
|            | <p><i>Before the Individualized Education Program (IEP) meeting ...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>What questions do I want answered at the IEP meeting?</b></li> <li><input type="checkbox"/> <b>Who would I like to attend the meeting with me? Do I want to invite any team members?</b></li> <li><input type="checkbox"/> <b>Do I feel like I need any additional resources or supports for the meeting?</b></li> </ul>  |   |

| Activity    | Planning “with” My Team  |   |
|-------------|--|---|
|             | Reflect  | Prepare to Discuss  |
| <b>Exit</b> | <p><i>Regardless of when exit takes place (at age three or sooner)...</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>What time and place work best for the exit meeting?</b></li> <li><input type="checkbox"/> <b>Who would I like to attend?</b></li> <li><input type="checkbox"/> <b>Would I like to prepare anything to share with the team prior to our exit (or graduation) from EI?</b></li> <li><input type="checkbox"/> <b>What resources in the community would I like to explore?</b></li> <li><input type="checkbox"/> <b>What supports do I want to connect with?</b></li> </ul> | <ol style="list-style-type: none"> <li>1. <b>Exit Meeting:</b> Schedule your exit meeting on a day, time and location that works for your schedule, fellow team members, and anyone else you would like to have participate in the meeting.</li> <li>2. <b>Discharge reports:</b> If desired, prepare your own summary and let providers know when you will need their reports (if applicable) if you plan to share them with the school district or anyone else as a result of the transition.</li> <li>3. <b>Community based resources and supports:</b> Discuss any you would like to explore and seek support from team members as needed.</li> </ol> |

<sup>1</sup> Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, February) Agreed upon practices for providing early intervention services in natural environments.

**Additional Resources:**

- [A Guide for Families](#) - Resource guide with an overview of early intervention and frequently asked questions by families
- [Transition at Age 3:](#) Leaving the Early Intervention Program –A tip sheet that can support you with transition activities
- [A Family’s Role in Early Intervention](#) – Tip sheet for ways you can help your child
- [Practice Improvement Tools: Practice Guides for Families](#) -Practice Guides for Families formatted for print as well as for viewing on mobile devices including topics such as [Participating on Your Child’s Team](#), [Family Members Working with Other Team Members](#), and [Sharing What You Know with Professionals](#)