

Choice and Decision Making Matrix

First Contact(s)

Activities	Family Decisions	Choices
<ul style="list-style-type: none"> •Introduction •Veteran parent •Determination of screening services •Identification of preferred setting •Identification •Screening <ul style="list-style-type: none"> -development (cognitive, motor, communication, social, adaptive) -vision -hearing -physical (including Health) •Referral(s) •Reports 	<ul style="list-style-type: none"> •Continue involvement •Involvement •Who •Where •Type of screening •When •Who will be involved in screening •Yes-No •Who •To whom 	<ul style="list-style-type: none"> •Yes or no •Now or later •Yes •Not at this time •EPSDT •MD •Other •Home •School •Dr.'s office •Comprehensive •Concern specific •Times convenient for family and best for child •Staff available <ul style="list-style-type: none"> -Service coordinator -Paraprofessional -Nurse -ECSE -SLP •Community agency •Informal support <ul style="list-style-type: none"> -Family -Friends •From other agencies •To other agencies •Family •MD •Other •LEA •Community services •Clinic •Community site •Other •File •Referring agencies

Evaluation/Assessment

Activities	Family Decisions	Choices
<ul style="list-style-type: none"> •Referral for comprehensive evaluation •Eligibility evaluation [Battelle Developmental Inventory Hearing/Vision / Careprovider Communication Survey Comprehensive Physical Assessment Nutrition] •Programmatic assessment [SSI Family Interest Survey] •Review of evaluation results •Summary of rights •Releases of information 	<ul style="list-style-type: none"> •Concerns to assess •Frequency / location / length of visit •Role(s) •Participants •Format •Want more information •To whom 	<ul style="list-style-type: none"> •Only priority concerns •General assessment battery •Any family preferred combination •Family preferences •Assessor •Informant •Observer •Validator •Facilitator •Assistant •Guide •Parents •Siblings •Careproviders •Extended family •Community provider •Friends •Birth to three •Written + verbal •Written •Team reviewed •Service coordinator •Yes / no •Now / later •Physician •Referring agency •Others as identified •Parent to Parent •Video •Written

Individualized Family Service Plan

Activities	Family Decisions	Choices
<ul style="list-style-type: none"> • Formal rights review • Informed consent • IFSP planning guide • IFSP meeting • Sharing evaluation/assessment information 	<ul style="list-style-type: none"> • Who to be included • Format for review • Use of form (optional) • Who will attend IFSP, location, time • Who will coordinate • Would you like to co-service coordinate • Who will share • What will be shared 	<ul style="list-style-type: none"> • Family members • Parent to Parent • Service coordinator • Veteran parent • Written + verbal • Video + verbal + written • Veteran parent • Written • Yes or no • Independent • Interview with staff • Written • Verbal • Birth to three staff • Family • Staff from other agencies • Formal support • Veteran parent • Friends • Birth to three staff • Family • Staff from other agencies • Formal support • Veteran parent • Friends • Need more information/ responsibility • Yes/no • Now/ later • Ask again at next review • Family members • Formal support • Everyone involved • Only family selected participants • Birth to three staff • Informal support • Child results • Family concerns • Team assessment • Verbal information • Written reports • Records/ reports from other agencies • Both verbal and written

Individualized Family Service Plan Continued

Activities	Family Decisions	Choices
<ul style="list-style-type: none"> •Identification of outcomes •Determination of services/services provided •Description of outcomes, activities, evaluation plans •Determination of review dates •Identification of service coordinator •Development of a transition plan 	<ul style="list-style-type: none"> •What child outcomes will be included in IFSP •What services will be provided •Who will provide services •How will outcomes be met •Who will do what, when •How will we know we're done •When to review •Who will be identified •When 	<ul style="list-style-type: none"> •Child priorities •Family priorities •Both child and family priorities •Early Intervention •Medical/health •Child care •Others as identified by family •Birth to three •Private providers •Family members •Extended family •LEA •MD •Community agencies •Friends •Informal supports •Other •Family/child preferred activities •Service providers available •Family determined timelines •Individualized by outcome 3 mo - 6 mo - 9 mo - 12 mo •Birth to three staff •Other agency •Family members •Co-coordinators •At least 6 months prior to transition •Immediately •Family preferred time

Evaluation

Activities	Family Decisions	Choices
<ul style="list-style-type: none"> •Three & nine month reviews •Six month review •Twelve month review 	<ul style="list-style-type: none"> •Format •Who receives •Status of current document •Who will participate, location, time 	<ul style="list-style-type: none"> •Written + verbal •Written •Team reviewed •Service Coordinator •Family •Birth to three staff •Cooperating programs •Physician •LEA •Rewrite completely •Revise <ul style="list-style-type: none"> -Add outcomes -Revise outcomes -Revise services -Change staff •Birth to Three staff •Family •Friends •Staff from other agencies •Formal support •Veteran parent