EI/ECSE Identifying IFSP/IEP Services

In a nutshell...
Traditionally, many IFSP and IEP teams have identified EI/ECSE services by simply matching the child’s area of delay with a particular profession. For example, a child who cannot talk requires a speech pathologist, a child who cannot walk requires a physical therapist, the family without adequate housing requires a services coordinator. Other factors such as child diagnosis or family socioeconomic status, etc. have also influenced service decisions. Identifying EI/ECSE services in this way are based on some faulty assumptions. First, we assume that every area of delay has a profession to “fix” it. Second, we assume that no one but the person trained in the particular area of development can help. And third, we assume that addressing children’s delays by domain is the best way to influence their learning. In truth, child development occurs across and beyond individual professional boundaries. The concept of the “whole” child is lost when skills are compartmentalized by specialty. We must find different ways to determine IFSP/IEP services, and doing so starts with how we approach the IFSP/IEP outcomes.

Regulations and recommended practices encourage us to develop functional outcomes based on desired child/family concerns and priorities. To do this, we must FIRST help families identify their concerns and priorities, write functional outcomes corresponding to their priorities, and THEN identify the EI/ECSE supports and services necessary to achieve these outcomes. Identifying IFSP/IEP supports/services should be relative to what is needed to achieve each outcome.

Considering the child, family, teacher, or other care provider’s needs requires us to use a different kind of question when identifying EI/ECSE services. It is about not only WHO can address the concern and desired outcome but rather WHAT skills/supports are needed. Considering again the example of the child who cannot talk.....is the reason the child is not talking because he spends most of the day with his grandmother who feels that children should be seen and not heard? Is a speech language pathologist the only person who can address this concern/delay? Similarly, what if the reason Mom hasn’t yet filed for Medicaid is because she cannot read. Is the services coordinator the only person who can identify ways to assist with this concern? EI/ECSE supports and services are most accurately identified by first establishing the concerns and outcomes specific to the child/family, and then looking across the EI/ECSE team and beyond individual professions to find the unique set of skills and abilities that best match/fit the unique situation.

Key principles to consider...
1. **Ask “what” is needed versus only “who”**. The process used for identifying EI/ECSE services should center on the child/family concerns and the corresponding desired outcomes. Decisions are based on WHAT type of supports and services are helpful, rather than only WHO, by professional title, has the assumed training and expertise.
2. **Recognize the capacity for increased support from the IFSP/IEP team by looking beyond individual expertise**. Services are more effective when the IFSP/IEP team views themselves as having a collective knowledge and expertise. Well coordinated and communicated efforts amongst the team on behalf of the child and family can only positively affect IFSP/IEP outcomes.

**How can supports and services be identified and delivered across professional boundaries?**
EI/ECSE services written on the IFSP and IEP are best delivered by identifying WHAT knowledge, skills and abilities would best support each child and family IFSP/IEP outcome. The competencies of all team members need to extend beyond individual professions to include skills such as using evidence based practices for working in natural and inclusive environments.

NDE/NDHHS: *The EI/ECSE Practitioner’s Guide* June 2013
environments, partnering with adults for intervention planning, and applying the principles for how young children learn.