

IFSP Outcome Statements Made Simple

Ainsley's Story

Upon arriving back at her office after a morning of visits, Ainsley, an early intervention service coordinator, had a message on her phone from a local pediatrician's office. The physician's office manager was referring Sage, a 21-month-old boy, who is a new patient and reportedly not walking, and using only grunts to get his needs met. Ainsley and her team had recently attended a staff development training on how to gather information from families, conduct functional assessments, and develop participation-based Individual Family Service Plan outcome statements. Ainsley decided that she would begin applying some of the new information she had learned on her first visit with Sage's family. Ainsley pulled out her training notes to prepare for the visit and began creating a list of questions to find out more about Sage and his family. Rather than asking the parents' concerns as she might have before the training, Ainsley planned to focus on Sage's interests and daily activities, how he currently participates in those activities, and what challenges he experiences as a result. In this way, Ainsley would be able to hear the parent describe what she would like for Sage to be able to do within the daily activities in which he needed to be able to do it rather than focus on skills, or the lack thereof, in isolation. This information would be critical for the assessment team members in

terms of the context for the functional assessment.

Introduction

A critical component for implementing evidence-based early intervention supports and services is the ability to write family-centered, functional, participation-based outcomes. Participation-based outcome statements that are family-focused center on the desires and needs of the parents or other care providers and are based on their interest in building upon current knowledge and learning new skills that relate to enhancing the child's participation in everyday life. Child-focused, participation-based IFSP outcome statements have the child's enhanced active involvement in activities and routines that are important to the family and based on the interests of the child as the focal point (i.e., interest-based activity settings; Shelden & Rush, 2012). Having as many opportunities as possible to participate in everyday activities helps a child to perfect already learned skills, elaborate on his or her abilities, and learn new ways to participate in different activities (Dunn, Cox, Foster, Mische-

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Lawson, & Tanquary, 2012; Jung & Grisham-Brown, 2006; McWilliam, Ferguson, Harbin, Porter, & Vaderviere, 1998; Wilson, Mott, & Batman, 2004). Part C of the Individuals With Disabilities Education Act (IDEA, 2004) requires that the Individual Family Service Plan include statements of the measurable results or outcomes expected for the child and family. The fifth key principle of the National Early Childhood Technical Assistance Center's (NECTAC) *Mission and Key Principles for Providing Services in Natural Environments* (Workgroup on Principles and Practices in Natural Environments, 2007) states, "IFSP outcomes must be functional and based on children's and families' need and priorities" (p. 6).

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Historically in specialized pediatric therapy services, individual practitioners were responsible for developing and implementing discipline-specific Individualized Family Service Plan (IFSP) outcomes based on the child's deficits in developmental skills (Boone, McBride, Swann, Moore, & Drew, 1998; Jung & Baird, 2003; Jung & McWilliam, 2005; McWilliam et al., 1998). For example, if a child had a delay in motor skills, the physical therapist would do an evaluation, identify specific child deficits, and then write outcomes to address those deficits (e.g., high muscle tone, joint contractures, weakness, uncoordinated movement) or promote achievement of the next

developmental milestone (i.e., walk or talk). A sample outcome written in this manner might be that "Corbin will walk 5 feet without assistance 3 of 5 trials in 5 consecutive sessions." In contrast, as part of the functional assessment, Corbin's parents share that mealtimes are challenging. He wants to climb into his highchair without help, but cannot do so. When they try to help him, he becomes upset and will tantrum. In this situation, a functional outcome such as, "Corbin will eat meals and snacks in his highchair by walking to the highchair and climbing up without support," will not only address the concerns about his delays in motor development but also support his family's enjoyment of mealtimes without tantrums and promote Corbin's development across multiple domains including motor, cognitive, social-emotional, and adaptive.

Types of Outcome Statements

IFSP outcome statements as opposed to Individual Education Program (IEP) goals must be based upon identified priorities of the family and other care providers with input from other team members as appropriate. The outcomes reflect statements of what the family would like to occur and the expected result. IFSP outcomes are family-worded, positive statements that are action-oriented and indicate changes the family wants to see rather than a description of a need and can be organized into two broad categories, family-focused and child-focused (Cripe, Hanline, &

Daley, 1997; Dunst & Deal, 1994; Jung & Grisham-Brown, 2006; Jung & McWilliam, 2005; Rosin et al., 1996; Shelden & Rush, 2012; Workgroup on Principles and Practices in Natural Environments, 2007). A particular priority may be better represented by one category versus the other; however, in most instances, a specific priority can be stated as family-focused or child-focused depending upon the family's desires. Both types of outcome statements are reviewed regularly by the IFSP team to determine the extent to which progress has been achieved as well as whether revisions of the outcomes, expected results, or services are needed (IDEA, 2004).

Family-Focused Outcome Statements

When writing family-focused outcomes, the parent or caregiver of the child is the actor or learner, and the statements can cover three areas: (a) parent/family support (i.e., identifying and obtaining family supports and resources), and (b) child learning (i.e., promoting the child's participation within family life related to child learning), and (c) parenting (i.e., toileting, bedtime routines, nutrition, etc.). Parent/family support outcome statements represent areas of interest or need identified by family members to promote the stability and/or growth of the family in ways that directly or indirectly meet the needs of the eligible child. The focus of the child learning or parenting outcomes is on the parents' or care providers' ability to promote the child's participation in activity settings (e.g., Marta and Fritz will keep Gregory safe when they are playing in the front yard

together after dinner), or targets learning regarding specified parenting topics (e.g., Granny Pat will learn new ways of helping Max sleep through the night).

Child-Focused Outcome Statements

Child-focused, participation-based outcomes are written with the child as the actor or learner and address family and care provider priorities related to enhancing a child's involvement within an existing or desired activity setting or routine of the family to promote child learning, growth, and development. Outcome statements that are child-focused and participation-based target interest-based activity settings (e.g., Sandy-Jo will put the placemats on the family dining table for meals and snacks without help from her mom or sister) or focus on new activity settings and situations that the parents and care providers are interested in the child experiencing (e.g., Constantino will attend his sisters' ball games and safely sit on the bleachers with his family while playing with his favorite toys).

Steps for Writing Participation-Based IFSP Outcome Statements

To develop family-focused and child-focused, participation-based IFSP outcome statements, early intervention practitioners can follow three basic steps adapted from the work of Jung and Grisham-Brown (2006): (a) *gathering information* by identifying family and care provider

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priorities as they relate to child participation (i.e., learning) in everyday activity settings and/or parent/family support; (b) *observing* families and their children engaged in real-life, everyday activities across settings and with important people in their lives; and (c) *documenting* family-focused and/or child-focused, participation-based outcome statements on the IFSP. These steps apply regardless of the IFSP form used by a state or program. All three steps happen as a part of the initial visit, evaluation, assessment, and the IFSP meeting, and should occur in the child's and family's natural environment.

Gathering Information

The initial conversations of team members with the family and other care providers are critical. Within the context of these conversations, the service coordinator and other team members involve the parents in a discussion about family, community, and early childhood program activity settings (e.g., bath time, grocery shopping, playing outside at child care), child interests, and resources needed by the family. Activity settings and child interests are the foundation on which the early intervention team and family promote the child's participation (Dunst, Bruder, Trivette, Raab, & McLean, 2001). Child participation in meaningful activities provides opportunities for the child to practice existing skills and learn new abilities (Dunst et al., 2001).

While gathering this information, the service coordinator listens for possible IFSP outcome statements during conversations with family members and care providers as they share their

priorities, questions, challenges, and ideas. When discussions revolve around daily life, parents and care providers are able to share insightful information about the child's current abilities and involvement in everyday life activities. As parents and care providers describe their interactions, observations, and questions, they often state desired outcomes as part of the conversation. If a child spends time in a child care setting or substantial time with an extended family member or friend, then with parent permission, these care providers should be included in the process as soon as possible.

When met with statements from parents and other care providers that are related to delayed skills, practitioners should be ready to probe further into how the delay influences child participation in existing or desired activity settings or routines. Family members may contact an early intervention program because their child has not achieved a specific developmental milestone or because their child has recently received a diagnosis that results in delayed skill development. These types of priorities often lead to a focus on skill development yielding IFSP outcome statements that are skill-based (e.g., I want my child to talk, or Grandma wants Merry to stop hitting). For example, if a parent states that his or her priority is for the child to be able to walk, then early interventionists should be prepared to discuss the implications of not walking on everyday activities. Asking the family to imagine a specific activity setting (e.g., playing in the backyard with siblings) in which the child who at the present time cannot walk to compare how the activity would look or change if the child could indeed walk on his or

her own can be an effective strategy (Cripe et al., 1997). A parent might say, “Instead of carrying him down the steps off the porch, he could walk down on his own and I could carry out the toys we would play with,” or “I’d like him to be able to explore some on his own instead of me always deciding where we go and what we do,” or “He could go after the puppy when she wanders off, instead of screaming and crying.” Each of these parent statements could be written as an IFSP outcome statement. In addition to walking, each of these outcome statements involve elements of play, communication, social interaction, cognition, and motor development that could be expressed and enhanced during the activity setting of playing in the backyard with the siblings. Additional probe questions to assist parents in moving from skill-based to a focus on the opportunity and ability for skill expression through routines and everyday life are located in the adjacent textbox.

“If your child could (*skill stated by parent*), what would that allow him to do?”

“What would (*skill stated by parent*) look like to you during your day?”

“Based on his age, what would you expect (*skill stated by parent*) to look like?”

“How would child being able to (*skill stated by parent*) be helpful?”

“If you could change one thing about (*skill stated by parent*), what would it be?”

“When and where would your child be able to (*skill stated by parent*)?”

“What would need to happen in order for your child to (*skill stated by parent*)?”

“What have you already done to help your child to (*skill stated by parent*)?”

The following tools are particularly effective in gathering information about family and care provider priorities as they relate to child participation in everyday activity settings, and needed or desired resources and supports.

- The *Asset-Based Context (ABC) Matrix* (Wilson & Mott, 2006). The *ABC Matrix* is a contextually based assessment tool for implementing an approach to early childhood intervention practices that emphasizes the importance of children’s learning in natural environments. It is designed to be used by practitioners and parents for identifying children’s interests and assets, and promoting children’s learning opportunities and participation in everyday life experiences and activities. Available at http://www.fipp.org/Collateral/casetools/casetools_vol2_no4.pdf
- The *Interest-Based Everyday Activity Checklists* (Swanson, Raab, Roper, & Dunst, 2006) consist of three different checklists: one for children birth to 5 months of age, one for children 5 to 36 months of age, and one for children 36 to 60 months of age. These assessment/intervention tools are designed as checklists, which are used to identify interest-based child-learning opportunities occurring as part of everyday family and community life and to increase child participation in the activities. Available at http://www.fipp.org/Collateral/casetools/casetools_vol2_no5.pdf
- The *Routines-Based Interview* (McWilliam, 2010) is a conversational process that replaces a discussion of passes and failures on test protocols as the basis for deciding on intervention priorities to instead come up with a plan for helping the parents and care providers

focus on their priorities for the children in their care. The interview process involves six steps that begin with talking about the day-to-day life of the child and family. By talking about everyday situations, the family members and care providers are asked to choose the things that are most meaningful to them.

As soon as Ainsley arrived at Sage's home, Willow (Sage's mother) greeted Ainsley and began describing the physician's concerns with Sage's development. Willow was clearly focused on Sage's delays in walking and talking. Ainsley had prepared to use the Asset-Based Context Matrix (Wilson & Mott, 2006) assessment questions to guide her conversation with Sage's mother. Ainsley then shared her understanding of Willow's concerns as well as documenting what the physician had discussed. She asked Willow how walking and talking would impact Sage's ability to participate in their daily activities and routines. Willow immediately shared that bath time was particularly challenging. She described Sage's frustration with telling her which toys he wanted to play with in the tub. Combined with his limitations in mobility, Willow found herself carrying Sage from room to room trying to figure out

the toys he wanted. She further described that the longer it took her to find the right toys, the angrier and more frustrated Sage became, until most nights, he would be in full meltdown and bath time would be a negative experience. Ainsley asked additional questions related to Sage's strengths, interests, and Willow's priorities for Sage in terms of his successful participation in existing and desired daily routines and activity settings. Ainsley also explored with Willow any questions she had or additional information she might need. Willow did bring up that she was interested in identifying some options for child care for Sage so that she could take some online classes.

Observing Families and Children

When conducted in the child's and family's home or other familiar setting, evaluation and assessment are opportunities to observe the child and family functioning within an environment in which they are comfortable. In IDEA, Part C, assessment is differentiated from evaluation and is conducted within the context of everyday activities to assist in the development of participation-based IFSP outcomes (i.e., functional assessment). Assessment and development of the IFSP can occur during the same visit. Assessment is used to analyze the child's current level of participation within identified activity settings and the existing degree of parent or care provider interaction with the child. Practitioners plan with parents and caregivers when, where, and how observations of children, and family members, and other care providers engaged in real-life activities and



situations can happen in a timely manner. Based upon the information gathered about family and care provider priorities, everyday activity settings, child interests, current participation, and desired participation, early intervention practitioners thoughtfully plan for these observations to happen *prior* to the IFSP meeting. The practitioner(s) conducting the assessment observes the child across different settings, people, and times of day. These observations yield information inherently important when developing participation-based IFSP outcome statements. Observing during activity settings in which the



child is successful as well as when the child is challenged provides information directly applicable to writing quality IFSP outcome statements.

Involving parents and other care providers in the observations with the child is critical for obtaining authentic (real-life) information. Observation in natural activity settings more often involves the early interventionists allowing family members and other care providers to demonstrate how things currently happen, what they usually do, and what they have already tried in similar situations. The practitioner and parent may try a variety of strategies to assist the child to participate in activities that he or she wants and needs to do more fully. Assessment in natural settings requires the following: (a) a comfort level with watching others as they go about what they would typically be doing if the practitioner was not present, (b) knowledge of typical child development, (c) knowledge of responsive parenting and teaching, (d) ability to perform task analysis and think on one's feet while observing others, and (e) a willingness to be open to the possibilities of how families and care providers go through their everyday lives.

As Ainsley and Willow further discussed Sage's bath time routines, Ainsley described how one of the other team members could be available to observe bath time as part of the functional assessment prior to writing the IFSP outcomes if Willow was interested. The purpose of this observation would be to gather more information regarding the actual routine, strategies that Willow has tried, and explore options of what might help

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Sage enjoy his bath (e.g., how Willow currently positions Sage in the tub, steps in the bath time process, how Willow currently encourages Sage’s communication and reads his cues).

Documenting Quality IFSP Outcome Statements

By the time the IFSP meeting takes place, early interventionists should know the answers without having to specifically ask questions like, “What are your concerns?” “Where would you like us to focus?” and “What are your goals?” No need exists to restate these questions just because they are on most IFSP documents, because the information has already been obtained through the previous discussions. Best practice at the IFSP meeting is to summarize the information gathered, and ensure no family priorities are going unaddressed. When engaged in a conversation about everyday activities and ideas about how the child’s participation might prove to be more successful, parents and other care providers *do know* what they would like to see.

When team members obtain information about child participation in current and desired real-life routines as the sources of children’s learning opportunities or needed parent supports, IFSP outcomes naturally flow from the conversations with parents and other care providers. Because the conversation among team members including parents and other care providers is contextualized around (a) child participation in current and desired activities rather than limited to identification of deficits and parental concerns or (b) resources

needed by the parent related to the child’s growth and development, parents know what they want the child’s participation and family life to look like within and across those activities, which become potential outcomes on the IFSP. For example, if presently, the mother must prop the child on pillows in the corner to do her housework, but she has expressed a desire to have him play with his toys to entertain himself while she does her chores, then this could be the outcome. In contrast, since the child is unable to sit independently, a more traditional skill-based outcome would have been for the child to sit independently for a predetermined length of time (Dunn et al., 2012; Jung & Grisham-Brown, 2006; McWilliam et al., 1998; Wilson et al., 2004).

Contexts (i.e., everyday life activities) are the benchmarks for how the child’s participation will be enhanced and/or developed within and across activity settings (Dunst et al., 2001; Jung, 2007; Jung & Grisham-Brown, 2006; Jung & McWilliam, 2005; Shelden & Rush, 2012). Outcome statements containing targeted activity settings for how the child will participate serve as the measuring stick or snapshot of success (i.e., simply what the team chooses to measure). Rather than intervention focusing on only the activity setting delineated in the outcome statement, the practitioners concentrate on assisting the family members and care providers to encourage and challenge the child’s participation, growth, and development within and across multiple everyday life activities. Examples of child-focused contexts include, but are not limited to, playing in the dirt with brother,

getting ice cream with grandpa, riding in the wagon at the fair, playing happily while mom prepares dinner, getting on/off the city bus with mom, and watering the garden with dad.

The contexts for family-focused outcome statements can cover a broad range of priorities identified by the family. Although early intervention may not be responsible for providing the direct service required to meet the identified need, the team assists the family in identifying resources, accessing needed supports, and evaluating the results related to addressing their priorities. Some examples of the content of family-focused, parent/



family support outcome statements include, but are not limited to, employment, education, housing, insurance, medical care, transportation, utilities, food, clothing, child care, counseling, and crisis intervention. Outcome statements for some of these examples might include the following: Mrs. Robles will secure a job before Christmas; Mrs. Covington will find an affordable car by the time school starts; and Irene will locate a new dentist for Martha who accepts Medicaid.

When documenting participation-based IFSP outcome statements, the following recommended practices as documented in the literature may be helpful (Jung, 2007; Jung & Baird, 2003; Jung & Grisham-Brown, 2006; Jung & McWilliam, 2005; McWilliam et al., 1998; Shelden & Rush, 2012). IFSP outcome statements are *discipline-free*. For example, an IFSP document should not contain separate occupational therapy goals, physical therapy goals, speech-language therapy goals, or education-based goals. The outcome statements are identified by family priority and based upon child participation in current or desired activity settings or a needed family resource or support.

IFSP outcome statements are *jargon-free*. The statements should be written in words that all team members can understand and as close to how the parent or care provider actually stated the outcome as possible. All team members can then engage in further conversation to share a common understanding of what progress toward the outcome would look like. This exchange of information is the insurance for a shared understanding of the “How will we

know when we get there?” measurement that many states have adopted on their IFSP documents.

The *family must be able to participate in measuring progress* on the IFSP outcome statements. Practitioners often express a concern regarding measurability of participation-based outcomes especially with words like enjoy, happy, contentedly, etc. Many practitioners have had prior experience with writing IEP outcomes that have historically required specific measurability criteria (e.g., 3 of 5 times for 5 consecutive days, 100% of the time, within 6 months, or every time she wears her coat to school). When writing quality IFSP outcome statements, the parents are integral in determining whether or not the IFSP outcome has been achieved. When developing the outcome statement, it is important to discuss the outcome in such a way that everyone involved feels comfortable with how progress will be measured. For example, terms such as happiness, enjoyment, and contentedness are defined and agreed upon by the team during the IFSP meeting. Use of these descriptors is typically contrasted with the parent’s and/or child care provider’s views of the child’s current state as fussy, screaming, or unhappy. Other helpful functional measures include, but are not limited to, the amount of assistance a child may need to participate in an activity (i.e., climbing into the car seat by herself, going to the bathroom on the potty with help getting on/off), the length of time required to complete routine (e.g., eating a meal within the same time as the rest of the family), and quality indicators of functional participation (e.g., being understood

by Grandpa on the phone, walking to the mailbox without falling).

A *special occasion or life event can serve as the timeline* on an IFSP outcome statement. This might include a birthday or culturally relevant holiday or a real-life point in time such as when grandma visits this summer or by the time school starts this fall (for the siblings). Practitioners can assist parents and other care providers in thinking in “real time” about the possibility of achieving outcomes within the context of the big picture of their family life by asking about upcoming events or occasions that have special meaning to them. The time period of 6 months is used by most early interventionists because it is the maximum time period allowed between IFSP reviews. For most family members and care providers, however, this 6-month time period can be ambiguous.

An additional concept to consider when writing child-focused, participation-based outcome statements is the *third word* in the outcome statement. This third word concept only applies to child-focused, not family-focused outcome statements and sometimes is a phrase, rather than just a single word, but the notion is that the third word (or phrase summarizing the concept) is a functional expression of child participation rather than a specific skill. The application of the third word concept can often serve as a litmus test regarding the *focus* of the outcome statement. For example, consider a situation in which a particular family shared with the early intervention team that their twins, Harmon and Helen, do not like having their diapers changed. They further describe diaper change time as a “nightmare.” The family

feels that the twins like being held and do not like being on their backs, which makes them feel uncomfortable and possibly frightened so that they kick and scream when family members change their diapers. A possible outcome statement for Harmon and Helen could be, “Harmon (and a separate outcome for Helen) will lie still during diaper changing.” The third word phrase is “lie still” in this IFSP outcome statement. To lie still is a skill that the twins do not currently possess. This is certainly an important skill, but a caution would be that the focus could be placed on the act or skill of lying still instead of positive interaction and enjoyment that could occur during diaper changing. In contrast, “Harmon (and Helen) will play happily with toys during diaper changing” has a third word of play, which is a contextualized activity that requires a variety of different skills. When the third word is a skill (i.e., sit, walk, say, use, reach, behave), practitioners may have a tendency to decontextualize the intervention by working directly on the skill listed in the outcome statement (Shelden & Rush, 2012). This concept does not hold true 100% of the time, but is an effective filter to use when developing IFSP outcomes. Examples of “third words” that meet this standard include, but are not limited to, play, go, help, be, do, join, enjoy, tell, get, and move. For quality child-focused IFSP outcomes to reflect enhanced participation, words that describe action, engagement, enjoyment, and involvement are required.

The *following words should be avoided* when writing child-focused, participation-based IFSP outcome statements: tolerate, receive, increase or decrease, improve, and maintain.

These words are not congruent with functional, meaningful outcome statements. These words are generally descriptors of passive types of activities (e.g., tolerate a certain position, tolerate something being done, receive a specific service or treatment, maintain range of motion, and maintain eye contact) or are reflective of some type of skill enhancement or physical trait (e.g., increase range of motion, decrease spasticity, improve behavior, increase attention span, decrease tantrums, and increase oral-motor control).

Practitioners responsible for obtaining reimbursement from third-party payers may be concerned with a specific challenge related to documenting functional, participation-based IFSP outcomes. The challenge may stem from the third-party payers’ focus on the child’s skill-based deficits and the required justification for a specific type of therapy to be provided to remediate the identified delay as part of a plan of care. Remediation of the child’s skill-based deficits occurs through implementation of interventions that focus on child participation as delineated in the IFSP. IFSP outcomes were never intended to serve as the therapy goals on a plan of care, but rather guide an individual practitioner in designing a plan of care to meet the requirements of the third-party payer. For the example above, *Harmon will happily play with his toys during diaper changing*, the child’s inability to allow his diaper to be changed could be addressed on the plan of care with specific goals for holding and reaching for a toy during a diaper change. Harmon’s (and Helen’s) participation in a more enjoyable diaper change will accomplish both the IFSP outcomes

and the specific therapy goals on the plan of care for the third-party payer.

Following the functional assessment of bath time, Ainsley, Willow, and the team member(s) assigned to do the observation met to complete the IFSP and discuss the functional assessment. Ainsley began the conversation by asking Willow what she would like for bath time to look like for their family. Willow stated, "I'd like Sage to tell me what toys he wants to play with in the bathtub, go get the toys he wants, and get in the tub to play." Ainsley then captured this statement as an outcome on the IFSP. Using what they learned during the functional assessment, Ainsley, Willow, and the other team member listed strategies with potential to support Sage in beginning to let them know his preferences. They also discussed other ideas (and opportunities throughout the day) to give Sage ample practice to get stronger and move more on his own. Willow also asked for support with helping her to identify options for child care for Sage.

Possible outcomes for Sage:

Child-focused outcome statement:

Every evening as part of their bath time routine, Sage will tell Willow what toys he wants to play with in the bathtub using his words and walk to get the toys by Christmas (3 months).

OR

Family-focused outcome statement (child-learning focus):

Willow will learn how to help Sage use his words to tell her the toys he wants to play with in the bath tub and help him walk on his own to get his toys and climb in the tub.

Family-focused outcome statement (parent support focus):

Willow will identify several child care options in the area, visit, and make a decision about signing Sage up a few days each week so that she can continue her education.

Conclusion

Outcome statements are visions of what families would like to see for themselves or their child to participate in real-life activity settings or events within existing or desired environments, as well as obtain necessary family resources and parent supports. Early in the IFSP process, a team member listens to families and other care providers discuss everyday successes and challenges as well as observe them and the children in their care during real-life activities. The child and family IFSP outcomes are written to include the family's real-life contexts and serve as the focal point for intervention, and the benchmarks for measuring progress.

Authors' Note

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