*Coordinated Family Services Plan*

Dear family,

Creating a Coordinated Family Services Plan (CFSP) is a *family-centred* process. The goal of the CFSP is to:

1. Document shared goals for your child/family in a written/visual format;

2. Support communication between professionals working with the child/family and encourage them to align their clinical goals with the goals of the family; and

3. Provide a format for the team to monitor and review your child's progress every 6 months (or more often if needed/required).

The Infant Hearing Program (IHP) team is committed to creating an environment where you feel comfortable contributing to this plan. We want to work with *you*, and include *your* ideas.

## I. Client Background Information

| **Child's name:** | |
|---|---|
| **DOB:** **G.A:** **weeks** | **Corrected Age:** |
| **Hearing Loss (type & degree)**<br>**Left:**<br>**Right:**<br>**Date of Identification:**<br>**Etiology: Choose an item.** | **Hearing Technology (HT)**<br>**Left:**<br>**Right:** |
| **Auditory Skills Intervention (ASI) Age:**<br>**American Sign Language (ASL) Age:** | **Hearing Age:**<br>**Consistency of HT use:**<br>**Consistency of ASL use:** |
| **Current Communication choice:**<br><br>☐ **Spoken Language Only:** Choose an item.<br>☐ **Sign Language Only** Choose an item.<br>☐ **Spoken Language is primary goal with developing some sign language**<br>☐ **Sign language is primary goal with developing some spoken language**<br>☐ **Other communication method** Choose an item. | **Service Provided in:**<br>☐ **English** ☐ **French** ☐ **Other** Choose an item.<br><br>**Interpreter** ☐ **Yes** ☐ **No** Choose an item.<br><br>**Languages used at home:** Choose an item.<br><br>**Languages used in childcare:** Choose an item. |
| **Service Coordinator:** | |
| **Additional Diagnosis:** | |

See Glossary of Abbreviations on the last page of this document.

## II. Team Members/Contact Information

| Name/Title/Organization | Mailing address, phone, email , fax | Frequency of service | Start/End |
|---|---|---|---|
| **Parent 1** | | | |
| **Parent 2** | | | |
| **Audiologist** Choose an item. | Choose an item. | | |
| **Speech Language Pathologist** Choose an item. | Choose an item. | | |
| **Family Support Worker** Choose an item. | Choose an item. | | |
| **Teacher of the Deaf or Hard of Hearing** Choose an item. | Choose an item. | | |
| **ASL Consultant** Choose an item. | Choose an item. | | |
| **Hearing Technology Dispenser** Choose an item. | Choose an item. | | |
| **Early Childhood Specialist** Choose an item. | Choose an item. | | |
| **Toronto Public Health Nurse** Choose an item. | Choose an item. | | |
| **Home Visitor** Choose an item. | Choose an item. | | |
| **Early Childhood Consultant** Choose an item. | Choose an item. | | |
| **Physiotherapist** Choose an item. | Choose an item. | | |
| **Child Care Consultant** Choose an item. | Choose an item. | | |
| Choose an item. | | | |
| **Choose an item.** | | | |

## III. My Child and My Family

A description of your child's strengths and needs provides important information that will help the team plan services that will support the goals you have chosen for your child.

| **My Child's Strengths** | **My Child's Needs** |
|---|---|
| What activities or people does your child enjoy? What are some things your child does well? How does your child let you know what he/she likes? | What are some things that your child dislikes or finds difficult? In what areas does your child need more support/practice? Please describe concerns you have about your child's health and/or development. |
| | |
| | |
| | |
| **My Family** | **My Priorities** |
| Please describe your family briefly. Where does your family spend time? What are some of your daily or weekly routines? | What are the most important things for your child/family (currently – short-term AND in the future – long-term)? |
| | |
| | |
| | |
| **My Family Resources - CURRENT** | **My Family Resources - DESIRED** |
| List the resources that your child/family has, including people, activities, programs, organizations, etc. | Please let us know what information, resources, or supports you need for your child and/or family. Do any further referrals need to be made? |
| | |
| | |
| | |

## IV. Team Updates

<table>
<tr><th>Professionals</th><th>Date of assessment</th><th>Findings/ Comments</th></tr>
<tr><td>Audiologist</td><td></td><td></td></tr>
<tr><td>Speech Language Pathologist</td><td></td><td>
<table>
<tr><th>Name of Test</th><th>Percentile</th><th>Age Equivalent</th></tr>
<tr><td>PLS-5</td><td>EC<br>AC</td><td>EC<br>AC</td></tr>
<tr><td>GFTA-2</td><td></td><td></td></tr>
</table>
<table>
<tr><th>Name of Test</th><th>Interaction/Attachment</th><th>Pragmatics</th><th>Play</th><th>Gesture</th><th>Lang. Comprehension</th><th>Lang. Expression</th></tr>
<tr><td>Rossetti I-TLS</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>
Comments:
</td></tr>
<tr><td>ASL Consultant</td><td></td><td>
<table>
<tr><th>Dates</th><th>Basal Age</th><th>Ceiling Age</th></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>
Comments:
</td></tr>
<tr><td>Family Support Worker</td><td></td><td></td></tr>
<tr><td>Teacher of the Deaf or Hard of Hearing</td><td></td><td></td></tr>
<tr><td>Choose an item.</td><td></td><td></td></tr>
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## V. Goals

**Goal Review**

| STATUS CODES |
|---|
| 1. Accomplished – We did it! |
| 2. Emerging – We're making progress. |
| 3. Little measurable progress – Let's make some changes. |
| 4. No longer needed/ Postponed |

| Goal/Family Priority | Strategies | Team member (Lead) | Status Codes |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Next Goals**

| Goal/Family Priority | Strategies | Team Member (Lead) | Date Due |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## VI. Family Authorization

We/I the parent(s) or guardian (s) of _____ confirm that we/I have had the opportunity to participate in the development of this coordinated family services plan. This document accurately reflects our/my concerns and priorities for our/my child and family.

We/I therefore give permission for this plan to be shared and used by all team members via fax.

Signature of parent/guardian Date

Signature of parent/guardian Date

**REVIEW**

The next team meeting to review your child's coordinated family services plan will be scheduled in 6 months' time. Please feel free to request an earlier meeting if the need arises

Date (MM/DD/YY), Time and location:

## VII. Contributors

| **Plan Developed By:** | | |
|---|---|---|
| ***Role*** | ***Name*** | ***Signature (Optional)*** |
| ***Parent 1*** | | |
| ***Parent 2*** | | |
| ***Audiologist*** | Choose an item. | |
| ***Speech Language Pathologist*** | Choose an item. | |
| ***ASL Consultant*** | Choose an item. | |
| ***Family Support Worker*** | Choose an item. | |
| ***Teacher of the Deaf and Hard of Hearing*** | Choose an item. | |
| ***Infant Development Worker*** | | |
| ***Early Resource Educator*** | | |
| ***Occupational Therapist*** | | |
| ***Physiotherapist*** | Choose an item. | |
| ***Deaf-blind Consultant*** | | |
| ***Early Childhood Vision Consultant*** | | |
| ***Ear, Nose and Throat Specialist/ Otolaryngologist*** | | |
| ***Early Childhood Specialist*** | Choose an item. | |
| ***Pediatrician/Family Doctor*** | | |
| ***TPH Nurse*** | Choose an item. | |
| ***Home Visitor*** | Choose an item. | |
| ***Early Childhood Consultant*** | Choose an item. | |
| ***Child Care Consultant*** | Choose an item. | |
| ***Other*** | | |

## Glossary of Abbreviations

**AAC: Augmentative and Alternative Communication**
It includes all forms of **communication** (other than oral speech) that are used to express thoughts, needs, wants, and ideas.

**ASI Age: Auditory Skills Intervention Age**
The length of time that the child has been receiving auditory skills intervention therapy services. For example, if the child has been attending auditory skills intervention therapy sessions for 7 months, then the child has an auditory skills intervention age of 7 months.

**ASL: American Sign Language**

**ASL/LSQ Age: American Sign Language/ Langue des Signes du Québec Age**
The length of time that the child has been exposed to American Sign Language and have optimal access to American Sign Language. This includes receiving ASL consultation services from the IHP ASL Services. For example, if 3 year-old child is first exposed and accessing to optimal ASL environment through IHP ASL Services, then this child will have ASL age from when the child first started receiving ASL consultation services. If the child started with IHP ASL Services 7 months ago, then the child has a ASL age of 7 months.

**CA: Chronological Age**

**CI: Cochlear Implant**

**DOB: Date of Birth**

**GA: Gestational Age**

**HA: Hearing Age**
The length of time that the child has been wearing his/her hearing aids and/or cochlear implants and has optimal access to all speech sounds. For example, a 3 year-old child has a hearing age of 1 day when his/her hearing aids and/or cochlear implants are first fit and then worn during all dry and waking hours of first day.

**HL: Hearing Loss**
The type and degree of the child's hearing loss.

**HT: Hearing Technology**
Hearing technology may include one or any combination of: hearing aids, cochlear implants and/or personal FM systems.

**LSQ: Quebec Sign Language (Langue des Signes du Québec)**

**Service Coordinator:**
The Service Coordinator is the primary service provider: professional who addresses the primary issue in the child's development and sees the family/child more often than the other professionals in the core team. Exceptions may apply and the following is the aspects that need to be considered:

- Has a productive relationship with, and has easy access to the family
- Has established a rapport with the family
- Can facilitate group collaboration and guide resolution of conflicting priorities/goals
- Language and cultural background to be considered

## Test Descriptions

**ASL Acquisition Assessment Checklist**
The ASL Acquisition Assessment checklist was developed using the foundation of the American Sign Language Proficiency Assessment. The ASL Acquisition Assessment Checklist uses a rating scale to measure your child's ASL development using 23 linguistics features in order to determine which stage your child is at with their ASL language development.

**Bracken Basic Concept Scale – Revised (BBCS-R)**
The BBCS-R is used to measure comprehension of a variety of foundational and functionally relevant concepts in the following categories: colours, letters, numbers/counting, sizes, comparisons, shapes, direction/position, self-social awareness, texture/material, quantity and time/sequence.

**Clinical Evaluation of Language Fundamentals – Preschool (CELF-P)**
The CELF-P is a test that assesses receptive and expressive language ability. It explores the foundations of language form and content: word meanings (semantics), word and sentence structure (morphology and syntax), and recall of spoken language (auditory memory).

**Expressive Vocabulary Test (EVT)**
The EVT is a test of expressive vocabulary and word retrieval for children and adults. The EVT measures expressive vocabulary knowledge with two types of items, labeling and synonym. Word retrieval is evaluated by comparing expressive and receptive vocabulary skills using standard score differences between EVT and PPVT-III.

**Goldman Fristoe 2 Test of Articulation (GFTA-2)**
The GFTA-2 assesses an individual's articulation of the consonant sounds of Standard American English. It samples both spontaneous and imitative speech sound production, including single words and conversational speech.

**MacArthur-Bates Communicative Development Inventories**
The MacArthur Communicative Development Inventory for American Sign Language is a tool to measure early vocabulary development in Deaf children. This checklist is user-friendly; parents are able to use the checklist to watch their children's vocabulary grow. You and your IHP ASL Consultant will work together to use this checklist to monitor your child's development of ASL vocabulary.

**Peabody Picture Vocabulary Test – Third Edition (PPVT-III)**
The PPVT-III is a test of listening comprehension for the spoken word in standard English. It is designed as a measure of an examinee's receptive vocabulary. It serves as an achievement test of a person's vocabulary acquisition as well as a screening test of verbal ability.

**Preschool Language Scale-5 (PLS-5)**
The PLS-5 is used to assess receptive and expressive language skills in infants and young children. There are two subscales, Auditory Comprehension and Expressive Communication. The PLS-5 also assesses behaviours considered to be language precursors.

**Structured Photographic Expressive Language Test (SPELT-P / SPELT-II)**
The SPELT is designed to be a screening instrument. It evaluates the production of morphological (word endings) and syntactic (sentence structure) features.

**Test for Auditory Comprehension of Language (TACL)**
The TACL is designed to test a child's ability to understand the structure (syntax) of spoken language. Specifically, the test assesses three categories of language abilities. These categories, which serve as subtests, are called Vocabulary, Grammatical Morphemes and Elaborated Phrases and Sentences.

**The Boehm Test of Basic Concepts - Preschool**
The Boehm Preschool was designed to assess children's understanding of the basic relational concepts important for language and cognitive development, as well as for later success in school.

**The Rossetti Infant-Toddler Language Scale (RI-TLS)**
**The RI-TLS** is a measure of communication and interaction based on parental report and responses obtained in therapy sessions.

**The Standardized Visual Communication and Sign Language (VCSL) Checklist**
The VCSL Checklist was developed by Gallaudet University and is considered the only standardized measurement of early ASL and sign language development for young children in the United States. Educators who are fluent in ASL use this checklist with children form the ages of 0-5. This checklist will determine the area of strengths, improvements needed and pinpoint gaps in the children's language development.