



# Part I—Gathering Information

(Roadmap found in Manual p. 5)

Child's Name:

Date:

**A.** Parent Priority (from purple circle):

**B.** What activities have you tried?

**D.** What activities and interests would provide opportunities for your child to focus on the priority areas?

**C.** What worked?

What didn't work?

**E.** See next page.

## F. Joint Plan

Which activities would be best for us to observe?

Location and time of next visit:

Child's Name:

Date:

## E. Interest Assessment

In order to gather more information about child interest, consider asking the following prompts to help the parent think more broadly:

- What makes him/her smile?
- What excites him/her?
- What makes him/her laugh?
- Where does he/she choose to spend his/her time?
- What keeps him/her interested?
- What keeps his/her attention?

Child's Name:

Date:

### E. Activity Setting Assessment

Use the prompts below to gather information about the child's and family's interests and everyday activity settings. Choose an activity setting related to the parent priority and one other high frequency activity for the family.

	Thinking about the following family activities and routines, what parts are most interesting to your child? What does your child enjoy most?	How does the activity/routine currently match what you want it to be like?	What do you currently do to help your child be successful?
Wake up, nap, bedtime			
Diapering, dressing, toileting			
Mealtimes			
Spending time with family, friends, and other children			
Play			
Bathtime, tooth brushing, cleaning up			
Getting around the home and community; getting ready to go			
Other routines			

# Part II—Observing and Assessing Meaningful Participation

Child's Name \_\_\_\_\_

(Roadmap found in Manual p. 6)

Date: \_\_\_\_\_

## Observation

A. How did that match what typically happens or what you want to happen?

What ideas do you have to improve it?

## Parent Practices New Ideas

B. What worked?

What could be done differently?

## Practitioner Models New Ideas

C. What worked?

What could be done differently?

# Part III—Planning

Child's Name:

(Roadmap found in Manual p. 7)

Date:

A. What else would you like to have happen?

D. PSP selection:

E. Frequency of visits:

F. Secondary supports?

B. Possible IFSP outcomes:

C. What have you tried that worked?

## G. Joint Plan

What will the parent and child do between now and the next visit?

Activity Setting

The child will get to...

The parent will...

What will be the focus of the next visit?

Location and time of next visit:

Child's Name:

Date:

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**NOTES**

Child's Name:

Date:

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**NOTES**