



# Practice Tip Sheet

## SERVICE DOSAGE

### WHAT IS SERVICE DOSAGE IN PART C EARLY INTERVENTION?

Service dosage is the amount of direct service provided to a child and family enrolled in the Wisconsin Birth to 3 Program which includes the number and length of visits conducted by early intervention providers (Hallam et al., 2009).



### WHAT SHOULD I KNOW ABOUT SERVICE DOSAGE IN PART C EARLY INTERVENTION?

- Service dosage must be considered and determined by the Individualized Family Service Plan (IFSP) Team - which includes the parent and other team members (DHS 90 Sec. 303.344 (d) 1).
- Service dosage defines the time early intervention professionals spend in visits with children and families and should be considered as a way to help increase the amount of practice that occurs between visits. When parents and caregivers are supported at a level that makes them more confident and competent, they deliver a higher amount of meaningful practice opportunities to children on a daily basis (Jung, 2018; James, 2022).

### WHAT DOES THE LAW SAY ABOUT SERVICE DOSAGE IN PART C EARLY INTERVENTION?

According to the Individuals with Disabilities Education Act (IDEA, 2004) - Part C Section 303.344(d) frequency, intensity, method, length, and duration are required components of the Individualized Family Service Plan (IFSP) and are defined as follows:



- **Frequency** - the number of days or number of visits that a service will be provided
- **Intensity** - whether the service is provided on an individual or group basis
- **Method** - how a service is provided
- **Length** - the length of time the service is provided during each visit
- **Duration** - projecting when a given service will no longer be provided (such as when the child is expected to achieve the results or outcomes in their IFSP)

Wisconsin Administrative Code - Dept. of Health Services, Chapter 90.10 (5)(d)1 requires that the following be included as part of the IFSP:

"1. The **frequency and intensity** of a service, to include the **number of days or sessions** that will be provided, the **length of time** the service will be provided during a session and whether the service will be provided **on an individual or group basis**" (DHS 90, 2008).

**Wisconsin Birth to 3 Program Operations Guide**  
see Chapters 9 & 10: IFSP & Early Intervention Services



# CONSIDERATIONS IN DETERMINING SERVICE DOSAGE

## Team Decision-Making

**Family members should be meaningfully engaged in discussions about service dosage as part of IFSP development. IFSP team members should facilitate discussion about service dosage based on family capacity considerations as well as the outcomes identified.**



**TALK ABOUT IT:** How do team members facilitate meaningful discussions about service dosage and promote an active relationship between the provider(s) and family? How do you help families understand that services are intended to build their competence and confidence? How do you support families who think that more service is better?

## Individualization

**Service dosage should be individualized to align with the needs and priorities of each family/caregiver. Teams should consider the timing of visits, taking into account family routines, settings (home/community), and the intervals needed between visits. Programs should regularly review dosage patterns to ensure they are not based on a one-size-fits-all approach.**



**TALK ABOUT IT:** What factors do you use to determine dosage? How are family priorities and routines part of the discussion about service delivery? Is your team aware of biased thinking that could impact decisions (i.e. dosage based on disability/family situation, medical provider recommendations)? What is the most common level of service dosage in your program and why?

## Flexibility and Review

**Family/child situations and needs change over time. Programs should create opportunities for discussion about service dosage during and between IFSP meetings. Teams should consider factors that may necessitate an increase or decrease in service dosage in order to better support family capacity to meet identified outcomes.**



**TALK ABOUT IT:** Do you provide regular opportunities to discuss service dosage with your team and with the family? How open are you to adjusting the frequency of visits to support family capacity to meet identified outcomes? Do you utilize bursts or breaks in services in response to critical changes in the child's life or skills?

## Team Factors

**Programs should prioritize serving each child and family at a dosage that best supports them in meeting outcomes. Family and program factors influence service dosage - such as family and provider availability, joint visits, or the child's health. When service dosage is appropriately aligned with child and family needs providers are able to more effectively manage caseloads.**



**TALK ABOUT IT:** How does your team ensure that services are delivered at an appropriate level for everyone on the team (including the family)? How much should provider caseloads be considered when determining service dosage? What program factors influence your team's service dosage and why?

## REFERENCES

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq. (2004).

James, J. (2022). Sources of Information on Dosage in Early Intervention.

<https://fipp.ncdhhs.gov/wp-content/uploads/CASEmaker-Sources-of-Information-on-Dosage-in-Early-Intervention-5.4.pdf>

Jung, L. (2018). Doughnuts with Di: More is better- frequency, intensity and duration [Webinar]. Ohio Department of Developmental Disabilities.

<https://www.youtube.com/watch?v=4HHQnXPVbo8>

Wis. Admin. Code Ch. DHS 90 (2021).