

# IFSP Amendment

Amendment Date\*: \_\_\_/\_\_\_/\_\_\_

Prior Written Notice: ° \_\_\_/\_\_\_/\_\_\_

Consent for Service: ° \_\_\_/\_\_\_/\_\_\_

## Current Services

Service Category / Provider	Frequency / Length	Duration	Intensity / Location	Transportation	Start / End
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Add Date: \_\_\_/\_\_\_/\_\_\_

Service Category*	Frequency* ___ X ___		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> N/A <input type="checkbox"/> Declined	Start ___/___/___
Service Provider*	Length* ___ mins	Duration* ___ mo.	Location* _____	<input type="checkbox"/> Accepted miles	End ___/___/___

Add Date: \_\_\_/\_\_\_/\_\_\_

Service Category*	Frequency* ___ X ___		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> N/A <input type="checkbox"/> Declined	Start ___/___/___
Service Provider*	Length* ___ mins	Duration* ___ mo.	Location* _____	<input type="checkbox"/> Accepted miles	End ___/___/___

Add Date: \_\_\_/\_\_\_/\_\_\_

Service Category*	Frequency* ___ X ___		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> N/A <input type="checkbox"/> Declined	Start ___/___/___
Service Provider*	Length* ___ mins	Duration* ___ mo.	Location* _____	<input type="checkbox"/> Accepted miles	End ___/___/___

Add Date: \_\_\_/\_\_\_/\_\_\_

Service Category*	Frequency* ___ X ___		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> N/A <input type="checkbox"/> Declined	Start ___/___/___
Service Provider*	Length* ___ mins	Duration* ___ mo.	Location* _____	<input type="checkbox"/> Accepted miles	End ___/___/___

Add Date: \_\_\_/\_\_\_/\_\_\_

Service Category*	Frequency* ___ X ___		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> N/A <input type="checkbox"/> Declined	Start ___/___/___
Service Provider*	Length* ___ mins	Duration* ___ mo.	Location* _____	<input type="checkbox"/> Accepted miles	End ___/___/___

Justification Statements

**Location Justification Statement**

Service & Setting Requiring Justification: \_\_\_\_\_

Explain why the outcome cannot be met if the service is provided in the natural environment. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how services provided outside the natural environment will be generalized within activity settings and routines of the family. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a plan with time lines and supports necessary to allow the outcome to be satisfactorily achieved in a natural environment. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (parent or guardian) have participated in the amendment to my child's Individualized Family Service Plan and understand that I can accept or refuse any or all of the services identified in it. I understand that my consent for services may be withdrawn at any time.

I further understand that my signature below indicates that: (a) I have been fully informed of the services being proposed; (b) I have received the "Baby Watch Parents' Rights in Early Intervention" booklet and understand my parents rights in early intervention; and (c) I give consent to carry out our Individualized Family Service Plan as written.

Parent/Guardian Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

**Service Categories**

- Special Instruction
- OT
- PT
- SLP
- Family Training
- Assistive Technology
- Audiology
- Health Services
- Medical
- Nursing
- Nutrition
- Psychological
- Respite Care
- Service Coordination
- Social Work
- Sign Language and Cued Speech

**USDB Service Categories**

- PIP BVI
- PIP BVI Toddler Group
- PIP DHH
- PIP DHH Deaf Toddler Group
- PIP Sign Language and Cued Speech
- USDB Communication Intervener
- USDB Deaf/Blind
- USDB Deaf Mentor
- USDB Orientation and Mobility