

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 <input type="checkbox"/> Accepted	Start ____/____/____
Service Provider*	Length* __ mins	Duration* __ mo.	Location*	__ 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 <input type="checkbox"/> Accepted	Start ____/____/____
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Service Provider*	Length* __ mins	Duration* __ mo.	Location*	__ 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. *

Location Justification Statement

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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 I understand that my consent for services may be withdrawn at any time.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