

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ IFSP: \_\_\_/\_\_\_/\_\_\_

## 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 ___/___/___
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 ___/___/___
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 ___/___/___
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 ___/___/___
Service Provider*	Length* ___ mins	Duration* ___ mo.	Location*	miles	End ___/___/___

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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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" brochure 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 | • Family Training      | • Nutrition                     |
| • OT                  | • Assistive Technology | • Psychological                 |
| • COTA                | • Audiology            | • Respite Care                  |
| • PT                  | • Health Services      | • Service Coordination          |
| • PTA                 | • Medical              | • Social Work                   |
| • SLP                 | • Nursing              | • Sign Language and Cued Speech |

**USDB Service Categories**

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