

IFSP Amendment

Amendment Date*: ___/___/___

Prior Written Notice: ° ___/___/___

Consent for Service: ° ___/___/___

Current Services

| Service Category / Provider | Frequency / Length | Duration | Intensity / Location | Transportation | Start / 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 ___/___/___ |

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| | | | | | |
|-------------------|-------------------------|----------------------|---|---|----------------------|
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| 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. *

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