

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 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 Group	<input type="checkbox"/> N/A <input type="checkbox"/> Declined	Start ____/____/____
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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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Non-EI Services

(any services the child and family needs or is receiving through other sources, but that are neither required nor funded under Part C):

Non-EI Service Provider* _____

Note

Non-EI Service Provider* _____

Note

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