

**Individualized Family Service Plan
Review/Change Form**

*Educational and Developmental Intervention Services
Early Intervention Services*

1. Child/Family Information

<i>Child's Name:</i>	<i>Date of Review/Change Meeting:</i>
<i>FM Prefix & Sponsor's SSN:</i>	<i>Sponsor's Name:</i>

2. Reason for Review/Change

6-Month Review *Requested Review/Change* *Annual Review*

3. Review of Progress/Changes/Additions/Revisions

4. IFSP Team Members Present

<i>Attendee's Name</i>	<i>Specialty/Relationship to Child</i>	<i>Signature</i>

5. Parent(s) Statement

Yes No *I have received a copy of Procedural Safeguards and Due Process Procedures. This information has been explained to me and I understand it.*

Yes No *I have participated as a team member in the review/change of the IFSP for my child and family.*

Yes No *As a full member of the team I am in agreement with this review/change.*

Parent/Guardian Signature *Parent/Guardian Signature* *Date*

Prepared By: (Signature & Title)

Page ____ of ____

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!
Start with the "Flash Demo" at the top of the following page:
www.usa-federal-forms.com**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):
www.savePDF.com**

**Convert any document (in any format) to PDF fillable and savable:
www.FillinDocs.com**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:
www.usa-federal-forms.com**

About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

Individualized Family Service Plan Review/Change Form

Instructions

In the blank space below the title of the form, enter your EDIS location (e.g., Robbins GA; Lakenheath, UK).

1. Child/Family Information

Child's Name: First, Middle Initial, Last

? Date of Review/Change Meeting: DDMMYY Enter as an addendum in SNPMIS only if a change is made.

FM Prefix & Sponsor's SSN: Family Member (FM) prefix is the DEERS assigned number (e.g., 01, 02, ...) placed in front of the sponsor's social security number (SSN).

Sponsor's Name: First and Last.

2. Reason for Review/Change

Check the appropriate box to indicate the purpose of the Review/Change meeting.

? 6-Month Review: A review of the IFSP for a child and the child's family must be conducted every 6 months or more frequently if conditions warrant, or if the family requests such a review.

Requested Review/Change: A review of the IFSP conducted with the family either before or after the 6 month review.

Annual Review: The annual review of the IFSP prior to its one year anniversary.

3. Review of Progress/Changes/Additions/Revisions

Document in descriptive terms, the review of progress toward achieving the outcomes and/or the changes/additions/revisions made to any part of the IFSP. Added or revised Outcomes require a new IFSP Outcome page. Revisions to an Outcome page do not require a complete re-writing of the original Outcome page. Added or changed services require a new IFSP Services page. Attach the added IFSP Service page(s) and/or Outcome

4. IFSP Team Members Present

Attendee's Name: Print the names of all persons in attendance at the meeting.

Specialty/Relationship to Child: Enter the discipline or relationship to the child.

Signature: Signature indicates attendance not approval/concurrence with the Review/Change.

5. Parent(s) Statement

After discussing Procedural Safeguards and Due Process Procedures, providing parent(s) a copy of their Procedural Safeguards and Due Process Procedures and answering questions, ask parent(s) to mark **Yes** or **No** as appropriate on each of the three statements.

Parent(s)/Guardian Signature: Sign and date upon completion of the meeting.

Prepared by: Signature and title of EDIS professional completing the form with the family.

Page Numbers: The IFSP Review/Change form is numbered as page 1 of _____. When an outcome, transition plan, and/or service page is added as part of the IFSP Review/Change enter the page numbers of the additional IFSP pages as 2 of _____ and so on to follow the IFSP Review/Change form.

NOTE: Computer icon in front of a data item indicates this information must also be entered into SNPMIS.

Original - EDIS Secondary Medical Record

Copy - Parent