



## Individualized Family Service Plan (IFSP) Review/Change

Educational and Developmental Intervention Services (EDIS)  
Early Intervention Services

EDIS Location: \_\_\_\_\_

*For use of this form, see MEDCOM Reg 40-53; the proponent is MCHO-CL-C*

### 1. Child/Family Information

Child's Name:

Date of Review/Change Meeting: YYYMMDD

Parent's Name:

### 2. Reason for Review/Change

6-Month Review

Other Review/Change

### 3. Review of Progress/Changes/Additions/Revisions

Continued on additional page/s

### 4. Parent(s) Statements

YES  NO I have received a copy of Procedural Safeguards & Due Process Procedures.

YES  NO This information has been explained to me and I understand it.

YES  NO I have participated as a team member in this IFSP review/change meeting.

YES  NO As a full member of the team I am in agreement with this review/change.

### 5. IFSP Team Members

Name	Specialty/Relationship to Child	Signature

Child's Name: \_\_\_\_\_

**Individualized Family Service Plan (IFSP) Review/Change** (Continuation Page)

**3. Review of Progress/Changes/Additions/Revisions**

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

Child's Name: \_\_\_\_\_

**Individualized Family Service Plan (IFSP) Review/Change** (Continuation Page)

**3. Review of Progress/Changes/Additions/Revisions**

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

Child's Name: \_\_\_\_\_

**Individualized Family Service Plan (IFSP) Review/Change** (Continuation Page)

**3. Review of Progress/Changes/Additions/Revisions**

**OUTCOME #** \_\_\_\_

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*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

Child's Name: \_\_\_\_\_

**Individualized Family Service Plan (IFSP) Review/Change** (Continuation Page)

**3. Review of Progress/Changes/Additions/Revisions**

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

**OUTCOME #** \_\_\_\_

--

*Review*

*Plan*

Met     No Change     Making progress

Continue     Discontinue

Child's Name:

**Individualized Family Service Plan (IFSP) Review/Change** (Continuation Page)

3.

[Redacted]

[Large empty area for notes or details]

**Individualized Family Service Plan (IFSP)  
Review/Change Form  
Instructions**

In the blank space below the title of the form enter your EDIS location.

**1. Child Data:**

Child's Name: First, Middle Initial, Last

: Date of Review/Change Meeting: YYYYMMDD Enter as an addendum in SNPMIS only if a change is made to services, equipment or transition plan.

Parent 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. Enter 6 month review date on service coordination session screen.

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

**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. Added or changed services require a new IFSP Services page. Attach the added IFSP Service page(s) and/or Outcome page(s) to the back of the Review/Change form and include those documents in reverse chronological order behind the IFSP.

Check the " Continued on additional page/s" box if the change/review included additional pages.

**4. Parent(s) Statement:**

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

**5. IFSP Team Members**

Name: Print the names of all persons in contributing to the change/review.

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

Signature: Signature indicates involvement with the Review/Change.

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 # 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 Record  
Copy to Parents**