



Individualized Family Service Plan (IFSP) Review/Change

Educational and Developmental Intervention Services

Early Intervention Services

EDIS Location:

For use of this form, see MEDCOM Regulation 40-53, the proponent agency is

1. Child/Family Information

Child's Name:	Date of Review/Change Meeting: DDMMYYYY
---------------	---

Parents/Guardians

2. Reason for Review/Change 6-Month Review Requested Review/Change Annual Review

3. Review of Progress/Changes/Additions/Revisions

(This area is intentionally left blank for review notes.)

Continued on additional page/s

4. Parent(s) Statements

- YES NO I have received a copy of Procedural Safeguards & Due Process Procedures.
- YES NO I received Notice of Proposed Action for this IFSP review/change.
- 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 Present

Attendee's Name	Specialty/Relationship to Child	Signature

Other Contributors Not Present *(signatures not required)*

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

Child's Name:

Date of Review/Change Meeting: *DDMMYYYY*

3. Review of Progress/Changes/Additions/Revisions

Continued from previous page

Individualized Family Service Plan (IFSP) Review/Change Form

Instructions:

In the blank space below the title of the form enter your EDIS location (e.g., Fort Knox, Kentucky; Landstuhl, Germany).

1. Child Data:

Child's Name: First, Middle Initial, Last

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

Parents/Guardians: 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 the IFSP. Added Outcomes require a new IFSP Outcome page. Attach the added IFSP page(s) to the back of the Review/Change form and include those documents in 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, 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 four statements.

5. 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.

Other contributors not present: identify other contributors that were not present (signatures are not required)

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 of 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