



# 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 MCHO.*

## 1. Child/Family Information

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

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

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

*(Large empty space for review notes)*

Continued on additional page/s

## 4. IFSP Team Members Present

Attendee's Name	Specialty/Relationship to Child	Signature

Other Contributors Not Present *(signatures not required)*

## 5. Parent(s) Statement

- 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.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**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; Bamberg, 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 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 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. 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)

### 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 four 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 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**