



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 MCXB-RHI

1. Child/Family Information

Child's Name: _____

Date of Review/Change Meeting: *MM/DD/YYYY*

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 or been offered a copy of my **Procedural Safeguards & Due Process Procedures**.
- YES NO I have received my **Notice of Proposed Action**.
- 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 # ____

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Review

Met No Change Making progress

Plan

Continue Discontinue

OUTCOME # ____

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Review

Met No Change Making progress

Plan

Continue Discontinue

OUTCOME # ____

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Review

Met No Change Making progress

Plan

Continue Discontinue

OUTCOME # ____

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Review

Met No Change Making progress

Plan

Continue Discontinue

OUTCOME # ____

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Review

Met No Change Making progress

Plan

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 # ____

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Review

Plan

Met No Change Making progress

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OUTCOME # ____

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Review

Plan

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OUTCOME # ____

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Continue Discontinue

OUTCOME # ____

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Review

Plan

Met No Change Making progress

Continue Discontinue

Child's Name:

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

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OUTCOME # ____

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Met No Change Making progress

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OUTCOME # ____

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Met No Change Making progress

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OUTCOME # ____

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OUTCOME # ____

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Review

Plan

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Continue Discontinue

OUTCOME # ____

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Review

Plan

Met No Change Making progress

Continue Discontinue

Child's Name:

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

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OUTCOME # ____

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Review

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Plan

Continue Discontinue

OUTCOME # ____

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Met No Change Making progress

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Review

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Plan

Continue Discontinue

OUTCOME # ____

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Review

Met No Change Making progress

Plan

Continue Discontinue

OUTCOME # ____

--

Review

Met No Change Making progress

Plan

Continue Discontinue

Child's Name:

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

3.

**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: MMM/DD/YYYY Enter an addendum in SNPMS only if a change is made to services, support, assistive technology, 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 do not require a new IFSP Services page. If there is room in the current IFSP, the added/changed services can be added to the existing page. Attach any added IFSP Service page(s) and/or Outcomes page(s) to the back of the Review/Change form and include those documents in the EDIS educational record on top of the associated 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, offer the parent(s) a copy of the Procedural Safeguards and Due Process brochure and answer their questions, ask parents to mark Yes or No as appropriate on each of the four statements.

5. IFSP Team Members

Name: Print the names of all persons contributing to review/change, even if they were not physically present at the meeting.

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

Signature: Signature indicates involvement with the Review/Change, not actual presence at the meeting.

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.

**Original - EDIS Record
Copy to Parents**