

New York City Early Intervention Program

Policy Title: Amendments	Effective Date: July 1, 2010
Policy Number: 7-A	Supersedes: N/A
Applicable Forms: <ul style="list-style-type: none"> - Change in Services/Service Provider/Service Coordinator Form - Justification for Change in Frequency, Duration or Method of Service Form - Progress Notes - IFSP Meeting Request/Confirmation Form IFSP Forms <ul style="list-style-type: none"> - Page 1: Identifying Information - Page 4: Functional Outcomes - Page 5: Service plan: Service Setting and Incorporating Interventions into Natural Routines. (if applicable) - Page 5a: Service Authorization Data Entry Form - Page 5b: Co-visits (if applicable) - Page 6: Transportation, Assistive Technology, and Respite Services (if applicable) - Page 7: Service Coordination Activities - Transportation Data Entry Form (if applicable) 	Regulation/Citation: 10 NYCRR §69-4.11; 10 NYCRR §69-4.17(b)

I. POLICY DESCRIPTION:

“The IFSP shall be reviewed at six (6) month intervals and shall be evaluated annually to determine the degree to which progress toward achieving the outcomes is being made and whether or not there is a need to amend the IFSP to modify or revise the services being provided or anticipated outcomes. Upon request of the parent, or if conditions warrant, the IFSP may be reviewed at more frequent intervals.”

“The EIO must make reasonable efforts to ensure the parent receives written notification about the right to due process and the method by which mediation and an impartial hearing can be requested at the following times: upon denial of eligibility; upon disagreement between the EIO and the parent on an initial or subsequent IFSP or proposed amendment to an existing IFSP; and, upon request from the parent for such information.” 10 NYCRR §69-4.17(b)

II. PROCEDURE:

Responsible Party	Action
Ongoing Service Coordinator (OSC)	<ol style="list-style-type: none"> 1. Receives requests for changes (amendments) from the following individuals: <ul style="list-style-type: none"> • Parent/Caregiver; • Service provider; or • Foster care agency/Administration for Children’s Services (ACS). 2. Processes requests for changes at the Six (6) Month or Annual Review or at any other time when: <ol style="list-style-type: none"> a. There is a recommendation for a change in a <i>Service Type</i>, a <i>Method</i> by which a

service is delivered, the *Location* of the services, or the *Frequency/Duration* of a service type;

- b. There is a recommendation for an increase in ongoing service coordination units;
 - c. There is a recommendation for termination of a *Service Type*;
 - d. A new *Service Type* is being recommended;
 - e. There is a change in *Service Provider* for any of the *Service Types* or *Service Coordinator* (SC) on the **Service Authorization Form(s)**;
 - f. There is an authorized change in transportation provider on the **Transportation Service Authorization Form** (e.g., a change to a new bus company, parent reimbursement for mileage, etc.); or
 - g. A request to add a co-visit has been made.
3. Submits the proposed amended IFSP or required paperwork to the Early Intervention Official Designee (EIOD) as soon as it is completed. Do not wait for the Six (6) Month Review or Annual Review to submit the paperwork.

Convening the Amendment Meeting:

1. When the parent would like a face-to-face meeting with the EIOD:
 - a. Submits an **IFSP Meeting Request/Confirmation Form** with the justification packet and/or supplemental evaluation.

Note: If parent does not consent to termination of service, an amendment meeting must be convened with the EIOD present.

2. The Amendment meeting must be convened by the SC (regardless of whether the EIOD is present) for:
 - a. Changes to location of service;
 - b. Requests to increase frequency of service(s);
 - c. Requests to change duration of services(s);
 - d. Requests to change method of service delivery; and
 - e. Termination of service(s) (when the parent agrees to the termination).
3. The service provider(s) should be invited to attend this meeting:
 - a. In the rare instance that the interventionist is unable to attend the meeting s/he may participate via conference call.
 - i. Interventionist(s) participating through a conference call should be available for the pertinent portion of the meeting as required by the EIOD/SC (at a minimum: the discussion of child progress, outcome determination and recommendations for services).
4. Complete new/revised **IFSP Forms**, as appropriate for the requested change:
 - a. New Page 1: **Identifying Information, Signatures** includes:
 - i. Signature of all parties present;
 - ii. Indicate on this page if anyone is present by telephone;
 - iii. The type of IFSP is "Amendment."
 - b. New or Revised Page 4: **Outcomes**
 - i. Continuing services are indicated on the current **Outcomes** page; or
 - ii. Revised/new outcomes must be listed on a new **Outcomes** page.
 - c. New Page 5: **Service Setting**
 - i. Page should only be included if the service setting is changing.
 - d. New Page 5a: **Service Authorization Data Entry Form**.
 - i. New form must be completed for all revised, added, or terminated services. (Any service(s) that will not change should not be included on this form.);
 - ii. The *Effective Date of IFSP* and the *End Date of IFSP* should be copied from the top of the current **Service Authorization Data Entry Form**.

- iii. The box indicating the *Type of IFSP* (amendment) in the upper left hand corner must be checked with the date of the IFSP Amendment meeting written in.
- iv. The *Begin Date* of the new service and the *End Date* of the old service must be left blank. The EIOD who reviews the paperwork will enter these dates, allowing for at least one week's notice to providers before any change is to take effect.
- v. If a Service Type which is currently on the **Service Authorization Data Entry Form** is to be terminated, copy the *Service Type, Method, Location, and Begin Date* (columns 1-4). The EIOD will write the *End Date* when s/he authorizes the change(s).
- e. New Page 5b: **Co-Visits**, if a request has been made to add a co-visit.
- f. New Page 7: **Service Coordination Activities**.
 - i. The participants should discuss the reason(s) for termination of the service(s) and these reasons as indicated by the provider/parent should be documented by the service coordinator under the *Additional Concerns* section.

5. **New Transportation Service Data Entry Form (if applicable).**

Submitting the Amendment Justification Packet:

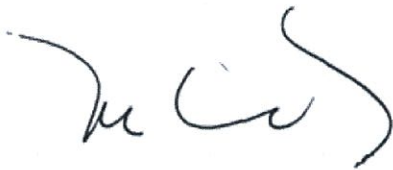
- 1. The OSC must submit the following documentation when requesting an amendment to a current service plan:
 - a. Requests to change service provider:
 - i. **Change in Services/Service Provider/Service Coordinator Form;**
 - Parent notification is required (no parental consent (signature) is required);
 - Parent notification should be documented in the SC notes.
 - ii. IFSP Page 5a: **Service Authorization Data Entry Form;**
 - iii. Brief explanation on provider agency letterhead is required explaining the reason for the change in service provider agency.
 - b. Requests to change the OSC:
 - i. **Change in Services/Service Provider/Service Coordinator Form;**
 - Parent consent (signature) is required.
 - ii. IFSP Page 5a: **Service Authorization Data Entry Form;**
 - Must be submitted when the reason for the SC change is due to a change in the Service Coordination Agency.
 - iii. Brief explanation on provider agency letterhead is required explaining the reason for the change in service coordinator/agency.

Note: Requests to change ISC are addressed in the **Changes in Initial Service Coordinator or Initial Service Coordination Units Policy**.

- c. Requests to change location of service (i.e. home to facility):
 - i. **Change in Services/Service Provider/Service Coordinator Form;**
 - Parent consent (signature) is required.
 - ii. Brief explanation is required on agency letterhead, indicating;
 - The reason(s) for the change in location (should be child-based and related to outcomes).
 - iii. IFSP Forms;
 - Required forms are listed under "Convening an Amendment Meeting" section of this policy document.

	<p>d. Requests to Terminate a Service:</p> <ol style="list-style-type: none"> Change in Services/Service Provider/Service Coordinator Form; Parent consent (signature) is required; IFSP Page 5a: Service Authorization Data Entry Form; Current Progress Notes indicating developmental status as reason for termination. (Note: Parent request may also be considered as a reason for termination of service); Justification for Change in Frequency, Duration or Method of Service Form. <ul style="list-style-type: none"> Only questions 1, 2 and 5 of the justification should be addressed for termination of services. <p>e. Requests to change frequency, duration, or method of service delivery:</p> <ol style="list-style-type: none"> Change in Services/Service Provider/Service Coordinator Form; <ul style="list-style-type: none"> Parent consent is required. Revised IFSP Forms; <ul style="list-style-type: none"> Required forms are listed under the “<i>Convening an Amendment Meeting</i>” section of this policy document. Copies of the most current Provider Progress Notes and Calendars (if completed); <ul style="list-style-type: none"> If a request is made prior to the (3) month progress note, session notes must be included instead of the Provider Progress Note(s). Justification for Change in Frequency, Duration or Method of Service Form. <p>f. Requests to add a new service type:</p> <ol style="list-style-type: none"> Change in Services/Service Provider/Service Coordinator Form; <ul style="list-style-type: none"> Parent consent is required. Supplemental evaluation. <ul style="list-style-type: none"> Refer to the Policy on Additional Evaluations for requesting, completing and submitting additional evaluations. Revised IFSP Forms. <ul style="list-style-type: none"> Required forms listed under “<i>Convening an Amendment Meeting</i>” section of this policy document. Copies of the most current Provider Progress Notes and Calendars (if completed) from services currently being received. <ul style="list-style-type: none"> If a request is made prior to the three (3) month progress note, session notes must be included instead of the Provider Progress Note(s). <p>g. Requests for additional Ongoing Service Coordination units:</p> <ol style="list-style-type: none"> Change in Services/Service Provider/Service Coordinator Form; <ul style="list-style-type: none"> Parent consent is required. Brief explanation is required on agency letterhead, indicating; <ul style="list-style-type: none"> The reason(s) for the change in location (should be child-based and related to outcomes). IFSP Page 5a: Service Authorization Data Entry Form; <p>Note: Requests for additional ISC are addressed in the Changes in Initial Service Coordinator or Initial Service Coordination Units Policy.</p>
Early Intervention Official	<ol style="list-style-type: none"> Reviews Amendment request within three (3) weeks of receipt in the RO: <ol style="list-style-type: none"> EIOD may schedule an amendment meeting after reviewing the amendment packet:

Designee (EIOD)	<ol style="list-style-type: none"> i. Notifies the Scheduling Unit to set up an amendment meeting;; <ul style="list-style-type: none"> • Refer to Policy on IFSP Meeting Scheduling in this chapter of the Policy and Procedures Manual. b. EIOD may request additional information from the interventionist if insufficient information was provided. c. EIOD may authorize the amendment by: <ol style="list-style-type: none"> i. Completing the submitted Service Authorization Data Entry Form: <ul style="list-style-type: none"> • The <i>Begin Date</i> of the new service and the <i>End Date</i> of the old service must be completed; • EIOD must allow at least one week's notice to providers before any change goes into effect. ii. Signing the Change in Service/Service Provider/Service Coordinator Form. b. If the EIOD denies the Amendment Request: <ol style="list-style-type: none"> i. EIOD will return the denied request to the SC; ii. Prior Written Notice will be sent to the parent/caregiver by the EIOD detailing the reason for the denial: <ul style="list-style-type: none"> • A written explanation will be sent to the service coordinator when a request for additional ongoing service coordination units is denied. <p>Note: The amended IFSP is considered to be in effect after the EIOD reviews the documentation and returns the signed and approved IFSP form(s) to the OSC.</p>
Ongoing Service Coordinator (OSC)	<ol style="list-style-type: none"> 1. Gives a copy of the authorized amended IFSP to all service providers and the parent. 2. Gives a copy of the approved amended IFSP packet to all service providers. 3. If a new Transportation Service Data Entry Form was completed, the OSC must give a copy to the service provider's transportation coordinator, who must give a copy to the transportation provider and to the Department Of Education. 4. Explains due process rights to parent if the Amendment request is denied.


 Approved By:
 Assistant Commissioner, Early Intervention

Date: 5/28/2010

Chapter 12: Additional Forms and Procedures

NYC EARLY INTERVENTION PROGRAM INSTRUCTIONS FOR COMPLETION CHANGE IN SERVICE(S)/SERVICE PROVIDER/SERVICE COORDINATOR INSTRUCTIONS

GENERAL DIRECTIONS:

The Service Coordinator (SC) must complete this form when there is a proposed change in Service(s), Service Provider, or Service Coordinator* (refer to **Note** on bottom of page). After completing the identifying information about the child and the currently assigned service coordinator, please "X" the appropriate section and complete/attach the relevant information. Once the parent has indicated his/her agreement with the proposed changes by signing the form (a change in provider of services and initial service coordination do not need parent's signature), the SC should send the completed form along with the appropriate documentation to the appropriate Early Intervention Official Designee (EIOD).

SECTION I - SERVICE PROVIDER

Complete with the Provider Name(s) and Provider Early Intervention Number(s) of the current service provider and the new service provider. Attach a letter explaining the reasons for the change, and a new **Service Authorization Data Entry Form** reflecting the new Provider information and relevant service changes, particularly new *Begin* dates for each service line. Include the anticipated date of change. The reason for the change must be documented on agency letterhead. Please note that a change in provider agency does not require a parent signature.

SECTION II - SERVICE COORDINATOR

Indicate the names and SC ID Numbers of the current and proposed SCs. Attach appropriate documentation indicating the reason(s) for the change. An **IFSP Service Authorization Data Entry Form** must be completed if there is a change in service coordination agency. The reason for the change must be documented on agency letterhead.

Although a change in the Initial Service Coordinator (ISC) should be discussed with the parent, the parent does not need to give consent. However, the parent's written consent is necessary when there is a change in the Ongoing Service Coordinator (OSC). The reason for the change must be documented on agency letterhead.

SECTION III - CHANGE IN SERVICES

A separate form for each service must be completed when:

- A request is being submitted to change a service type currently on the IFSP (Method, Location, Frequency can all be requested on one form for the same service type.)
- A request to add Ongoing Service Coordination units is being made.
- A request to add a service type is being made.
- A request to terminate a service type is being made

This form must be submitted to the EIOD along with a new **IFSP Service Authorization Data Entry Form** reflecting only the Service Type being changed or the service type being added and the **Justification for Change in Frequency, Intensity, or Method of Services** form, progress notes, recent evaluations and the required justification. Refer to the policy on Amendments in the IFSP Chapter of the Policy and Procedures Manual for instructions on completing the Service Authorization form and requesting an addition to ongoing service coordination units.

PLEASE NOTE:

To request a change in Initial Service Coordination Units refer to the **Changes in Initial Service Coordinator or Initial Service Coordination Units Policy**.

***All proposed changes, except a change in the ISC, and a change in the provider of services already on an IFSP must have written parental consent.**

Changes are not official until approved by the EIOD. Once the change has been authorized by the EIOD, the SC must retain a copy in the child's case record and send a copy to the EI service provider(s).

NYC EARLY INTERVENTION PROGRAM
CHANGE IN SERVICE(S)/SERVICE PROVIDER/SERVICE COORDINATOR

Child's EI ID Number: _____ Child's DOB: ____/____/____
Child's Name: (Last) _____ (First) _____ (MI) _____
Service Coordinator: _____ SC ID #: _____
SC Agency Name: _____ Tel. # _____ Fax # _____

"X" ALL BOXES THAT APPLY – COMPLETE SECTIONS ACCORDINGLY

☐ ***SECTION I: SERVICE PROVIDER** (See Note for documentation requirements)

FROM: _____ TO: _____
Provider Name: _____
Provider EI No: _____
Anticipated Date: ____/____/____

☐ ***SECTION II: SERVICE COORDINATOR** (See Note for documentation requirements)

FROM: _____ TO: _____
Name: _____
SC ID #: _____
Provider #: _____
Anticipated Date: ____/____/____ Check one: ☐ Initial ☐ Ongoing

☐ ***SECTION III: CHANGE IN SERVICES**

A separate form for each service must be completed when:

- A request is being submitted to change a service type currently on the IFSP (Method, Location, Frequency can all be requested on one form for the same service type.)
- A request to add Ongoing Service Coordination units is being made.
- A request to add a service type is being made.
- A request to terminate a service type is being made

Add Service Type Method Location Termination of Service Frequency/Duration (Mins./Days/Weeks) Add Ongoing Service Coordination Units

Anticipated Date: ____/____/____ Service Type: _____

I have been consulted about the above changes and approve of those changes

Parent/Guardian Signature: _____ Date: ____/____/____

*** Note:** *The service coordinator must do the following:*

1. Providers who are requesting a **termination of a service/ increase in frequency or intensity/change of method** must complete the *Justification for Change in Frequency, Duration, or Method of Services form*.
2. Attach new **IFSP Service Authorization** form reflecting only the amended Service Type(s).
3. If the ongoing service coordination/service provider agency will change, attach a new **IFSP Services Authorization** form.
4. Send the above forms to the EIOD. Changes are not official until approved and signed by the EIOD.
5. All proposed changes, except a change in initial service coordination and a change in provider of services already on an IFSP, must have written parental consent.

The EIOD will send a copy of the approved form to the current service coordinator (and newly assigned service coordinator, if applicable).

EIOD Section (For Office Use Only): Status of Request

SC agency: ☐ Approved ☐ Denied (Prior Written Notice Attached) Effective Date of Change (if approved): ____/____/____
Service Provider: ☐ Approved ☐ Denied (Prior Written Notice Attached) Effective Date of Change (if approved): ____/____/____
Add Service Type: ☐ Approved ☐ Denied (Prior Written Notice Attached) Effective Date of Change (if approved): ____/____/____
Method: ☐ Approved ☐ Denied (Prior Written Notice Attached) Effective Date of Change (if approved): ____/____/____
Location: ☐ Approved ☐ Denied (Prior Written Notice Attached) Effective Date of Change (if approved): ____/____/____
Terminate Service Type: ☐ Approved ☐ Denied (Prior Written Notice Attached) Effective Date of Change (if approved): ____/____/____
Frequency/Duration ☐ Approved ☐ Approved in Part (Specify): _____ ☐ Denied (Prior Written Notice Attached)
Effective Date of Change (if approved): ____/____/____
Add OSC Units: ☐ Approved ☐ Denied Effective Date of Change (if approved): ____/____/____
EIOD Name (Print): _____ EIOD Signature: _____ Date Signed: ____/____/____

**New York City Early Intervention Program
CHILD INFORMATION CHANGE FORM INSTRUCTIONS**

GENERAL DIRECTIONS:

The service coordinator completes this form whenever a child's personally identifiable information in the Early Intervention (EI) system has been identified as incorrect (with the exception of insurance), e.g., name change, wrong date of birth, address change, etc. Indicate with a check the information that is being changed and complete the requested section(s) for this child. In all cases, "from" should be the information currently in the EI system and "to" should be the new information being submitted.

NOTE: IS THERE A CHANGE OF INSURANCE INFORMATION?

If yes, complete the *Insurance Information* form and attach a copy of the new insurance card with the form.

The Initial/Ongoing Service Coordinator must keep a copy of this form in the child's case record and must send a copy to the Regional Office and to all evaluator(s)/service provider(s).

Complete the following:

- **CHILD'S NAME (Last, First and Middle):** The child's complete legal name (no nicknames), last name, followed by first and middle names. Verify correct spelling.
- **EI ID #:** The unique identification number assigned to this child by the NYC Early Intervention Program (EIP).
- **DOB:** Child's date of birth, in month, day and (four digit) year order.
- **Date Information Changed:** The effective date of change for this information (rather than the day the form was completed).
- **Service Coordinator & Service Coordination #:** The service coordinator name and associated NYC EIP assigned identifier number.
- **Provider Agency & Agency EI #:** The employing service coordination agency name and associated EI contract number.

CHANGES OF FAMILY AND CHILD INFORMATION

A. CHANGE OF TELEPHONE NUMBER: The former and current telephone numbers of the child's caregiver/parent.

B. CHANGE OF NAME (OR SPELLING OF NAME): The current legal name of the child (no nicknames). Verify correct spelling. Documentation of the correct name/spelling (birth certificate, Medicaid card, etc.) must be attached. If documentation is not available, attach a letter of explanation.

C. CHANGE OF ADDRESS FOR CHILD: The former and current addresses of the child. Be sure to include the Apt. No. and Zip Code. If the child is moving out of the borough, ensure that appropriate notification has been made to the EI Program office in that area.

D. CHANGE OF CAREGIVER/PARENT: The former and current name of the caregiver/parent. Attach any available legal documentation. **Surrogate Parent:** Attach a letter of explanation and/or any additional information available. The service coordinator also needs to complete a new Surrogate Parent Assignment by EIOD form and submit it to the EIOD for approval.

E. CHANGE DATE OF BIRTH: The child's date of birth as it appears in EI records and the corrected date of birth. A copy of the child's birth certificate or Medicaid card must be attached to this form when indicating the change. (If documentation is not available, attach a letter of explanation.)

**New York City Early Intervention Program
CHILD INFORMATION CHANGE FORM**

☐ Please Print

CHILD'S NAME (Last, First and Middle): _____

EI # _____ **DOB:** ____/____/____ **Date Information Changed:** ____/____/____

Service Coordinator: _____ **SC ID #:** _____

SC Provider Agency: _____ **Agency EI #:** _____

CHANGES OF CHILD AND/OR FAMILY INFORMATION

☐ **A. CHANGE OF TELEPHONE NUMBER** – Indicate Home or Work number: ☐ Home ☐ Work

From: (____) _____

To: (____) _____

☐ **B. CHANGE OF NAME (OR SPELLING OF NAME)**

From: _____
Last, First & Middle

To: _____
Last, First & Middle

Documentation is requested, see instructions. If not available, attach letter explaining reason.

☐ **C. CHANGE OF ADDRESS FOR CHILD**

From: _____ Apt. # _____

To: _____ Apt. #: _____

☐ **D. CHANGE OF CAREGIVER/PARENT**

From: _____ Relationship: _____

To: _____ Relationship: _____

Attach any available legal documentation.

☐ **E. CHANGE DATE OF BIRTH** - Documentation requested, see instructions

From: ____/____/____ To: ____/____/____

☐ **EIP Data Entry:** _____ **Date:** _____

**NYC EARLY INTERVENTION PROGRAM
JUSTIFICATION FOR CHANGE
IN FREQUENCY, INTENSITY OR METHOD OF SERVICE**

GENERAL DIRECTIONS

This form is to be used for a change(s) in a service already on an IFSP, not to request a new service or a change to service coordination units.

- The therapist/teacher must complete this form and submit it to the Ongoing Service Coordinator (OSC) when there is a proposed termination to, or change in frequency, duration or method of a service currently on an IFSP.
- The OSC must submit this form to the Regional Office with other required paperwork whenever there is a request for a change in frequency, intensity or method of a service in the IFSP, (please refer to Amendment Policy in this chapter).

DEMOGRAPHIC INFORMATION

Please fill out this section in its entirety. The name and contact information of the therapist's supervisor must be indicated.

AUTHORIZATION INFORMATION

This section must be completed in its entirety. Incomplete Justifications will be returned to submitter.

1. IFSP Start Date: ____/____/____ IFSP End Date: ____/____/____	Copy the Begin and End dates from the upper left hand corner of the IFSP being amended.
2. Authorized Service:	Indicate IFSP service type being amended.
3. # of sessions authorized:	Copy the # of session units authorized from the IFSP.
4. # of sessions completed by Provider:	Provide the total number of sessions that were delivered (include any make-up sessions).
5. # of sessions missed (due to either provider or parent reasons):	Indicate the number of any sessions missed, (exclude any sessions that were made-up).
Date of Previous Justification(s) for Change in this Discipline: If there were prior requests to amend this service, indicate the date of request.	
Request for Change: Indicate all changes to this service that are being requested at this time.	
Required Justification Components: For requests to terminate services or decrease frequency, complete questions 1, 2, and 5 only. For all other requests, answer questions 1 through 7.	

NYC EARLY INTERVENTION PROGRAM
JUSTIFICATION FOR CHANGE IN FREQUENCY, INTENSITY OR METHOD OF SERVICES

Child's EI ID Number: _____ Child's DOB: ____/____/____
 Child's Name: Last _____ First _____
 Name of Provider: _____ Discipline: _____
 Therapist Phone Number: (____) _____ Agency Name: _____
 Name of Supervisor: _____ Supervisor Phone Number: (____) _____
 Date of Submission to OSC: _____

Authorization Information: All areas must be completed on this form or it will be returned as incomplete.

IFSP Start Date: ____/____/____ IFSP End Date: ____/____/____ Authorized Service: _____

of sessions authorized: _____

of sessions delivered by provider prior to this Justification for Change: _____

of sessions missed (due to either provider or parent reasons): _____

Date(s) of any Previous Justification for Change in this Discipline: ____/____/____

Request for Change (Complete all that apply): ☐ Termination of Service ☐ Increase/Change in Service

☐ Frequency: From: _____ times per _____ To: _____ times per _____

☐ Duration: From: _____ minutes To: _____ minutes

☐ Method: From: _____ To: _____

Required Justification Components: Justifications will be returned if all questions are not answered. Responses must be numbered and addressed in the below order. For termination of service(s), complete sections 1, 2, and 5 only.

1. Current Function:
 - a. What is the child's current level of function?
 - b. If an evaluation was administered, provide the name of the test and the score, unless this information is included in an evaluation report.
 - c. What was the child's level of function at the last IFSP?
 - d. What can the child do now, that he/she was unable to do previously (give skill-based examples).
2. Service(s) Provided to Date:
 - a. When did you begin delivery of the service?
 - b. Did a different provider deliver these services before you were assigned?
 - c. Did service(s) begin on time?
 - d. Explain any gaps in service(s) including: missed sessions, frequent illness, vacations etc. Include both provider and family reasons when available.
3. Family Involvement:
 - a. Describe how you are supporting the family and/or caregivers in integrating suggested activities into the child's and family's daily routines (Describe specific activities).
 - b. What successes or difficulties has the family had in integrating these activities?
 - c. When suggested activities were integrated into everyday activities, what changes in the daily routines have you observed?
4. Service Plan Coordination
 - a. Have you coordinated with other team members to achieve IFSP outcomes?
 - b. Have you addressed the same or different IFSP outcomes as other therapists? Explain.
5. IFSP Outcomes:
 - a. What is/are the functional outcome(s) that you are currently working on as stated in the IFSP?
 - b. What are the short term objectives that you are currently working on to reach the functional outcome(s)?
 - c. What progress has the child made toward the IFSP outcomes since initiation of this service plan?
 - d. What alternate strategies have you used to replace ineffective strategies? Have they been effective?
6. What will the recommended change offer that the present plan does not?
 - a. Does the proposed plan recommend a new functional outcome?
 - b. What new, short term objectives are being proposed to reach the functional outcomes?
 - c. What are the new strategies being proposed to achieve the short term objectives?
 - d. Will the new plan involve strategies and methods that cannot be reinforced by activities that are part of the child's daily routine? If yes, describe why and indicate if changes in the daily routine are possible.
7. List any changes in the child's medical diagnoses, conditions or medications since the last IFSP which may have an impact on the child's reaction to EI Services. Describe how a change in the child's medical condition or medications will affect the service delivery plan.