

**DIVISION OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS
EARLY INTERVENTION PROGRAM**

EARLY INTERVENTION SCHEDULE FOR: _____ EFFECTIVE DATES: ____ / ____ / ____ TO ____ / ____ / ____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
A.M. SERVICES							
P.M. SERVICES							
SPECIAL SERVICES							

A MAKE-UP SESSION, regardless of the reason for the missed session, can only be held within 10 calendar days AFTER the missed session. It cannot be held on the same day as a regularly scheduled session and must be within the effective dates of the IFSP.

SERVICES	PROVIDER	CONTACT #	SERVICES	PROVIDER	CONTACT #
<input type="checkbox"/> Special Instruction (SI)	_____	_____	<input type="checkbox"/> Service Coordinator (SC)	_____	_____
<input type="checkbox"/> Basic Group (BG)	_____	_____	<input type="checkbox"/> Social Work (SW)	_____	_____
<input type="checkbox"/> Enhanced Group (EG)	_____	_____	<input type="checkbox"/> Family Support (FS)	_____	_____
<input type="checkbox"/> Speech Therapy (ST)	_____	_____	<input type="checkbox"/> Family Training (FT)	_____	_____
<input type="checkbox"/> Occupational Therapy (OT)	_____	_____	<input type="checkbox"/> Other (Specify)	_____	_____
<input type="checkbox"/> Physical Therapy (PT)	_____	_____	<input type="checkbox"/> Other (Specify)	_____	_____

The Ongoing Service Coordinator (OSC) must complete this schedule and distribute to parent, EI/OD and all of the Service Providers no later than 4 weeks from the effective date of the IFSP. All professionals involved with the child and the Early Intervention Official Designee must be informed by the Ongoing Service Coordinator of subsequent changes in the schedule of services.

DSCSN Form 11 c:\IFSPSCD4.br:5/01 *Distribution: White: DSCD (Child's File) Yellow: OSC Pink: Parent/Guardian/Surrogate Copy of this form to all providers listed above.*