## Nassau County Department of Health Early Intervention Program IFSP Amendment Request

Child Name: EIOD:

Date of Birth:

# I.

IFSP Period: OSC/Agency:

### Check off and complete or attach justification for any of the following requests:

* Supplemental Evaluation Request. Type Agency
* Discharge from Early Intervention Program: *attach Discharge Note*
* Discharge from a specific service(s) : *attach Discharge Note* Type:
* Change location of service. From: To:
* Change Agency or Independent provider. From: To:
* Change Ongoing Service Coordinator to:

To: Agency: Name:

Justification *(Include requested dates and details)*

# II.

### Answer questions on form # EI 5093 B in full and attach if requesting any of the following IFSP changes:

* Change in frequency or duration of service(s). From To
* Add new service. Type:

Parent Signature: Date:

Therapist/OSC Signature: Date:

**Changes are official once signed and authorized by EIOD**

EI 5093 A 6.6.16

## Nassau Early Intervention Program: IFSP Amendment Request

Child Name: Date of Birth:

Please follow these instructions for requesting the following:

* 1. A change in frequency or duration of service
	2. Adding a new service

**Required Justification Components**: The IFSP review request **will be returned** if all pertinent questions are not answered. Please write N/A if question does not apply.

* When did you begin delivery of service?
* Explain any gaps in service(s), including missed sessions, frequent illness, vacations.
* What are the concerns that prompted this request?
* Have you communicated with other team members regarding this concern?
* Describe child’s progress, or lack of progress, toward IFSP outcomes since initiation of the IFSP.
* What successes or difficulties has the family had in integrating offered suggestions?
* What will the recommended change offer that the present plan does not?
* List any changes in the child’s medical diagnoses or conditions since the last IFSP which may

have an impact on the child’s reaction to EI services.

Comments:

Questions completed by: Agency:

Contact phone number:

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