

PUTNAM COUNTY DEPARTMENT OF HEALTH EARLY INTERVENTION PROGRAM

Guidelines for Writing a Justification for Change of Services or Supplemental Evaluation

When requesting a change to a child's IFSP, all providers should keep in mind the philosophy of the EI program. Putting an IFSP into action is a team effort and EI is a Family-Centered program. The goal is to teach and empower the families and caregivers so they feel comfortable implementing strategies and carryover activities. Below are some things to consider when requesting a change to an IFSP:

- Have you encouraged and supported the use of non-EI services in the community that would accomplish similar outcomes?
- Have you worked toward increasing Family/Caregiver hands on participation in the current sessions?
- Does the family feel confident in implementing carry over activities? If not, how could you assist the family in becoming more comfortable doing so?

Justifications are considered requests and must be approved by the EIO/D. When discussing a change in services with families care should be taken not to mislead them into thinking this has already been approved.

Please note the NEW protocol below for submitting a change request.

- Complete attached justification form. (Only new form will be accepted)
- Submit justification to OSC, **prior** to getting parent signature, for review.
- OSC & EIO/D will review justification and schedule a visit during a session.
- Parent signature will be obtained during the visit once parent agrees to the plan put in place to address the justification.

**PUTNAM COUNTY DEPARTMENT OF HEALTH
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Justification for Change to IFSP or
Request for Supplemental Evaluation

Child's Name: _____ DOB: _____

Provider Name/Discipline/Agency: _____

Dates of service: _____ Date of request: _____

Service Coordinator: _____

Type of Request

() Increase in service – From: _____ To: _____

() Decrease in service – From: _____ To: _____

() Change in location/duration of service – From: _____ To: _____

() Termination of service – Effective date: _____

() Supplemental Evaluation – Type: _____

() Add a service – Type: _____

Please explain why the current plan is not appropriate to address IFSP outcomes/goals.

Describe the carryover activities, strategies and/or community resources that you have suggested to the family.

Describe how the family has implemented the carryover activities and/or strategies suggested.

Child's Name: _____ DOB: _____

Describe the progress or lack of progress the child has made towards IFSP outcomes/goals.

List dates of missed/cancelled sessions, reason for cancelation, make-up date or make-up date offered and/or any other relevant information.

If requesting a Supplemental Evaluation please describe the concerns and/or behaviors that have been observed.

Submitted by: _____ License #: _____

Provider Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____