



**TITLE:**

RAU Data Entry

**6-month review:**

**Other Review Type:**

**Date:**

In review of the IFSP, the early intervention team must describe how the intervention strategies and services have assisted the family to better be able to meet their child's unique needs and whether the child has improved their ability to participate in daily activities and routines of the family.

Outcome #	Progress or Lack of Progress	Status of Outcome	Major Revisions to Criteria/Strategies*

**NUMERICAL OUTCOME REPORTING:** 1= Outcome achieved, 2= Making progress, outcome continued, 3= Not making progress, criteria or strategies modified, 4= Outcome discontinued, no longer a need, 5=New outcome on this date.

**\* If these modifications justify a need to revise or change services, complete the service grid on IFSP Review Page 2.**



### Modification of IFSP Services

Legend Code**	Modification in Service(s)	Related to Outcome #s	Delivery	Location (Setting for Services)	Frequency/Intensity (How often, how long)	Method	Start Date	End Date	Parent Consent Initials
					One time only authorization for mins				
					xs Daily Weekly Monthly Qtrly mins				
					One time only authorization for mins				
					xs Daily Weekly Monthly Qtrly mins				
					One time only authorization for mins				
					xs Daily Weekly Monthly Qtrly mins				
					One time only authorization for mins				
					xs Daily Weekly Monthly Qtrly mins				

**Method Codes:** A = Coaching the family and/or caregiver in the use of strategies to enhance the development of the child. B = Consultation to family and IFSP team related to ongoing progress monitoring of the child. C- Service Coordination-Provides coordination, linkage and referral. D – Assistive Technology  
\*Indicates information stored electronically      \*\*Legend Code      (+) = Addition of a Service      (-) = Termination/Elimination of a Service



### Modification of IFSP Services

Legend Code**	Modification in Service(s)	Related to Outcome #s	Delivery	Location (Setting for Services)	Frequency/Intensity (How often, how long)	Method	Start Date	End Date	Parent 7 cbgYbñ ð]hUg
					One time only authorization for mins				
					xs Daily Weekly Monthly Qtrly mins				
					One time only authorization for mins				
					xs Daily Weekly Monthly Qtrly mins				
					One time only authorization for mins				
					xs Daily Weekly Monthly Qtrly mins				
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					xs Daily Weekly Monthly Qtrly mins				
					One time only authorization for mins				
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## Part C Services Not Provided in Natural Environments

“The provision of early intervention services for any infant or toddler occurs in a setting other than the natural environment only when early intervention cannot be achieved satisfactorily in a natural environment.” 636(a)(5)

Related to Outcomes #:	Part C Service	Location (Settings for Services)	Transportation Reimbursement Needed? *	Frequency/Intensity (How often, how long)	Method	Start Date	Anticipated Duration	Fund Source	Parent Consent and Initials
			Yes  No	One time only authorization for _____ mins _____ xs Daily Weekly Monthly Qtrly _____ mins				BTT/CFO Other	
			Yes  No	One time only authorization for _____ mins _____ xs Daily Weekly Monthly Qtrly _____ mins				BTT/CFO Other	
			Yes  No	One time only authorization for _____ mins _____ xs Daily Weekly Monthly Qtrly _____ mins				BTT/CFO Other	
* <b>Transportation reimbursed only if service not available in natural environment</b>			<b>Method Codes:</b> A = Coaching the family and/or caregiver in the use of strategies to enhance the development of the child. B = Consultation to family and IFSP team related to ongoing progress monitoring of the child. C = Service Coordination-Provides coordination, linkage, and referral. D = Assistive Technology						

**Natural Learning Opportunities Justification:** Why are services not being provided in natural environments? How will strategies and activities be included in the family daily settings? What is the plan to move services to natural environments (include timeline)?



- ☐ I have participated in this review and consent to the changes discussed above and give permission for services to continue as described in the IFSP.
- ☐ I have received a written copy of the WV Birth to Three Procedural Safeguards.

\*Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Sign with Credential	Date	Role on Team	Telephone/Email	Method of Contribution
			Phone:	
			Email:	
			Phone:	
			Email:	
			Phone:	
			Email:	
			Phone:	
			Email:	
			Phone:	
			Email:	

#### **NOTICE OF ACTION – IFSP REVIEW**

The Individualized Family Service Plan (IFSP) is the documentation of the multi-disciplinary team's decision for the provision of early intervention services for each child found eligible for WV Birth to Three. The IFSP identifies the services and supports needed to achieve the IFSP outcomes as identified by the multi-disciplinary team. As a result of this IFSP review, WV Birth to Three is proposing to implement this plan of early intervention services that have been individualized to meet the needs of the child and family listed above.