

MI

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.



Child Last Name:	
Child First Name:	
DOB:	
FOLDER:	

ID#:

MI

Legend Code**	Modification in Service(s)	Related to Outcome #s	Delivery	Location (Setting for Services)	Frequency (How often	/Intensity , how long)	Method	Start Date	End Date	Parent Consent Initials
					One time onl	y authorization				
					for	mins				
						XS				
					Daily	Weekly				
					Monthly	Qtrly				
						mins				
					One time onl	y authorization				
					for	mins				
						XS				
					Daily	Weekly				
					Monthly	Qtrly				
						mins				
					One time onl	y authorization				
					for	mins				
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					Monthly	Qtrly				
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			1			XS	1 /		ĺ	
					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



Child Last Name:	
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DOB:	
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					One time onl	y authorization				
					for	mins				
				-		XS				
					Daily	Weekly				
					Monthly	Qtrly				
						mins				
					One time onl	y authorization				
					for	mins				
				-		XS				
					Daily	Weekly				
					Monthly	Qtrly				
						mins				
					One time on	y authorization				
					for	mins				
				-		XS				
					Daily	Weekly				
					Monthly	Qtrly				
						mins				
					One time onl	y authorization				
					for	mins				
			1			XS	1 1			
					Daily	Weekly				
					Monthly	Qtrly				
						mins				

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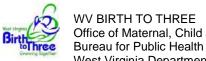
Child Last Name:	
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DOB:	
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					One time onl	y authorization				
					for	mins				
						XS				
					Daily	Weekly				
					Monthly	Qtrly				
						mins				
					One time onl	y authorization				
					for	mins				
						XS	-			
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DOB:	ID#:	
FOLDER:		Date:

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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/ (How often, I		Method	Start Date	Anticipated Duration	Fund Source	Parent Consent and Initials
				One time only	authorization				BTT/CFO	
				for	mins					
			Yes		XS				Other	
			No	Daily	Weekly					
				Monthly	Qtrly					
					_ mins					
				One time only	authorization				BTT/CFO	
				for	mins				Other	
			Yes		XS					
			No	Daily	Weekly					
				Monthly	Qtrly					
					mins					
				One time only	authorization				BTT/CFO	
				for	mins				Other	
			Yes		XS				Other	
			No	Daily	Weekly					
				Monthly	Qtrly					
					_ mins					
only if service	* Transportation reimbursed only if service not available in natural environment			les: g the family and/or ation to family and II Coordination-Provid e Technology	FSP team related	d to ongoing	progress mon	e the developm itoring of the ch	nent of the chil ild.	d.

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)?

\mathcal{O}	WV BIRTH TO THREE Office of Maternal, Child and Family Health	Child Last Name: Child First Name:		
S)	Bureau for Public Health	DOB:	ID#:	
CC ogethen	West Virginia Department of Health	FOLDER:	Date:	

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.