



**Individualized Family
 Service Plan (IFSP)**

Child's Name: _____
 Child's DOB: _____
 Date: _____

6 MONTH REVIEW _____

OTHER REVIEW _____

IFSP REVIEW

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.**



WV Birth to Three
 Office of Maternal, Child and Family Health
 Bureau for Public Health
 Department of Health and Human Resources

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Child's Name: _____
 Child's DOB: _____
 Date: _____

Modification of IFSP Services

Legend Code**	Modification in Service(s)	Related to Outcome #s	Freq/Intensity (Times/Wk/Mo /mins. per Session)	Start Date	End Date	Location	Payee/Practitioner Information	Fund Source(s)

*Indicates information stored electronically **Legend Code + = Addition of a Service - = Termination/Elimination of a Service

- 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: _____

Name and Signature/Credential	Date	Contact Information (Address, Phone, E-mail, Best Time to Call)	Contributed but not present (Include Method of contribution)