

# RI Early Intervention Individualized Family Service Plan

## Early Intervention Services

<b>Child's Name:</b>	<b>DOB:</b>	<b>ID#:</b>	<b>Date:</b>
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**IFSP MEETING NOTICE**

An IFSP meeting occurs when there are decisions to be made about starting, stopping, changing, or refusing Early Intervention services. Before holding an IFSP meeting, Early Intervention is required to provide you with written notice early enough to ensure that you, along with any other individuals you would like to have present, are able to attend. This is your notice that the following IFSP meeting will be held today.

- Interim** - to develop a temporary plan for children presumed eligible who need immediate services prior to a complete IFSP
- Initial** - to develop and complete the IFSP
- Update** - to add, end, or change IFSP services
- Periodic Review** - to review all outcomes, which may result in a review/revision of one or more services
- Annual Review** - to evaluate and revise the IFSP, including all outcomes and all services

EI has confirmed with the parent/guardian that this meeting notice was provided early enough for the family to attend.

*Services and supports are determined after IFSP outcomes are developed.*

Date Added	EI Service	Provider Name	Location	*Natural Setting (Y/N)	Method	Frequency (# times per week)	Intensity (length of session in minutes)	Duration (months)	Date Ended

**\* If NO, complete "Plan for Providing Services in the Natural Environment"**

<b>Services:</b>	<b>Location Codes:</b>	<b>Method:</b>
<ul style="list-style-type: none"> <li style="width: 33%;">• Assistive technology</li> <li style="width: 33%;">• Nutrition</li> <li style="width: 33%;">• Social work</li> <li style="width: 33%;">• Audiology</li> <li style="width: 33%;">• Occupational therapy</li> <li style="width: 33%;">• Speech/language therapy</li> <li style="width: 33%;">• Family Training/Counseling</li> <li style="width: 33%;">• Physical therapy</li> <li style="width: 33%;">• Vision</li> <li style="width: 33%;">• Nursing services</li> <li style="width: 33%;">• Psychology</li> </ul>	<ul style="list-style-type: none"> <li style="width: 33%;">• <b>H</b> (Home)</li> <li style="width: 33%;">• <b>C</b> (Community)</li> <li style="width: 33%;">• <b>CB</b> (Center Based)</li> <li style="width: 33%;">• <b>EIGC</b> (EI Group in the Community)</li> <li style="width: 33%;">• <b>CC</b> (Childcare)</li> <li style="width: 33%;">• <b>N/A</b> (Not Applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>I</b> (Individual)</li> <li>• <b>G</b> (Group)</li> <li>• <b>GV</b> (Group Virtual)</li> <li>• <b>IV</b> (Individual Virtual)</li> </ul>

*Service Coordination is provided to coordinate services on the IFSP and could consist of home visits, telephone calls, and conversation with other providers. Early Intervention can provide interpretation, translation, and transportation services for families as needed to access EI services.*

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Child's Name:	DOB:	ID #:	Date:
<b>Other services that are in place or are needed</b> (medical, recreational, religious, or social services outside of EI that contribute to this plan):			
Program/Agency	Contact	Status	

**IFSP Acknowledgement** (*check one*)

I acknowledge the following:

- The services listed on this IFSP were determined to meet the current needs of my child and to support the outcomes we developed as an IFSP team.
- This is my prior written notice for the beginning of these IFSP services.
- [Procedural Safeguards](#) have been provided, reviewed, and explained to me.

Not applicable – a periodic review was conducted and there are no changes to IFSP services (no signature needed.)

**IFSP Consent** (*check one*)

I consent to Early Intervention services as written on this IFSP.

I consent to Early Intervention services as written on this IFSP **with the following changes:**

Not applicable – a periodic review was conducted and there are no changes to IFSP services (no signature needed.)

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