

Individualized Family Service Plan (IFSP) Review / Change Addendum
 Educational and Developmental Intervention Services (EDIS) - Early Intervention Services

Location of EDIS Program:

1. Child/Family Information

Child's Name: (last, first, middle initial)	Date of Review / Change Meeting: (DD MMM YYYY)	
Sponsor's Name: (last, first, middle initial)	FM DEERS Prefix	Sponsor's SSN:

2. Reason for Review / Change

Required 6-month Review
 Requested Review/Change
 Required Annual Review

3. Review of Progress or Changes / Additions. (Describe progress toward achieving outcomes and / or changes / additions to any part of the IFSP. Additions / changes to outcomes require a new IFSP outcome page(s). Changes do not require a complete rewrite of the original outcome page. Additions / changes to services require a new IFSP service page(s). Attach the added IFSP outcome / service page(s) to the IFSP Review / Change form and place in chronological order behind the IFSP.)

4. IFSP Team Members & Signatures (List the names of all persons attending the review/change meeting.)

Attendee's Name	Specialty / Relationship to Child	Signature

5. Parent/Guardian Statement and Signature(s). (Sign and date upon completion of the review / change meeting.)

Privacy Act Statement: 20 USC Chapter 33 (Individuals with Disabilities Education Act) authorizes collection of this information. The primary purpose for collecting this information is to review or change the IFSP for your child and family. EDIS will use this information to provide early intervention services that address functional outcomes specified in the plan. Disclosure is voluntary, however, failure to provide this information may affect participation in EDIS.

Yes No I received a copy of the early intervention procedural safeguards and due process procedures and an explanation of this information.
 Yes No I understand the procedural safeguards and due process procedures.
 Yes No I participated in the review/change of the IFSP with the EDIS team.
 Yes No I am in agreement with this review/change to the IFSP.

Parent / Guardian: (Signature and Date)	Parent / Guardian (Signature and Date)
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Prepared by: (Name, Title, Signature and Date of EDIS Staff Member)

Original: EDIS Convenience Record - **Copy:** Parent and OREC