

**Team Justification of Change Request
At Six Month Review**

**THIS DOCUMENT MUST BE COMPLETED BY THE PROVIDER WHO'S
SERVICES WOULD BE CHANGED. THE PROVIDER NEEDS TO
DOCUMENT THE DISCUSSIONS OF THE TEAM WHEN ANSWERING THE
FOLLOWING QUESTIONS.**

Section 1: General Information

Name of Provider:

Discipline: OT DT SLP PT SW Other: _____

Name of Child:

Name of Service Coordinator:

EI#:

DOB:

Section 2: Current IFSP/Authorization Information

IFSP Begin Date:

Authorized Frequency:

Authorized Intensity:

Authorized Location:

of Service Sessions Completed:

Functional Outcome That Supports Current Authorization: _____

to provide services and frequency, intensity and duration of services identified on authorizations. All recommendations for services must be based upon the “Principles of Early Intervention.”

- Based upon the principles of Early Intervention and the definition of Functional Outcomes, are the current functional outcome/intervention services considered to be family-centered and do they focus on facilitating social interactions, exploration and autonomy for the child/family?

- If so, has the current outcome been met?

- If the current outcome has been met, or is not in compliance with the definition of “Functional Outcomes” would it be more appropriate to develop a new functional outcome rather than to increase the frequency/intensity of services or to change the location of services?

All team members present for Justification to Change IFSP meeting:

(Signature, Title)