

**Nassau Early Intervention Program: IFSP Amendment Request**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please follow these instructions for requesting the following:

1. A change in frequency or duration of service
2. Adding a new service

**Required Justification Components:** The IFSP review request **will be returned** if all pertinent questions are not answered. Please write N/A if question does not apply.

- When did you begin delivery of service?
- Explain any gaps in service(s), including missed sessions, frequent illness, vacations.
- What are the concerns that prompted this request?
- Have you communicated with other team members regarding this concern?
- Describe child’s progress, or lack of progress, toward IFSP outcomes since initiation of the IFSP.
- What successes or difficulties has the family had in integrating offered suggestions?
- What will the recommended change offer that the present plan does not?
- List any changes in the child’s medical diagnoses or conditions since the last IFSP which may have an impact on the child’s reaction to EI services.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions completed by: \_\_\_\_\_ Agency: \_\_\_\_\_

Contact phone number: \_\_\_\_\_