NYC EARLY INTERVENTION PROGRAM JUSTIFICATION FOR CHANGE IN FREQUENCY, INTENSITY OR METHOD OF SERVICE

GENERAL DIRECTIONS

This form is to be used for a change(s) in a **service already on an IFSP**, not to request a new service or a change to service coordination units.

- The therapist/teacher must complete this form and submit it to the Ongoing Service Coordinator (OSC) when there is a proposed termination to, or change in frequency, duration or method of a service currently on an IFSP.
- The OSC must submit this form to the Regional Office with other required paperwork whenever there is a request for a change in frequency, intensity or method of a service in the IFSP, (please refer to Amendment Policy in this chapter).

DEMOGRAPHIC INFORMATION

Please fill out this section in its entirety. The name and contact information of the therapist's supervisor must be indicated.

AUTHORIZATION INFORMATION

This section **must** be completed in its entirety. Incomplete **Justifications** will be returned to submitter.

1. IFSP Start Date:/	Copy the Begin and End dates from the upper left hand
IFSP End Date:/	corner of the IFSP being amended.
2. Authorized Service:	Indicate IFSP service type being amended.
3. # of sessions authorized:	Copy the # of session units authorized from the IFSP.
4. # of sessions completed by Provider:	Provide the total number of sessions that were delivered
	(include any make-up sessions).
5. # of sessions missed (due to either provider or parent	Indicate the number of any sessions missed, (exclude any
reasons):	sessions that were made-up).
Date of Previous Justification(s) for Change in this Discipline:	
If there were prior requests to amend this service, indicate the date of request.	
Request for Change:	
Indicate all changes to this service that are being requested at this time.	
Required Justification Components:	
For requests to terminate services or decrease frequency , complete questions 1, 2, and 5 only.	
For all other request s, answer questions 1 through 7.	