Ventura County Early Start Program
INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

CHANGES OR ADDITIONS

Amends IFSP of: _____
(date)

IFSP TYPE:

- ☐ Periodic Review
- ☐ Information Change
- ☐ Parent Request
- ☐ Other: _____

STATUS:

- ☐ Continue IFSP
- ☐ Modify IFSP
- ☐ End IFSP

This IFSP meeting (date): _____
Projected Review: 6 months or before _____
Annual _____
Projected IFSP Exit _____

Translated IFSP needed? ☐ yes ☐ no Language _____
Service Coordinator _____ Agency _____ Phone _____
Child Social Security Number _____ Child Case Number, if applicable _____

IDENTIFYING INFORMATION

Child's name _____
First Middle Last
Birth date _____ Age _____ Gender _____
Home Language _____ Interpreter needed? ☐ yes ☐ no
Parent/Guardian _____
Street address _____
Mailing address _____
Home phone _____ Work phone _____ Message phone _____

CHANGE TO PLAN
(*check areas revised, added, or deleted and attach new pages*)

- ☐ Identifying Information (*Record changes above*)
- ☐ Summary of Services
- ☐ Family Concerns, Priorities, Resources
- ☐ Assessment, Present Levels of Performance
- ☐ Outcomes and Services
- ☐ Other, specify _____
  _____

CHILD STATUS CHANGE
(*check those that apply*)

- ☐ No longer eligible
- ☐ Moved out of county to _____
- ☐ Agency withdrawal
- ☐ Parent withdrawal
- ☐ Whereabouts unknown
- ☐ Transition to _____
- ☐ Other, specify _____
  _____

Comments: _____
_____

MODIFIED BY (*to include parent*):

Name/Title	Signature/or Other Verification of Authorization	Agency	Phone	Date
Name-Parent(s)	Signature/or Other Verification of Authorization		Phone	Date

cc: _____ _____