



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Early Supports for Infants and Toddlers COVID-19 IFSP Review Form

(For Up to Three Visits in Non-Natural Environments)

- This IFSP Review Form is a short-term measure to expedite the IFSP Review process. FRC's may choose to follow the typical process for completing the IFSP review in the DMS.
- More than three visits in non-natural environments will require completion of the full IFSP Review in the DMS.
- Prior Written Notice and Parent Rights and Procedural Safeguards must be given to the family before completing this expedited IFSP Review Form.
- This form must be completed by the IFSP team, signed by the parent/caregiver and uploaded to the child's file in the ESIT Data Management System (DMS) prior to the first visit in a non-natural environment.
- This form expires at the time of the next IFSP review or when the EIPA enters ESIT Stage Three of reentry to full services.

Date Prior Written Notice AND Parent Rights and Procedural Safeguards were given to family:

Name of Agency:

Name of FRC:

Child's Name:

Child's DOB:

Current IFSP date:

Date of next IFSP review:

1. Identify the IFSP Outcome(s) that require visits in a non-natural environment?
2. Detail why the above IFSP Outcome(s) require visits in a non-natural environment?
3. Indicate all options the team has explored for service provision in natural environments?
 Virtual Phone Text Email Mail Outdoors Other:
4. Where will the visit(s) take place?
5. Provide a plan to return to ongoing services in natural environments:

IFSP Signature Page

Consent:

I participated in the development of this IFSP and I give informed consent for the Washington Early Support for Infants and Toddlers program and service providers to carry out the activities listed on this IFSP. Consent means I have been fully informed of all information about the activities for which consent is sought, in my native language or other mode of communication; that I understand and agree in writing to the carrying out of the activities for which consent is sought; the consent describes the activities and lists of records (if any) that will be released and to whom; and the granting of my consent is voluntary and may be revoked in writing at any time. Such revocation is not retroactive (it does not apply to any actions that occurred prior to revoking consent.)

I understand that I may accept or decline any early intervention service (except the required procedural functions under the regulations for Family Resources Coordination) and may decline such a service after first accepting it without jeopardizing any other early intervention service(s) my child or family receives through the Washington Early Support for Infants and Toddlers program. (NOTE: Complete the Declining One or More Early Intervention Services or Declining Participation in the ESIT Program form if appropriate.)

I understand that my IFSP will be shared among the early intervention providers and program administrators responsible for implementing this IFSP.

I have received a copy of Washington Early Support for Infants and Toddlers program, Individuals with Disabilities Education Act (IDEA) Part C Procedural Safeguards [Parent Rights] along with this IFSP. This information includes the complaint procedures and timelines I may use if I decide later that I disagree with any decisions. These rights have been explained to me and I understand them.

I have received a copy of Washington Early Support for Infants and Toddlers program, System of Payments and Fees Policy along with this IFSP. The policy identifies the procedural safeguards and dispute resolution options I may use if I decide later that I disagree with any decision related to billing public or private insurance, the imposition of fees, and/or the determination of ability or inability to pay. These rights have been explained to me and I understand them.

Signature of (check one): Parent Legal Guardian Surrogate Parent

Signature

Printed Name

Date

IFSP team members who participated in this IFSP Review meeting:

Printed name/ credentials:	Signature:	Role/Agency:	Date:	Participated by: Check one
				<input type="checkbox"/> Tele-conference <input type="checkbox"/> Phone <input type="checkbox"/> In writing
				<input type="checkbox"/> Tele-conference <input type="checkbox"/> Phone <input type="checkbox"/> In writing
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