

IX. IFSP Review

Review Date _____	Summarize Review Results
REVIEW CYCLE <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other	Target Date for Next Review _____

I have participated in the review of this IFSP. The rights under the Infant-Toddler Program have been reviewed and explained to me and I understand them.

Consent means: I have been fully informed about the activity or activities for which consent is sought; I was informed in my native language (unless clearly not feasible to do so) or other mode of communication; and I understand and agree in writing to the implementation of the activity or activities for which consent is sought; the consent describes that activity or activities; and the granting of my consent is voluntary and may be revoked in writing at any time. I understand that my child will not be able to receive the early intervention services outlined on this IFSP unless I give my consent.

I understand that my child is eligible for the NC Infant-Toddler Program and is eligible to receive the early intervention services as outlined by the IFSP. I understand that I may decline a service or services without jeopardizing any other early intervention service(s) my child or family receives through the NC Infant-Toddler Program. I understand that I may decline a service after first accepting the service.

Check One:

I give my informed consent for the NC Infant-Toddler Program and service providers to carry out all the activities as reviewed on this IFSP.

I decline for my child or family to receive: (specify)

— AND —

I give my informed consent for the NC Infant-Toddler Program and service providers to carry out all other activities listed on this IFSP, EXCLUDING the service or services I have specified here.

Parent/Guardian Signature and Date

Parent/Guardian Signature and Date

EI Service Coordinator Signature/Agency and Date

Agency Representative or Designee Signature/Agency and Date

Other Signature and Date

Other Signature and Date

For Annual IFSP Reviews:

I have received a copy of the North Carolina Infant-Toddler Program Notice of Child and Family Rights.

Child's Name: _____

Medicaid Number: _____ N/A

Agency: _____

Section Number: _____

_____ (Initial Here)

IX. IFSP Review

Instructions:

This section is to be used any time there is an IFSP review. It is not necessary to wait until a Semi-Annual or Annual Review to review the plan and make changes needed or desired by the family. Three (3) kinds of IFSP reviews are:

- **Semi-Annual**
- **Annual**
- **Other reviews (at the family's request)**

Review Date: Enter the month, day, and year the review takes place. Date format is mm/dd/yy.

Summarize Review Results: There are times when reviews are not conducted as scheduled. If this should occur, note the reasons why a review is not conducted on schedule. The EI Service Coordinator should summarize the review meeting in this section to include:

- Progress being made toward achieving outcomes and / or new outcomes developed
- The family's satisfaction with services being received
- Changes made in service provision
- Any new and relevant information related to the child and family (concerns, priorities, and resources)
- The results of any evaluations and assessments conducted
- Plans until the next scheduled review
- Team members who were present
- How team members not present contributed to the review

Review Cycle: Check the space that corresponds to the kind of review. Use a new Section VIII every time there is a review.

Target Date for Next Review: Record the date when the next review will be conducted. A review of the IFSP is to occur every six months following the date of the signing of the Initial IFSP. If a review is delayed, the next review should occur on schedule from the date of the signing of the Initial IFSP, even if a full six months has not elapsed. Date format is mm/dd/yy.

Signatures: The parent, as identified by the NC Infant-Toddler Program, should sign the review page. The parent signs and dates where indicated. The EI Service Coordinator and Provider Agency Representatives or their designees sign and date where indicated. A parent's signature indicates informed consent and understanding of Child and Family Rights under the Infant-Toddler Program. Additionally, at the annual IFSP review, a parent initials that they have received a copy of the North Carolina Infant-Toddler Program Notice of Child and Family Rights.

Before signing the agreement page, the parent, or parent surrogate, should check one of the boxes above his signature to indicate consent to receive the early intervention services outlined on the IFSP or to decline a service or services.

Child's Name: Enter the first, middle, and last name of the child.

Medicaid Number: Enter child's Medicaid number. If child does not have a Medicaid number, check the box indicating N/A.

Agency: Identify which Children's Developmental Services Agency is involved.

Section Number: Identify page using the roman numerals corresponding with the Section. If inserting additional pages, indicate with letter of alphabet after numeral (e.g. if adding a page to Section III, identify that page as IIIa).