

First Steps Request for Change or Addition in Service with ED Team Response Form Directive

Purpose: To streamline the process of requesting a change or addition to an IFSP and document team discussion; and collect Entry and Exit Standard Deviations from the Eligibility Determination Team Leader (EDTL) upon a child's exit from First Steps services.

Directions:

Requesting Change or Addition in Service: The requesting provider completes the top half of the form and submits it to the ongoing Service Coordinator (SC). The ongoing SC forwards the form to the scheduler of the EDTL for approval and documents the dates and methods all team members were notified of the request and the dates and methods of all team members' responses to the request. SC uses the "Summary of Team Discussion" to document any additional information necessary to support the team's decision. The EDTL reviews the request, then submits the completed form back to the ongoing SC who includes the form as part of the IFSP Change Page packet as directed by that cluster's procedures.

Requesting Entry/Exit Standard Deviations: The ongoing Service Coordinator completes the top one-third of the form, checking "Termination of All Services", listing the reason for termination as indicated on the "Ongoing Record Termination Form" and the Effective Date of termination. The SC forwards the form to the scheduler of the EDTL. The EDTL lists the initial standard deviations obtained on the child's first AEPS and the exit standard deviations obtained from the collection of information from the ongoing provider and/or the last completed AEPS, if within three months of the child's exit date. The EDTL forwards the completed form back to the ongoing SC who submits the information as directed by that cluster's procedures.

First Steps Request for Change or Addition in Service with ED Team Response

To be completed by requesting provider and forwarded to Service Coordinator:

Name of Child	Date of Birth	County	IFSP Date
FS ID #			
Request is for: <input type="checkbox"/> Change in Current Service <input type="checkbox"/> Addition of new service <input type="checkbox"/> Change in Setting: onsite / offsite (indicate)			
<input type="checkbox"/> Termination of All Services → Reason _____ Effective Date _____			

SC completes these two columns

Team Member/ Role (DT/OT/PT/ST/EDT/ETC)	CURRENT		CHANGE REQUESTED		DATE/METHOD OF NOTIFICATION	DATE/METHOD OF RESPONSE
	Duration	Frequency	Duration	Frequency	(Phone, Fax, Email, Etc)	(Phone, Fax, Email, Etc)

Requesting Provider Signature _____ Date _____ Provider Phone Number _____

Service Coordinator _____ Date _____ SC Phone Number _____

Justification: (How will requested change produce result: What will be different; what timeframe is expected for change to occur)

Ideas/Strategies already utilized: (include what has not worked in producing desired results)

**** SC Use Only ****

Summary of Team Discussion:

EDT Comments: No Response Needed Support Request Adtl info needed

**** ED Team Use Only ****

ENTRY/EXIT AEPS STANDARD DEVIATIONS { 0, -1, -1.5, -2 }	
	Entry/Exit
Fine Motor =	____/____
Gross Motor =	____/____
Adaptive =	____/____
Cognitive =	____/____
Communication =	____/____
Social =	____/____

Signature of ED Team Member _____ Date _____ Billable Time _____