

IFSP AMENDMENT SHEET

Child's Name:

DOB:

Amendment:

Reason for Amendment:

Starting Date:

Who will be doing it?

Amendment made by:

Date:

Parent(s) / Guardian(s) Signature:

Date:

Member's Notified of Amendment (check all that apply):

- Family via _____
- OT via _____
- Mental Health
 - CSW via _____
 - Psychology via _____
- EI via _____
- SLP via _____
- Other (specify) via _____