

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

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

Child's Name: _____ ID# _____ DOB: _____

SERVICE	CURRENT		CHANGE REQUEST		PROVIDER NAME	PHONE#	Justification
	Duration	Frequency	Duration	Frequency			Y/N

Request is for: Change in Current Service; Change in location; Addition of new service, Termination of Service

Requesting Provider Signature _____ Date _____ Provider Phone Number _____

Service Coordinator _____ Date _____ Phone Number _____

Justification:

Ideas/Strategies already utilized:

Documented Communication with team:

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

No Response Needed Support Request Additional information needed

ED Team Comments:

<p style="text-align: center;">EXIT AEPS SCORES</p> <p style="text-align: center;">{ 0, -1, -1.5, -2 }</p> <p>Fine Motor = _____</p> <p>Gross Motor = _____</p> <p>Adaptive = _____</p> <p>Cognitive = _____</p> <p>Communication = _____</p> <p>Social = _____</p>
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Signature of ED Team Member _____ Date _____ Billable Time _____