UTAH DEPARTMENT OF HEALTH
Baby Watch Early Intervention
Birth to Three Development

Name: ___________________________________

DOB: ____/____/______ *IFSP:* ____/____/______

Services

Service Category / Provider	Frequency / Length	Duration	Intensity / Location	Transportation	Start / End
Add Date: ___/___/_______					
Service Category* ______________________________	Frequency* ___ X ___		☐ Individual ☐ Group	☐ N/A ☐ Declined	Start ___/___/_____
Service Provider* ______________________________	Length* ___ mins	Duration* ___ mo.	Location* ____________	☐ Accepted ___ miles	End ___/___/_____
Add Date: ___/___/_______					
Service Category* ______________________________	Frequency* ___ X ___		☐ Individual ☐ Group	☐ N/A ☐ Declined	Start ___/___/_____
Service Provider* ______________________________	Length* ___ mins	Duration* ___ mo.	Location* ____________	☐ Accepted ___ miles	End ___/___/_____
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Service Category* ______________________________	Frequency* ___ X ___		☐ Individual ☐ Group	☐ N/A ☐ Declined	Start ___/___/_____
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Justification Statements

Location Justification Statement

Service & Setting Requiring Justification: _____

Explain why the outcome cannot be met if the service is provided in the natural environment.*

Explain how services provided outside the natural environment will be generalized within activity settings and routines of the family.*

Describe a plan with time lines and supports necessary to allow the outcome to be satisfactorily achieved in a natural environment.*

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Non-EI Services

(any services the child and family needs or is receiving through other sources, but that are neither required nor funded under Part C):

Non-EI Service Provider* _____

Note

Non-EI Service Provider* _____

Note

Service Categories

- Special Instruction
- OT
- COTA
- PT
- PTA
- SLP
- Family Training
- Assistive Technology
- Audiology
- Health Services
- Medical
- Nursing
- Nutrition
- Psychological
- Respite Care
- Service Coordination
- Social Work
- Sign Language and Cued Speech

USDB Service Categories

- PIP BVI
- PIP BVI Toddler Group
- PIP DHH
- PIP DHH Deaf Toddler Group
- PIP Sign Language and Cued Speech
- USDB Communication Intervener
- USDB Deaf Mentor
- USDB Deaf/Blind
- USDB Orientation and Mobility