

CHILD RECORD CHECKLIST

When a child transfers, the entire record must be sent to the receiving service providing agency that will provide service coordination.

Not all forms below will be applicable to each record. Use the comments column to include any pertinent information.

Form Name	Present			Comments
	Yes	No	N/A	
AzEIP Records Released/Accessed Log				
Initial Referral Source Follow Up Letter				
Unable to Process Referral Letter				
No Contact Letter(s)				
Prior Written Notices (PWNs)				
Consent for Screening (PWN)				
Consent for Evaluation (PWN)				
Consent(s) for Child Assessment				
Consent(s) to Obtain Information				
Consent(s) to Share Early Intervention Records and Information				
Authorization(s) to Disclose Protected Health Information				
Consent(s) for Insurance				
AzEIP AHCCCS Member Service Request Form <i>*Enter in comments section: insurance type, services, and authorization dates</i>				
AzEIP Screening Instruments				
Vision Screening Checklist(s)				
Hearing Screening Tracking Form(s)				
Evaluation Instruments				
Assessment Instruments				
AzEIP Developmental Evaluation Report				
Child Entry Indicators				
Child Exit Indicators				
IFSP Meeting Notification(s)				
IFSP(s), including all Child and Family Assessments				
Quarterly Progress Reports				
All Service Coordination contact notes				
All IFSP team contact notes/home visit logs				
PEA Notification and Referral Opt-Out Form				
Invitation to Participate in Transition Conference/ IFSP Transition Planning Meeting				
Transition Conference Summary				
Additional medical/developmental records				
Other records, including DDD or ASDB specific records				

I-TEAMS Page Name	Data is up to date and accurate			Comments
	Yes	No	N/A	
Child Demographics: including the new address and updated parent contact information				
Insurance Information				
Assign/Change Team Members: must be up to date with all assigned core team members prior to transfer				
Eligibility				
IFSP Information				
Child Entry Indicator Summary Form				
Service Delivery				
Transfer Child				
Transition Child				
Child Exit Indicator Summary Form				

Date transfer form submitted: _____

Completed by: _____

Date: _____

Received by: _____

Date: _____

ADDITIONAL COMMENTS