

CHILD FILE REVIEW FORM: INDICATOR 7 45-DAY TIMELINE

Child's Name: _____ DOB: _____ I-TEAMS ID: _____

Service Coordinator: _____ Region: _____ Service Providing Agency: _____

File Review Completed by: _____ File Review Date: _____

Referral Date: _____ 45th Day: _____

Initial Visit Date: _____ Eligibility Date: _____ Initial IFSP Date: _____

Indicator 7: Eligible infants and toddlers receive evaluation, assessment, and an initial IFSP within 45 days from the date of referral.

INITIAL PLANNING PROCESS (IPP) DOCUMENTATION All documentation marked as "yes" should be submitted through Google Forms. If not applicable, please mark "no" and enter reason.				
Activity	Forms	Completed?		Additional information to support compliance verification.
		Yes	No	
Initial Visit	Acknowledgement of Child and Family Rights (GCI-1115A)			
	Consent For Screening - Prior Written Notice (GCI-1083A)			
	Consent for Evaluation - Prior Written Notice (GCI-1038B)			
Eligibility	Developmental Evaluation Report (DER) (GCI-1043A)			
	Prior Written Notice (Eligibility) (GCI-1050B)			
Initial Individual	Consent for Child Assessment (CFA) (GCI-1083A)			
Family Service Plan (IFSP)	Initial IFSP (GCI-1021A)			

Related Requirements	Yes	No	Additional information to support compliance verification.
Did the Initial IFSP meeting occur within 45 days from the date of referral as required by §34CFR303.310(a)?			
Does data in I-TEAMS match data on paperwork (PWN date, IFSP date, Child File Review Form,etc.)?			
If IFSP was not completed timely, provide reason, detailed explanation, and action taken to complete IFSP after reason for delay has been resolved.			

In addition to the forms marked as “yes” in the IPP Documentation Table above, mark the box(es) below for each type of supporting documentation used to verify compliance if IFSP was not completed timely. At minimum, SC Notes are required. All documentation must be submitted through the Google Form for verification. Submitted documentation should include all steps taken by the team to meet timelines.

SC Notes Provider Notes Written Correspondence No Contact Letter Other: _____

If needed, please use this area for additional information supporting compliance.