

CHILD FILE REVIEW FORM: INDICATOR 1 TIMELY PROVISION OF SERVICES

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

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

File Review Completed by: _____ File Review Date: _____

IFSP Type (Initial, Annual, Review): _____ IFSP Date: _____

INDICATOR 1: INFANTS AND TODDLERS AND THEIR FAMILIES RECEIVE ALL SERVICES ON THEIR IFSP IN A TIMELY MANNER.	YES	NO
Did all services begin on or before the Planned Start Date (PSD) as listed on the IFSP?		
Is this file considered compliant per AzEIP Policy and Procedure Manuals?		
Are the dates documented in I-TEAMS, on supporting documentation, and child file review form accurate and do they match?		

IFSP Service	Planned Start Date	Actual Start Date	Timely		If marked not timely, provide reason, detailed explanation, and action taken to provide service after the reason for delay has been resolved.
			YES	NO	
OT					
PT					
SPT					
DSI					
TOD					
TOV					
Psychologist					
Social Worker					

Mark the box(es) below for each type of supporting documentation used to verify compliance. At minimum, items in bold 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.

Provider Contact Log **IFSP** SC Notes Written Correspondence Other

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