

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.

Forms	Completed?		Additional information to support compliance verification.
	Yes	No	
Prior Written Notice (Eligibility) (GCI-1050B)			
Initial Individualized Family Service Plan (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.