

CHILD FILE REVIEW FORM: INDICATOR INDICATOR 8B PEA NOTIFICATION

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

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

File Review Completed by: _____ File Review Date: _____

AZEIP Eligibility Date: _____ Date Child is 2.3: _____ Date Child is 2.6: _____ Date Child is 2.9: _____

TPM Date: _____ PEA Opt Out Date*: _____ PEA Sent Date*: _____ ADE Sent Date*: _____

***Enter N/A if activity did not occur.**

Indicator 8: Children and families receive timely transition activities to support the child's transition to preschool and/or other appropriate community services by the child's third birthday.

INDICATOR 8B: PEA NOTIFICATION- OPT OUT	YES	NO	N/A	ADDITIONAL INFORMATION TO SUPPORT COMPLIANCE VERIFICATION.
Was the initial opt out decision made timely?				
Does the PEA 'Opt Out Date' in I-TEAMS match the date the parent signed the 'PEA Notification/Referral' form to opt out of PEA notification?				

INDICATOR 8B: PEA NOTIFICATION	YES	NO	N/A	ADDITIONAL INFORMATION TO SUPPORT COMPLIANCE VERIFICATION.
Was the 'PEA Notification/Referral' form sent to the PEA (school district) timely?				
Does the 'PEA Notification Sent Date' in I-TEAMS match the date the 'PEA Notification/Referral' form was sent to the PEA (school district)?				
Was the 'PEA Notification/Referral' form sent to the State Education Agency (Arizona Department of Education- ADE) timely (either by the SC or AZEIP)?				
Does the 'ADE Notification Sent Date' in I-TEAMS match the date the 'PEA Notification/Referral' form was sent to ADE (either by the SC or AZEIP)?				

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

PEA Notification/Referral Form(s)

Email/Fax Confirmation (if family did not opt out)

IFSP, including transition pages

Service Coordinator Notes Other

See page 2 for EOE/ADA disclosures

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