# AzEIP Child File Review: Indicator 1

| Child's Name: | | DOB: | Region: |
|---|---|---|---|
| Service Coordinator: | | Agency: | Completion date: |
| IFSP Date: | | IFSP Type (Initial, Annual, Review): | |

**Indicator 1**: Children and families receive all services on their IFSP in a timely manner (on or before the planned start date on the IFSP).

| Indicator and/or Related Requirements | Yes | No | Comments |
|---|---|---|---|
| 1. Did all services on the IFSP (including those added through addendums) begin on or before the planned start date (PSD) on the IFSP? 34 CFR §§303.344 (f)(1). | | | |

| If 'Yes," was selected for Indicator 1, check the service type and the actual start date (ASD) for **each** service: | If **no**, what was the reason for delay? |
|---|---|
| ☐OT:  PSD: _____ ASD: _____ Timely? (Y/N): ___ <br><br> ☐PT:  PSD: _____ ASD: _____ Timely? (Y/N): ___ <br><br> ☐SPT: PSD: _____ ASD: _____ Timely? (Y/N): ___ <br><br> ☐DSI:  PSD: _____ ASD: _____ Timely? (Y/N): ___ <br><br> ☐TOD:PSD: _____ ASD: _____ Timely? (Y/N): ___ <br><br> ☐TOV:PSD: _____ ASD: _____ Timely? (Y/N): ___ <br><br> ☐Other: _____ <br>      PSD: _____ ASD: _____ Timely? (Y/N): ___ <br><br> ☐Other: _____ <br>      PSD: _____ ASD: _____ Timely? (Y/N): ___ | <br><br><br><br><br><br><br><br> Root Cause of delay: <br> ☐ **Process**     ☐ **Policies and Procedures**     ☐ **Equipment** <br> ☐ **Supplies**     ☐ **Measurement**     ☐ **People** <br> ☐ **Other:**_____ |