

AzEIP Child File Review: Indicator 7

Child's Name:		DOB:		Region:	
Service Coordinator:		Agency:		Completion date:	
IFSP Date:		IFSP Type (Initial, Annual, Review):			
Indicator and/or Related Requirements	Yes	No	Comments		
a. Did the Initial IFSP meeting meet the requirements of being completed within 45 days? §34CFR303.310(a)					
b. Was data entered in to I-Teams timely and accurately?					
<p>If no, what was the reason for delay?</p> <p>Root Cause of delay:</p> <p> <input type="checkbox"/> Process <input type="checkbox"/> Policies and Procedures <input type="checkbox"/> Equipment <input type="checkbox"/> Supplies <input type="checkbox"/> Measurement <input type="checkbox"/> People <input type="checkbox"/> Other: _____ </p>					