

Early Intervention Self-Assessment Record Review Form 2013

Child ID and Initials: _____ DOB: _____ Program: _____ Program Reviewer: _____

	Indicator	Guidance	Data	Compliance	Explanation	Verification
A.	An evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline	Documentation can be found in child's record. Identify date of referral from primary referral source and compare to date of evaluation and IFSP meeting. Definition of Compliance: Yes: # of days is < or = 45 <u>or</u> is > 45 due child illness/hospitalization or family issue No: # of days is > 45 due to provider issue	Date of referral: _____ Date of evaluation: _____ Date of IFSP meeting: _____ # of Days _____ If > 45 days indicate reason: a. Child Illness/ Hospitalization <input type="checkbox"/> b. Family Issue <input type="checkbox"/> c. Provider Issue <input type="checkbox"/> Location of documentation in record or SRF date reason indicated on _____ IFSP start date: _____	Is this record compliant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain	
B	Number of days between IFSP meeting and IFSP Signature Date (start date)	Timeline data is being reviewed for technical assistance purposes	Number of days _____	Is the number of days 14 or less? Yes <input type="checkbox"/> No <input type="checkbox"/>	If over 14 days please explain the delay in completing the IFSP:	

Compliance Questions

Quality Assurance Question

State Column for Verification

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C.	Eligibility determination/category is consistent with documentation	<p>Documentation found on IFSP Evaluation Summary (p.9) and consistently reflects eligibility standards (e.g. SEC should have appropriate diagnosis indicated)</p> <p>Definition of Compliance: Yes: Determination reflects information provided on p.9 of IFSP No: Documentation Inconsistent</p>	<i>Intentionally blank</i>	Is this record compliant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain.																													
D.	Outcomes are functional, measureable and family owned	Review first two outcomes for the time period in review(1/1/13-6/30/13). The outcomes should contain all three components.	<p>Outcome 1</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">Somewhat</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Family Owned</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Functional</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Measureable</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> <p>Outcome 2</p> <table border="0" style="width: 100%;"> <tr> <td>Family Owned</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Functional</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Measureable</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Yes	Somewhat	No	Family Owned	_____	_____	_____	Functional	_____	_____	_____	Measureable	_____	_____	_____	Family Owned	_____	_____	_____	Functional	_____	_____	_____	Measureable	_____	_____	_____		If somewhat or no, please explain	
	Yes	Somewhat	No																															
Family Owned	_____	_____	_____																															
Functional	_____	_____	_____																															
Measureable	_____	_____	_____																															
Family Owned	_____	_____	_____																															
Functional	_____	_____	_____																															
Measureable	_____	_____	_____																															
E.	Services must be provided in the natural environment (NE) or have an acceptable justification.	<p>Documentation is found on the IFSP EI Services page (p. 12)</p> <p>Definition of Compliance: Yes: All services provided in NE or for each service not provided in NE, a complete “Plan to Provide Services in Natural Environment” (p.14) is completed. All questions are answered completely and specific to the child. No: “Plan to Provide Services in NE” is not present or information provided does not completely answer the questions asked.</p>	<i>Intentionally blank</i>	Is this record compliant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain																													

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	Indicator	Guidance
F.	Initial services must begin within 30 days from consent (signature or initials on IFSP) or appropriate justification is documented.	Use the worksheet to record all new services on initial IFSP or IFSP Update and compare start dates (date of consent) with 1 st SRF of a new service within the time period for this review (services written on IFSP between 1/1/13 and 6/30/13). A service is defined by federal category e.g. Family Training Counseling, PT, etc. Once a service in a federal category begins, any additional services in the same category are not considered new. Definition of Compliance: Yes: Service began <= 30 days <u>or</u> > 30 days with justification of either child illness/hospitalization or family issue No: Services began > 30 days due to provider issue
<p>If all services were “Yes”, check here <input type="checkbox"/> and mark “Y” for compliance on tally sheet</p> <p>If <u>any</u> service was “No”, check here <input type="checkbox"/> and mark “N” for compliance on tally sheet</p>		

WORKSHEET

Service (type)	Start Date (date IFSP or update was signed)	SRF Date	Data	Compliance	Explanation	Verification
			If > 30 days indicate reason: a. Child Illness/Hospitalization <input type="checkbox"/> b. Family Issue <input type="checkbox"/> c. Provider Issue <input type="checkbox"/>	Is this service compliant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain.	
			If > 30 days indicate reason: a. Child Illness/Hospitalization <input type="checkbox"/> b. Family Issue <input type="checkbox"/> c. Provider Issue <input type="checkbox"/>	Is this service compliant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain.	
			If > 30 days indicate reason: a. Child Illness/Hospitalization <input type="checkbox"/> b. Family Issue <input type="checkbox"/> c. Provider Issue <input type="checkbox"/>	Is this service compliant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain.	

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Service (type)	Start Date (date IFSP or update was signed)	SRF Date	Data	Compliance	Explanation	Verification
			If > 30 days indicate reason: a. Child Illness/ Hospitalization <input type="checkbox"/> b. Family Issue <input type="checkbox"/> c. Provider Issue <input type="checkbox"/>	Is this service compliant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain.	
			If > 30 days indicate reason: a. Child Illness/ Hospitalization <input type="checkbox"/> b. Family Issue <input type="checkbox"/> c. Provider Issue <input type="checkbox"/>	Is this service compliant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain.	
			If > 30 days indicate reason: a. Child Illness/ Hospitalization <input type="checkbox"/> b. Family Issue <input type="checkbox"/> c. Provider Issue <input type="checkbox"/>	Is this service compliant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain.	
			If > 30 days indicate reason: a. Child Illness/ Hospitalization <input type="checkbox"/> b. Family Issue <input type="checkbox"/> c. Provider Issue <input type="checkbox"/>	Is this service compliant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain.	

Compliance Questions

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Transition Early Intervention Self-Assessment Record Review Form 2013 (only used for children selected for transition review)

Child ID and Initials: _____ DOB: _____ Program: _____ Program Reviewer: _____

	<i>Indicator</i>	<i>Guidance</i>	<i>Data</i>	<i>Compliance</i>	<i>Explanation</i>	<i>Verification</i>
TA.	Notification (Referral) to LEA, if child is potentially eligible for Part B	<p>Definition of Compliance(*T1): Yes:</p> <ul style="list-style-type: none"> Initial EI eligibility was before the child's 28th month and LEA notification date was prior to the end of the child's 28th month Initial EI eligibility was before the child's 28th month and LEA notification date was after the 28th month due to family reason Initial EI eligibility was after the child's 28th month and notification occurred as soon as possible after this <p>No:</p> <ul style="list-style-type: none"> Initial EI eligibility was before the child's 28th month and date for notification occurred after the 28th month Initial EI eligibility was after 28th month and notification date is after the child's 33rd month <p>N/A:</p> <ul style="list-style-type: none"> No consent provided child is >= 34.5 months at date of referral 	<p>Date of initial eligibility _____</p> <p>Consent provided? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, date of notification (referral) to LEA _____</p> <p>Age of child at notification: _____</p>	<p>Was this record compliant? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>If no or late, please explain:</p>	
TB.	Convened the transition conference for toddlers potentially eligible for Part B.	<p>Definition of Compliance(*T2): Yes:</p> <ul style="list-style-type: none"> Initial EI eligibility was before the child's 28th and transition conference date is prior to the end of the child 30th month Initial EI eligibility was after the child's 28th month and transition conference is prior to the child's 33rd month but before 34.5 months Initial EI eligibility was before the child's 28th and date is after the end of the child 30th month due to family reason. <p>No:</p> <ul style="list-style-type: none"> Initial eligibility was before the child's 28th month and conference date is after the end of the child 30th month Initial eligibility to EI was after the child's 28th month and conference date is after to the child's 33rd month Conference did not occur <p>N/A: No consent</p>	<p>Date of conference _____</p> <p>Date Due (30 Months): _____</p>	<p>Was this record compliant? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>f no or late, please explain:</p>	
TC.	IFSPs have transition steps and services	<p>Definition of Compliance(*T2): Yes: At least one complete step with specific action, person responsible, and timeline No: No step, or incomplete step</p>	<p>Minimally requires that at least one complete step must be documented and must include specific action, person responsible and time line.</p>	<p>Was this record compliant? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If no, please explain:</p>	

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Early Intervention Program Self-Assessment Tally Sheet For:			0							
Date:	September-2013		Focused Monitoring January 2013 - June 2013							
Once the child's record is reviewed please enter the results (Y for compliance, N for non-compliance and NA for not applicable) for each section of the review or totals will be automatically entered in the summary. This spreadsheet will help track non-compliance and state verification for each child reviewed. Please note mark records that will not be counted in the total for each section. Transition Records have been marked accordingly.										
			A.	B.	C.	D. Outcome 1	D. Outcome 2	E.	F.	TA.
			An evaluation and an initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline	Number of days between IFSP meeting and IFSP Signature Date (start date)	Eligibility determination/category is consistent with documentation	Outcomes are functional, measurable and family owned	Outcomes are functional, measurable and family owned	Services must be provided in the natural environment (NE) or have an acceptable justification.	Initial services must begin within 30 days from consent (signature or initials on IFSP) or appropriate justification is documented.	Notification (Referral) to LEA, if child is potentially eligible for Part B
Child's ID	Child's initials		Choose Y, N or NA	Choose Y, N or NA	Choose Y, N or NA	Choose Y, N or S	Choose Y, N or S	Choose Y, N or NA	Choose Y, N or NA	Choose Y, N or NA
1										NA
2										NA
3										NA
4										NA
5										NA
6										NA
7										NA
8										NA
9										NA
10										NA
11										NA
12										NA
13										NA
14										NA
15										NA
16										NA
17										NA
18										NA
19										NA
20										NA
21			NA	NA	NA	NA	NA	NA	NA	
22			NA	NA	NA	NA	NA	NA	NA	
23			NA	NA	NA	NA	NA	NA	NA	
24			NA	NA	NA	NA	NA	NA	NA	
25			NA	NA	NA	NA	NA	NA	NA	
26			NA	NA	NA	NA	NA	NA	NA	
Totals	0	yes	0	0	0	0	0	0	0	0
		no	0	0	0	0	0	0	0	0
		na	6	6	6	6	6	6	6	20
		Somewhat				0	0			
			A.	B.	C.	D. Outcome 1	D. Outcome 2	E.	F.	TA.
		% Compliant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Focused Monitoring January 2013 - June 2013

Certified providers must complete a Program Self-Assessment and submit to DHS for Focused Monitoring. The Self-Assessment is intended to serve as both an internal quality assurance tool and to report on adherence to performance standards as set forth in the RI Certification Standards and the RI State Performance Plan. Each program must complete a record review for ten (10) percent or 20 records (whichever is greater) of children enrolled during the review period (January 1-June 30) for Focused Monitoring. The provider worksheet contains the IDs for your review sample. Some record will be marked for just transition review. A random sample of these review forms will be verified to assure reliability and validity. This data will be sent to the Office of Special Education Programs (OSEP) for reporting in the Annual Performance Review. If an issue is identified and corrected and documented on the detailed review form, please count that record as compliant.

Total Records 0

Area	Total # of Applicable Records	# Compliant	% Compliant	Explain reasons for non-compliance (use separate page if needed)	Plan for correction (use separate page or below if needed)
A	-6	0	0.00%		
B	-6	0	0.00%		
C	-6	0	0.00%		
D-1	-6	0	0.00%		
D-2	-6	0	0.00%		
E	-6	0	0.00%		
F	-6	0	0.00%		
TA	-20	0	0.00%		
TB	-20	0	0.00%		
TC	-20	0	0.00%		

Additional Information