North Carolina Infant & Toddler Program
Child Record Review

Record Identifying Code: _____

Record Review ID: _____

Child's Name: _____

Date of Record Review: _____

Child's DOB: _____

Record Reviewer: _____

Check all That Apply:

___ **The Family is Non-English Speaking or Uses Other Modes of Communication**

___ **Surrogate Parent Required**

Purpose of Review: _____ **CDSA QA/QI Review** _____ **State Onsite Review**

The child's central record including provider notes is needed to conduct a child record review.

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Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
General Record Information						
General Record Documen-tation	1. Is record legible?				Information entered in the record must be readable by anyone who has access to the child's record.	
	2. Are all handwritten entries made in dark permanent ink?				Dark blue ink is acceptable, but black ink is always preferred.	
	3. Are all entries filed in chronological, sequential order?				Progress notes must be entered and filed in sequential order, with the most recent filed on top. Other information contained in the record must be filed with the most recent reports, contact logs, correspondence, on top in their respective categories/sections.	
	4. Are errors corrected by striking a single line through the error, making the correction, and initialing & dating the correction?				If an error is made, it must be corrected so that the original entry can still be read, along with date of correction and the clinician's initials.	
	5. Are the only symbols and abbreviations used from the approved NC ITP Abbreviation List/attached local use addendum?				Any abbreviations used by CDSAs and ITP Providers must be listed on the NC ITP Abbreviation List or listed on the local CDSA Abbreviations List which functions as a local use supplement. Exception: Within a single entry, such as a progress note, an abbreviation that is not on the approved list may be used if it is spelled out the first time prior to using the abbreviation subsequently. Review last six months.	
	*6. Are all entries dated and properly signed by the person delivering the service?				A proper signature contains an original legal signature [no signature stamps] with date of signature, along with the appropriate clinical credentials for the documented service provided. Job titles alone do not always indicate proper credentials. Licensure or certification credentials as appropriate to the service, such as LCSW, ITFS, etc. must be included and may be entered electronically, but the signature and date of signature must be entered by hand. Review last three notes.	

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General Record Documen-tation	*7. Is there a note in the record for each required service billed by the CDSA?				Select the three most recent instances where a service was billed, then find the note that documents the service in the record. There must be a note for all three in order to check, "Yes." Note: Evaluation reports serve as the required and appropriate documentation to support billing for evaluations.	
	8. Are all services, including contacts with or on behalf of the child/family, documented in the record, regardless of whether the encounter or activity is billable or not?				Search the record for entries that were not billed. Typically, these notes will be rather brief, such as documenting a case management activity that was less than 15 minutes and was therefore not billable.	

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Initial Contact/Intake Information						
Referral	9. Is the date of initial contact from referral source to the early intervention system documented? (ITP Manual Bulletin #19)				The date a CDSA receives the referral is the beginning of the 45-calendar day timeline. The actual date of referral is recorded under Question #40 in order to calculate the 45-day timeline. Completion of Section I of the NC ITP Referral Information Form meets this requirement.	
	10. Is the date of assignment of the service coordinator documented? (ITP Manual Bulletin #20)				Date should be recorded under Question #40 – 45-Day Timeline.	
	*11. Was the service coordinator assigned within two working days after receiving referral? (303.521(e)(1), ITP Manual Bulletins #4 & #19)				A service coordinator must be assigned at the time of referral to the IT Program. Date should be recorded under Question #40. Documentation should be on the referral form.	
Initial Contact and Intake	12. Was a copy of the Parent Handbook given to and contents reviewed and discussed with the parent? (ITP Manual Bulletins #9 & 10)				Use of the NC ITP Initial Parental Consent and Acknowledgement form meets this requirement. **Family's native language or other mode of communication must be used both verbally and in writing. (ITP Manual Bulletin #14)** Refer to NC ITP Manual Bulletin #3 regarding definition of parent.	
	13. Was written parental consent and acknowledgement of explanation of rights obtained to determine eligibility for the ITP? (ITP Manual Bulletins #9, #12, & #20)				Use of the NC ITP Initial Parental Consent and Acknowledgement form meets this requirement. **Family's native language or other mode of communication must be used both verbally and in writing. (ITP Manual Bulletin #14)**	
Financial Eligibility Application Form	14. Has the NC ITP Financial Eligibility Application (FEA) been completed and signed?				The NC ITP Financial Eligibility Application is required to be completed and signed. Parent/Guardian's signature MUST precede any billing to insurance and/or Medicaid. An update must be completed at least annually and whenever there is a change in insurance coverage or family income or size. All ITP Providers must be given the most recent FEA information in order for them to have written permission to bill Medicaid, insurance and applicable family fees, using the assigned Sliding Fee Percentage.	
	a. Was the FEA in place prior to any third party billing, including Medicaid?					

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Financial Eligibility Application Form	b. If the signature on the FEA allows third party billing, was prior approval obtained prior to first visit?				For specialized therapies services, the provider should document that prior approval was obtained for PT/OT/SLP.	
Release of Information	15. Does the record include:					
	a. A signed authorization for all outgoing correspondence (including purpose for releasing information)? (34 CFR 99.30 & 99.32- FERPA, ITP Manual Bulletin #11)				Authorizations should have an expiration date. Expiration date may be a specific date, event, or condition (if condition or event, it must be within one year of authorization). If date of record review is past expiration date, verify that no information has been released since the expiration date. Use of the NC ITP Authorization to Disclose Health Information meets this requirement. Outgoing correspondence should be logged on the required *Accounting of Release/Disclosure and Record Access* form. **Authorization must be in family's native language or other mode of communication.**	
	b. A signed authorization for requested information from another agency/provider (including purpose for obtaining information)? (34 CFR 99.30 & 99.32 – FERPA, ITP Manual Bulletin #11)				Use of the NC ITP Authorization to Disclose Health Information meets this requirement. A service provider may release information without a parent's written authorization under exceptions listed in ITP Manual Bulletin #11. **Authorization must be in family's native language or other mode of communication.**	
	16. Does the record include a list of individuals who have had access to the record, including date of access and reason for accessing? (34 CFR 99.32 - FERPA, ITP Manual Bulletin #11)				This document is for those individuals who are not personnel authorized to review records within individual programs. The Part C office is able to access and review these records (i) because monitoring is required by federal law; (ii) Part C is authorized as a health oversight agency to perform this function. NC ITP Accounting for Release/Disclosure and Record Access Form meets this requirement.	

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Interim IFSP						
Initiation of Services Prior to Multi-disciplinary Team Evaluation/ Assessment – Interim IFSP	17. Were ITP services initiated through an interim IFSP prior to the evaluation being completed? (ITP Manual Bulletins #19 & #25) If no or n/a, skip to Question 19.					
	18. If yes:					
	a. Was eligibility determined before initiation of ITP services? (303.345, ITP Manual Bulletins #20 & #25)				34 CFR 303.345 indicates that early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment if parental consent is obtained, an interim IFSP is developed and the evaluation and assessment are completed and IFSP meeting is held within the 45 days.	
	b. At the time of referral, were there obvious, immediate needs (e.g., a physician recommends that a child with cerebral palsy begin receiving physical therapy as soon as possible)? (303.345 Note, ITP Manual Bulletin #25)					
	c. Did the interim IFSP include the name of the service coordinator who will be responsible for implementation of the interim IFSP, the services that are needed immediately, and the outcomes and activities when recommended? (303.345(b), ITP Manual Bulletin #25)				**The interim IFSP must be written in the family's native language or other mode of communication.**	
Consent: Interim IFSP	d. Was parental consent obtained? (303.345(a), ITP Manual Bulletin #12)				Parent signature on interim IFSP is considered parental consent.	

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STOP! READ THE INITIAL EVALUATION

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Initial Evaluation and Assessment						
Consent: Initial Evaluation and Assessment	19. Is there appropriate documentation that the family provided written consent and that the parents' rights were provided and explained to the family on the occasion for the initial evaluation and assessment? (303.403, 303.403(b), ITP Manual Bulletin #12)				A completed and signed NC ITP Written Consent for Evaluation Form meets this requirement. Evidence of notice given should be documented in a service note. Check NA if using existing evaluation/assessment information from other sources. **Parental consent form must be in family's native language or mode of communication.** **Rights must be provided and explained in parent's native language or other mode of communication.**	
Prior Notice/Rights: Initial Evaluation and Assessment	20. Is there evidence that the parent was given written notice at least 10 days prior to the initial evaluation and assessment and the content of the notice clearly describes that the initial evaluation and assessment would be conducted and its purpose? ((303.403(b), ITP Manual Bulletin #13)				Use of the NC ITP Written Prior Notice form meets this requirement. Parent has the right to expedite this action; documentation of this still meets this requirement. **Notice must be provided in family's native language or other mode of communication.**	
Family Assessment of Resources, Concerns & Priorities	21. Did the family identify its resources, priorities and concerns related to enhancing their child's development? (303.322(d), ITP Manual Bulletin #21) If "Yes", skip to Question 23.				Families must always be given the opportunity to identify their concerns, priorities, and resources. The service coordinator must identify the family's concerns, need for information and preferences regarding the evaluation. A family directed assessment of the family's concerns, priorities, and resources related to enhancing their child's development should be completed. Participation by the family in this assessment is voluntary because it is at the family's discretion what information is shared and what they want included as part of evaluation and intervention planning. Information acquired from WTMW or any other family assessment tool may serve as documentation. Personal interviews with the family must be included. In the event that the family declines to participate in a family directed assessment, this must be documented in a service note or evaluation report.	
	22 If no, is there documentation that the family declined? (303.322(d)(2), ITP Manual Bulletin #21)					

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Family Assessment of Resources, Concerns & Priorities	23. Does the family assessment include the parents' perceptions of their child's abilities and needs related to participation in everyday routines and activities? (quality) (ITP Manual Bulletins #21 & #24)				In addition to information in the IFSP, information may have been identified at the time of referral, through the team evaluation narrative or in service coordinator initial and ongoing notes. Completion of Welcome to My World or similar tool meets this requirement. Assessment must incorporate personal interviews.	
Initial Multi-disciplinary Team Evaluation/ Assessment: Composition	24. Is the initial evaluation and assessment completed involving at least two disciplines, based on an evaluation/assessment of the child's current developmental status that is less than 6 months old, and a review of any other pertinent information from other sources? (303.17, 303.322(c)(3)(i), ITP Manual Bulletin #21)				Federal Part C regulations require that a review of pertinent records related to the child's current health status & medical history be conducted as part of the evaluation & assessment. (Information for children less than 30 months must be from within the past six months; information for children over the age of thirty months may exceed six months but must not exceed one year.) Any available Information related to vision & hearing, existing developmental/therapeutic/ medical evaluation & assessment, birth history, physician records, and information from other state early intervention programs should be included in the review regardless of age of information to determine what evaluation & assessments are necessary. Information related to the child's developmental status and unique needs in all developmental areas should be current (within 6 months) in order for eligibility determination and for the IFSP team to develop a meaningful IFSP. If eligible as a result of an established condition, current developmental status is not necessary for determining eligibility, but is necessary for intervention planning & developing the IFSP.	

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Initial Multi-disciplinary Team Evaluation/ Assessment: Composition	*25. Does the composition of the evaluation/assessment team correspond with the child/family needs and referral information? (quality) (ITP Manual Bulletin #21) If "Yes", skip to Question 27.				Determining response to this item involves reviewing and evaluating referral information and information gathered from families during the intake process.	
	*26. If not,					
	a. Was there a discipline that should have been involved but was not? If, so which?				For this question, "Yes" would indicate an event should have occurred but did not.	
	i. Occupational Therapy					
	ii. Physical Therapy					
	iii. Speech Language					
	iv. Nutrition					
	v. Medical					
	vi. Educational Diagnostian					
	vii. Psychology					
	viii. Audiology					
	ix. Social Work					
	b. Was there a discipline involved that was not necessary? If, so which?				For this question, "Yes" would indicate an event occurred but was not necessary.	
	i. Occupational Therapy					
	ii. Physical Therapy					
	iii. Speech Language					
	iv. Nutrition					
	v. Medical					
	vi. Educational Diagnostian					
	vii. Psychology					
	viii. Audiology					
	ix. Social Work					

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Initial Multi-disciplinary Team Evaluation/ Assessment: Content	27. Is the date of completion of the initial evaluation documented?				The date of completion should be recorded under Question #40 – 45-Day Timeline.	
	28. Did the initial evaluation/assessment identify present levels of functioning and the unique needs of the child in each of the following developmental domains: (303.322(c)(3), ITP Manual Bulletin #21)					
	a. Cognitive					
	b. Physical, including vision and hearing					
	c. Communication					
	d. Social or emotional					
	e. Adaptive					
	29. Is there documentation showing evidence that informed clinical opinion was used during the evaluation and assessment? (303.322 (c)(2), ITP Manual Bulletin #20)				The evaluation report should contain information beyond test scores, including a description of developmental skills and evidence that informed clinical opinion was used to determine eligibility.	
	30. Was the child evaluated and assessed in the **family's native language or was an interpreter used**, if appropriate and feasible? (303.323, ITP Manual Bulletin #14)				For families who are English speaking, answer N/A to this question.	
Initial Multi-disciplinary Team Evaluation/ Assessment Report	31. Did the evaluation report contain information that can be used by the IFSP team to develop functional outcomes that address the child's needs and the family's needs related to enhancing the development of the child? (quality) (ITP Manual Bulletin #21)				Evaluation reports should be of sufficient detail to allow the IFSP team to use the information to develop outcomes and select appropriate intervention strategies. **The evaluation report should at a minimum include a translated summary of the results of the evaluation in the family's native language or other mode of communication if applicable.**	
Eligibility	32. Is documentation of eligibility determination present? (303.322(b)(1), ITP Manual Bulletin #20)				Completing and signing Section III and IV of the NC ITP Referral Form meets this requirement.	
	33. Was the parent notified in writing of the eligibility decision?				Notice of Eligibility form meets this requirement.	
Child Outcomes	*34. Has a Child Outcomes Summary form been fully completed, with ratings in all three areas?				Child outcome form should be present with a rating in each of the three outcome areas.	
	*35. Does the documented evidence support the Child Outcomes rating decisions?				Review the "summary of evidence" section of form for relevant results.	

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STOP! REVIEW THE INITIAL IFSP MEETING INFORMATION

Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Initial IFSP Meeting						
Prior Notice, Accessibility, and Convenience of Meetings: Initial IFSP	36. Is there evidence that the parent was given written notice at least 10 days prior to the initial IFSP meeting and the content of the notice clearly describes the purpose of the meeting and identifies settings and times that the family agrees are convenient for them? (303.403(b), ITP Manual Bulletins #9 & #13)				The NC ITP Written Prior Notice form meets this requirement. Parent has the right to expedite this action; documentation of this still meets this requirement. **Notice must be in the family's native language or other mode of communication.**	
	37. Is there evidence that parent rights were provided and explained to the family prior to the initial IFSP meeting? (303.403(b), ITP Manual Bulletin #9)				Documentation in a service note that rights were given and explained would meet this requirement. **Rights must be in the family's native language or other mode of communication.**	
	38. Is there evidence that IFSP team members other than the family were invited to attend the initial IFSP meeting? (303.342 (d)(2), ITP Manual Bulletin #25)				With parental consent, the service coordinator is to copy the notice to all involved parties, such as other IFSP team members. The NC ITP written prior notice form meets this requirement if it specifies names of other participants invited, as appropriate.	
	39. Is there evidence that the IFSP team members other than the family received notification in sufficient time in order for them to participate in the initial IFSP meeting? (303.342 (d)(2), ITP Manual Bulletin #25)					
45-Day Timeline	*40. Was development of the initial IFSP conducted within 45-days from referral to the Part C system? (303.342(e)(2)(ii), ITP Manual Bulletins #19 & #25) If "Yes", skip to Question 42.				Compliance with Federal Part C regulations is achieved if the IFSP meeting is held within 45 days of referral. Compliance with NC state requirements is achieved if the IFSP is completed within 45 days.	
	a. Date of Referral:				If dates cannot be found for a-e, indicate "unk" in column.	
	b. Date service coordinator assigned:					
	c. Date initial evaluation completed:					
	d. Date of initial IFSP meeting:					
	e. Date initial IFSP signed:					

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45-Day Timeline	*41. If the 45-day timeline was not met, what caused the timeline to be exceeded? (select the one primary reason for the delay – a or b)				Evidence of factors can be found in service notes, correspondence, and/or a statement on the IFSP. Select only one primary factor: exceptional circumstance or delayed by CDSA.	
	a. Exceptional Circumstances				Reasons include, but are not limited to child/family illness, family scheduling preference, and unable to locate or communicate with family	
	i. Family delay					
	ii. Child Illness					
	iii. CDSA Closure					
	b. Completion of IFSP delayed by CDSA				If one of these is selected, select "Yes" for 41. b. More than one can be selected.	
	i. Assignment of service coordinator delayed					
	ii. Completion of evaluation and assessment delayed					
	iii. Scheduling of Initial IFSP Meeting delayed					
	iv. Completion of IFSP development delayed					

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Initial IFSP Participants	42. Who participated in the Initial IFSP meeting? (303.343, ITP Manual Bulletin #25)					
	a. Parent(s)/Surrogate Parent					
	b. Other family members as requested by the parent, if feasible to do so					
	c. An advocate or person outside of the family if the parent requests that the person participate					
	d. Service Coordinator designated for the child and family				Federal regulations require that the service coordinator who has been working with the family since the initial referral of the child for evaluation or who has been designated to be responsible for implementation of the IFSP must participate in the IFSP meeting	
	e. Person(s) directly involved in conducting the evaluations and assessments				If an individual who is directly involved in conducting the evaluation and assessment is unable to attend the meeting, arrangements are made for the person's involvement through other means including (a) use of telephone, (b) knowledgeable representative attend meeting, or (c) making pertinent records available at the meeting.	
	f. As appropriate, persons who will be providing services to the child or family					
Native Language or Mode of Communi-cation: Initial IFSP	43. Is there documentation that reflects that the **IFSP meeting was conducted in the native language or other mode of communication used by the family unless clearly not feasible to do so**? (303.342(d)(1)(ii), ITP Manual Bulletins #14 & #25)				This item should be responded to for only those children and families for whom English or verbal communication is not their primary means of communication. For English speaking families, answer N/A.	

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STOP! REVIEW THE CURRENT IFSP CONTENT

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Current IFSP Content						
Statement of Present Levels of Development in IFSP	44. Does the IFSP include a statement of the child's present levels of development in all developmental areas? (see Question 28, Evaluation and Assessment) (303.344(a), ITP Manual Bulletin #25)				Information to answer questions 44-46 should be recorded in Section III of the NC IFSP form.	
	*45. Is the statement of the child's current status in each required developmental area described functionally, including strengths and needs relevant to challenges and what is working well in everyday routines and activities? (quality)				A "No" response would be indicated if the child's current status is only summarized in terms of **one or more of the following:** • test scores • child's deficits • vague child strengths without describing developmental status as it relates to everyday routines and activities	
	*46. Does the status of current abilities includes sufficient information on people, places, and things that interest and motivate the child to participate in everyday routines and activities, and is there information on how the child's concerns, fears or dislikes impact successful participation? (quality)				A "No" Response would be noted if the status of current abilities **does not** include information about people, places and things that are motivators, interests, fears and dislikes.	
Statement of Family's Resources, Priorities, and Concerns in IFSP	47. Is there a statement of the family's resources, concerns and priorities? (303.344(b), ITP Manual Bulletin #25) If "Yes", skip to Question 49.				The statement of the family's resources, concerns and priorities is based on the family assessment as outlined in 303.322(d). Information should be recorded in Section II and/or Section IV of the NC IFSP. Completion of the relevant sections of the IFSP form satisfies this requirement.	
	48. If no, is there evidence that the family declined the family assessment?				See Question 22 for evidence that the family declined.	

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Child Outcomes	49. Are child outcomes present? If no or n/a, skip to Question #50.				This information can be found in Section IV of the IFSP.	
	a. Are child outcomes measurable? (303.12 (a)(1), 303.344 (c), ITP Manual Bulletin #25)				Outcomes should include criteria, procedures, and timelines for determining progress and whether modifications or revisions are necessary. Outcomes should state what the child will do or have, under what circumstances, and target date. Outcomes should be specific enough to be able to determine when the outcome is achieved.	
	b. Are the child outcomes stated to reflect family priorities? (quality)				This information can be found in Section II and/or Section IV of the NC IFSP Form.	
	c. Are child outcomes consistent with the unique needs of the child as reflected in the child's evaluation and assessment? (quality)				This information can be found in Section III (summary of the child's evaluation and assessment) and Section IV (outcomes) of the NC IFSP Form.	
	d. *Are child outcomes functional, e.g. stated in terms of the child's participation in everyday routines and activities? (quality) (ITP Manual Bulletin #24)				In responding to questions related to child outcomes, it is important to recognize that child outcomes are not functional and measurable if they are written: • as services to be provided, and/or • in discipline-specific therapeutic language, and/or • in vague terms, and/or • without relevance to everyday routines and activities	

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Family Outcomes	50. Are family outcomes present? If no or n/a, skip to question 51.				Family outcomes are critical to include in the IFSP since EI services are designed to enhance the capacity of the family to promote their child's development. This information can be found in Section IV of the IFSP.	
	a. Are family outcomes measurable? (303.12 (a)(1), 303.344 (c))				Outcomes should include criteria, procedures, and timelines for determining progress and whether modifications or revisions are necessary. Outcomes should state what the family will do or have, under what circumstances, and target date. Outcomes should be specific enough to be able to determine when the outcome is achieved.	
	b. Are family outcomes based on the family's priorities, concerns and resources related to enhancing the development of their child (i.e. the unique needs of the family as described in 303.12 (a) (1) and 303.344 (c))? (quality)				A "NO" response is appropriate if no family outcomes are included related to specific family needs and concerns as identified in the IFSP statement of family priorities, concerns and resources and family declined the identification of priorities, concerns and resources.	
Strategies/ Activities	*51. Are strategies connected to each outcome and do they build on the child's strengths, family interests, and everyday skills and activities? (quality)				A "No" response would constitute that strategies and activities: • are disjointed and not connected to the outcome (e.g., they could be implemented in isolation without achieving the outcome), and/or • do not link with the child's functional skills.	
	*52. Are strategies: • written in commonly understood language and • individualized to address the child and family's specific needs and concerns? (quality)				A "No" response would constitute that strategies and activities: • are written in professional jargon, • seem so general that they could appear on any IFSP, and/or • do not reflect child and family interests.	
	*53. Do the strategies/activities support the capacity of the family/caregivers to enhance the child's development and achieve each outcome? (quality)				Strategies/activities need to reflect how service providers are supporting the family/caregivers in enhancing the child's development and achieving outcomes as part of everyday routines and activities. Strategies/activities that reflect only what the professional will do with the child, and only include specialized places and equipment would result in a "No" response.	

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Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Services and Supports	54. Are services and supports listed? (303.344 (d)(1), ITP Manual Bulletin #25)				This information should be included in Section V of the NC IFSP.	
	55. Do the services listed on the IFSP seem appropriate to achieve the child and family outcomes identified given the developmental status of the child (unique needs) and the family's concerns, priorities and resources? (303.344 (d)(1), 303.344 Note 3, 303.12 (a)(1), ITP Manual Bulletin #25)				303.344 Note 3 states that the early intervention services in 303.344(d) are those services that a State is required to provide to a child in accordance with 303.12 (a)(1). 303.12 (a)(1) states that early intervention services are designed to meet the developmental needs of the child and the needs of the family related to enhancing the child's development. Therefore, services listed should be able to meet the unique needs of the child and family to achieve the outcomes identified including the frequency, intensity and method of delivering services.	
	56. Do all IFSP services listed include:					
	a. Frequency? (303.344(d)(2)(i))				Refer to the Service Delivery Section V on the IFSP. Look at all services when responding to these questions. Additional references can be found in ITP Manual Bulletins #25.	
	b. Intensity? (303.344(d)(2)(i))					
	c. Method of delivering the services? (303.344(d)(2)(ii))					
	*57. Are all required EI services provided in natural environments? (303.344(d)(1)(ii), ITP Manual Bulletins #24 & #25) If "Yes", skip to Question 59.					
	*58. If any required service is not provided in a natural environment, is there appropriate justification documented? (303.344(d)(1)(ii), ITP Manual Bulletins #24 & #25)				Each justification should specify why the outcome(s) cannot be achieved in the child's natural environment and rationale for why the setting selected is appropriate.	
	a. *For outcomes to be achieved through services in settings other than the natural environments is there a plan to move the services into natural environments? (quality) (ITP Manual Bulletins #24 & #25)				The justification should also include a plan that includes steps toward eventually providing this part of the child's early intervention in the child's natural environments.	
	*59. Did the IFSP have projected dates to initiate IFSP services? (303.344 (f)(1))				Review IFSP Section for date. Projected date cannot be longer than 30 days after the date of parental approval of the IFSP.	

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Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Services and Supports	60. Does the IFSP indicate the anticipated duration of the services? (303.344(f)(2), ITP Manual Bulletin #25)				This should be stated in terms of month/year.	
	*61. Are initial physician orders present for therapy services identified on the IFSP and that require a physician's order prior to implementing services?				A copy of the physician orders must be in the record for all treatment services. CDSAs have a standing order for TCM (not in record)	
Other Services	62. Are medical and other services that the child needs, but not required under Part C, included in the IFSP as appropriate? (303.344(e), ITP Manual Bulletin #25) If no or N/A, skip to question 63.				Ensuring that "other services" such as well child checks, physical therapy outside of I-TP, etc. are included in the IFSP is part of the service coordinator's responsibilities. If other services are not listed, service coordinators will be challenged with coordinating all services regardless of whether they are required or not. This information should be documented under "other services" in IFSP Section #	
	a. Are the funding sources to pay for these other services or steps that will be taken to secure these services through public or private sources included? (303.344(e), ITP Manual Bulletin #25)					
Service Coordinator Name	63. Does the IFSP include the name of the service coordinator? (303.344(g), ITP Manual Bulletin #25					
Transition From Part C	*64. Is transition planning noted on the IFSP? (303.344(h), ITP Manual Bulletin #25)				Check N/A if child is not old enough yet.	
Consent for Services	65. Is there documentation that the contents of the IFSP has been fully explained to the parents and that informed written consent has been provided prior to provision of early intervention services? (303.342(e), ITP Manual Bulletin #12)				Sufficient documentation includes notation that the content of the IFSP has been explained (in case notes or on IFSP) as well as signature on the IFSP of the parent. **Consent must be in the family's native language or other mode of communication.**	
Declining Services	66. If the family declined any recommended IFSP service, is there appropriate documentation? (303.405)				Although the IFSP team decides if an ITP service is needed, the family can determine whether or not they will accept or decline any ITP service without jeopardizing their right to receive other ITP services. If the parent does not provide consent to any service, this should be documented in a service note.	

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STOP! REVIEW THE SERVICE AND PROGRESS NOTES

Topic Area	Question	TCM	PT	OT	SLP	CBRS			Guidance for Record Reviewer	Reviewer Comments
EARLY INTERVENTION SERVICES										
Complete question 67-80 for each service from the 19 required listed on the IFSP, identifying the specific service above. Write Y , N or NA										
Need for Service	*67. Is there an evaluation in the record that supports the need for the service?									
	*68. Does the service outlined on the IFSP Service Delivery Plan match the needs of the child and family, based on information available in the record?								Review required services provided by enrolled ITP providers or CDSA staff.	
Timeliness of Initiating IFSP Services	*69. Was the service initiated on its respective projected date, i.e. no later than 30 calendar days following the parental consent (signature/date) on the IFSP signature page or review page? (303.344(f), ITP Manual Bulletins #24 & #25) *(On the date of the record review, if it has not been thirty (30) days since the date of parental consent for a service, and there is no documentation of the actual start date, answer NA to questions 69-77).*								If reviewing and initial IFSP, review all ITP services that were added to the IFSP at the initial development meeting and any service that has been added to the IFSP since the initial development meeting. If a semi or annual review has occurred, review all services that were added to the IFSP at the time of the most recent semi or annual review and any service that has been added to the IFSP since the most recent semi or annual review.	
	*70. If not, how long was the service delayed beyond the projected initiation date?								Calculate number of days from date parent consented to the service to date the service was initiated and subtract 30 days.	
	*71. What were the reasons for the delay:									
	a. Due to exceptional circumstances									
	i. Family circumstance									
	ii. Child illness									
	iii. CDSA closure									
	b. Due to CDSA circumstances									
	c. Due to provider circumstances									
IFSP Services Provided as Specified	*72. Was the service identified on the IFSP provided as specified? If "Yes", skip to Question 74. (303.12)								The reviewer should identify any IFSP services that were not provided as specified in accordance with frequency, intensity, and duration.	
	*73. If not, what were the reasons:									
	a. Due to exceptional circumstances									
	b. Due to CDSA circumstances									
	c. Due to provider circumstances									
	d. Other (specify)									

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Topic Area	Question	TCM	PT	OT	SLP	CBRS			Guidance for Record Reviewer	Reviewer Comments
Progress Notes	74. Is the service documented through progress notes? If not, skip to Question #78.								Review the three most recent progress notes.	
	*75. Does each progress note for a service provided list:									
	a. all parties involved in the service provided, including parents and caregivers									
	b. the date and place of service and the amount of time (and the corresponding units) spent providing the service?									
	*76. Does each progress note for a service provided include an ICD-9-CM diagnosis that supports the services provided?									
	*77. Does each progress note for a service provided indicate									
	For services other than TCM									
	a. the specific interventions utilized?									
	b. IFSP goals and outcomes that were the focus of the service?									
	c. the effectiveness of the interventions used, including measurable progress noted and the child and family/caregiver's response to interventions and recommendations?									
	For TCM									
	d. achievements or measurable progress toward goals/outcomes identified in the IFSP, and/or									
	e. service monitoring activities & results									

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Topic Area	Question	TCM	PT	OT	SLP	CBRS			Guidance for Record Reviewer	Reviewer Comments
Summary Note	78. Is the service documented through summary notes? If not, skip to Question #80.									
	79. For each summary note									
	a. Have the child/provider information and service data information sections on the Summary Note form been properly completed?								All relevant information listed on the form prior to the narrative section must be entered on the form.	
	b. Does the written summary note sufficiently demonstrate child/family progress made or not made in the course of the month in response to the interventions used?								Monthly Summary Note must describe the primary interventions used over the course of the month, the effectiveness of those interventions, and the achievements and measurable progress toward IFSP outcomes, including any difficulties encountered by the provider in the provision of the service. Note should demonstrate that the provider rendered adequate and appropriate services as outlined on the IFSP.	
Ongoing assessment	80. Is there documentation that ongoing assessment has been conducted to identify the child's unique strengths and needs and services appropriate to meet those needs, and the family's resources, concerns and priorities and supports and services necessary to enhance the family's capacity to the needs of their child? (303.322(b)(2))								Information documented in ongoing service notes should reflect the child's progress, including changes in the child's unique strengths and needs, strategies & activities, and services & supports. In addition, information documented in ongoing service notes should reflect changes in family's resources, concerns & priorities, and gains in family's capacity. The IFSP should reflect changes in outcomes and services & supports as changes in the unique needs of children and families are documented in service notes.	

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STOP! REVIEW THE EVALUATIONS

Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Subsequent Evaluations and Ongoing Assessments						
Subsequent Evaluations and Ongoing Assessments	81. Have subsequent evaluations been provided? If not, skip to question 82.				The Infant Toddler Program does not require re-evaluations on any standard schedule, but must arrange for them as needs arise. Since on-going assessment is required (303.322(2)(ii), as part of intervention sessions, need for re-evaluation should be infrequent. One reason for conducting a re-evaluation may include the need to determine ongoing eligibility, especially if the child's development, risk status, or medical/health status has changed.	
	a. Is there documentation to demonstrate that subsequent evaluations were necessary to either determine continuing eligibility and/or determining the status and the unique needs of the child in each of the developmental areas? (303.322(b), ITP Manual Bulletin #21)					
	b. Were subsequent evaluations conducted by appropriately qualified personnel? (303.322(b), ITP Manual Bulletin #21)					
	c. Evaluations were provided as indicated on the IFSP, is there appropriate documentation that the family provided consent? (303.403, ITP Manual Bulletin #12)				The NC ITP Parental Consent form meets this requirement. **Consent must be in the family's native language or other mode of communication**	
	d. Is there evidence that the parent was given written notice at least 10 calendar days prior to conducting any subsequent evaluations and the content of the notice clearly states the reason for the subsequent evaluation? (303.403(b), ITP Manual Bulletins #9 & #13)				Use of the NC ITP Written Prior Notice form meets this requirement. Parents have the right to expedite this action, which still satisfies this question. **Notice must be provided in family's native language or other mode of communication.**	

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STOP! REVIEW THE IFSP REVIEW

Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
IF SIX MONTHS HAVE NOT PASSED SINCE THE INITIAL IFSP AND THERE IS NO NEED FOR AN IFSP REVIEW, SKIP TO QUESTION #98						
PERIODIC REVIEW.						
Timelines	82. Has an IFSP Review been held at least every 6 months? (303.342(b), ITP Manual Bulletin #25)				Federal regulations require that a review of the IFSP for a child and the child's family must be conducted every six months or more frequently if conditions warrant, or if a family requests such a review. The purpose of the periodic review is to determine the degree to which progress toward achieving the outcomes is being made and whether modification or revision of the outcomes or services is necessary. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants. Records should document that IFSP reviews are held 6 months from date of the last IFSP. An IFSP review is required if there is to be a change in services or outcomes.	
Prior Notice, Accessibility, and Convenience: Periodic Review	83. Is there evidence that the parent was given written notice at least 10 days prior to the IFSP review and the content of the notice clearly describes the purpose of the meeting and identifies settings and times that the family agrees are convenient for them? (303.403(b), ITP Manual Bulletins #9 & #13)				Use of the NC ITP Written Prior Notice form meets this requirement. Parent has the right to expedite this action; documentation of this still meets this requirement. **Notice must be provided in family's native language or other mode of communication.**	
	84. Is there evidence that parent rights were provided and explained to the family prior to the IFSP review? (303.403(b), ITP Manual Bulletin #9)				Documentation in a service note that rights were explained would meet this requirement. **Rights must be provided in family's native language or other mode of communication.**	
	85. Is there evidence that IFSP team members other than the family were invited to attend the IFSP review? (303.342 (d)(2), ITP Manual Bulletin #25)				With parental consent, the service coordinator is to copy the notice to all involved parties, such as other IFSP team members. The NC ITP written prior notice form meets this requirement if it specifies names of other participants invited, as appropriate.	
	86. Is there evidence that the IFSP team members other than the family received notification in sufficient time in order for them to participate in the IFSP review? (303.342 (d)(2), ITP Manual Bulletin #25)					

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Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Native Language or Mode of Communi-cation: IFSP Review	87. Is there documentation that reflects that **the IFSP review was conducted in the native language of family or other mode of communication used by the family unless clearly not feasible to do so**? (303.342(d)(1)(ii), ITP Manual Bulletins #14 & #25)				This item should be responded to for only those children and families for whom English or verbal communication is not their primary means of communication. For English speaking families, answer N/A.	
IFSP Review Participants	88. Which of the following required participants participated in the IFSP Review? (303.343(b), ITP Manual Bulletin #25)					
	a. Parent/Surrogate Parent				If any of the required participants are unable to attend a review, arrangements are made for the person's involvement through other means including (a) use of telephone, (b) knowledgeable representative attend meeting, or (c) making pertinent records available at the meeting. Documentation of how persons unable to attend participated in the review or meeting must be made in order to select YES. If participant is not required, check N/A.	
	b. Other family members as requested by the parent, if feasible to do so					
	c. An advocate or person outside of the family if the parent requests that the person participate					
	d. Service Coordinator who has been working with the family since the initial referral of the child or who has been designated to be responsible for implementation of the IFSP					
	e. Person(s) directly involved in conducting the evaluations and assessments					
	f. As appropriate, persons who will be providing services to the child/family					
	g. Other participants as deemed necessary by the family					
Progress Toward Achieving Outcomes	89. Does the IFSP Review document include progress toward achieving outcomes? (303.342(b)(1)(i), ITP Manual Bulletin #25)				**Documentation should be in family's native language or other mode of communication.**	
IFSP Revision	90. Did the IFSP Review document indicate if any revisions to the IFSP were made? (303.342(b)(1)(ii), ITP Manual Bulletin #25)				**Documentation should be in family's native language or other mode of communication.**	
	91. If yes, were modifications made to:					
	a. Child and family outcomes?					
	b. Entitled early intervention supports and services?				To include service provider frequency, intensity, discipline, etc	
	92. Is there documentation that the parent agreed to revise or not revise the IFSP?				The reviewer should look for a signature of the family on the IFSP review page. .	

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STOP! REVIEW THE ANNUAL IFSP MEETING

Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
IF 365 DAYS HAVE NOT PASSED SINCE THE LAST IFSP, SKIP TO QUESTION #102						
ANNUAL EVALUATION OF THE IFSP						
Timelines	93. Has the IFSP been evaluated, updated, and signed within 365 calendar days of the initial or prior annual IFSP? (303.342(c), ITP Manual Bulletin #25)				The evaluation is of the IFSP, not the child.	
Prior Notice, Accessibility, and Convenience: Annual IFSP Meeting	94. Is there evidence that the parent was given written notice at least 10 days prior to the annual IFSP meeting and the content of the notice clearly describes the purpose of the meeting and identifies settings and times that the family agrees are convenient for them? (303.403(b), ITP Manual Bulletin #9 & #13)				Use of the NC ITP Written Prior Notice form meets this requirement. Parent has the right to expedite this action; documentation of this still meets this requirement. **Notice must be provided in family's native language or other mode of communication.**	
	95. Is there evidence that parent rights were provided and explained to the family prior to the annual IFSP meeting? (303.403(b), ITP Manual Bulletin #9)				The NC ITP Written Prior Notice form and documentation in a service note that rights were explained would meet this requirement. **Rights must be provided in family's native language or other mode of communication.**	
	96. Is there evidence that IFSP team members other than the family were invited to attend the annual IFSP meeting? (303.342 (d)(2), ITP Manual Bulletin #25)				The names of participants who will be invited to the IFSP meeting as listed on the NC ITP Written Prior Notice form should be compared with IFSP signatures to determine if those invited attended. If there is a discrepancy between those invited and those who participated in the IFSP meeting, the date the NC ITP Written Prior Notice was given should be noted to determine if meeting arrangements were timely. If the form was not use, documentation must be in the record. With parental consent, the service coordinator is to copy the notice to all involved parties, such as other IFSP team members. The NC ITP written prior notice form meets this requirement if it specifies names of other participants invited, as appropriate.	
	97. Is there evidence that the IFSP team members other than the family received notification in sufficient time in order for them to participate in the annual IFSP meeting? (303.342 (d)(2), ITP Manual Bulletin #25)					

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Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Native Language or Mode of Communication: Annual IFSP Meeting	98. For the annual IFSP meeting, is there documentation that reflects that **the IFSP review was conducted in the native language of family or other mode of communication used by the family unless clearly not feasible to do so**? (303.342(d)(1)(ii), ITP Manual Bulletin #14 & #25)				This item should be responded to for only those children and families for whom English or verbal communication is not their primary means of communication. For English speaking families, answer N/A.	
Annual IFSP Meeting Participants	99. Who participated in the annual evaluation of the IFSP meeting? (303.343, ITP Manual Bulletin #25)					
	a. Parent(s)/Surrogate Parent				If any of the required participants are unable to attend a review, arrangements are made for the person's involvement through other means including (a) use of telephone, (b) knowledgeable representative attend meeting, or (c) making pertinent records available at the meeting. Documentation of how persons unable to attend participated in the review or meeting must be made in order to select YES. If participant is not required, check N/A.	
	b. Other family members as requested by the parent, if feasible to do so					
	c. An advocate or person outside of the family if the parent requests that the person participate					
	d. Service Coordinator who has been working with the family since the initial referral of the child for evaluation or who has been designated to be responsible for implementation of the IFSP					
	e. Person(s) directly involved in conducting the evaluations and assessments					
	f. As appropriate, persons who will be providing services to the child or family					
Child Outcome Summary Form	*100. Has a Child Outcomes Summary form been fully completed, with ratings in all three areas?				Child outcome form should be present with a rating in each of the three outcome areas.	
	*101. Does the documented evidence support the Child Outcomes rating decisions?				Review the "summary of evidence" section of form for relevant results.	

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Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
TRANSITION TO PRESCHOOL PROGRAMS UNDER PART B OR OTHER APPROPRIATE SERVICES						
Transition Plan	*102. Was a transition plan developed? (303.148(b)(4), ITP Manual Bulletin #28) If "no", skip to Question #105.				**The transition plan should be in the family's native language or other mode of communication.** For all children, IFSP Section VII, if appropriately completed, serves as a transition plan.	
	*103. Did the transition plan include the steps to be taken to support the transition of the child? (303.344 (h)(2))					
	104. Including:					
	a. Discussions with and training of parents regarding future placements and other matters related to the child's transition? (303.344 (h)(2)(i))					
	b. Procedures to prepare the child for changes in service delivery, which may include steps to help the child adjust to, and function in, a new setting? (303.344 (h)(2)(ii))					
Transition Planning	*105. Is the child potentially eligible for preschool services under Part B of IDEA? If no, skip to question 108.					
	*106. Was the LEA notified?				The CDSA must notify the local education agency where the child resides that a child receiving services under Part C will shortly reach the age of eligibility for preschool services under Part B.	
	*107. Is there evidence that the family provided consent for the transmission of information about the child to the agency/provider or if pursuing Part B services to the LEA? (303.148 (2)(1), 303.344 (h)(2)(iii), 34 CFR 99.30 and 99.32- FERPA, ITP Manual Bulletin #28)				Releases should have an expiration date. If date of record review is past expiration date, verify that no information has been released since the expiration date. Use of the NC ITP Authorization to Disclose Health Information meets this requirement. **Documentation should be in family's native language or other mode of communication.** Information may include evaluation and assessment information and copies of IFSPs that have been developed and implemented.	

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Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Transition Planning	108. Is there evidence that the parent was given written notice at least 10 days prior to the transition planning conference and the content of the notice clearly describes purpose of the conference? (303.403(b), ITP Manual Bulletins # 9 & #13)				Parent has the right to expedite this action; documentation of this still meets this requirement. **Notice should be in family's native language or other mode of communication.**	
	109. Is there evidence that parent rights were provided and explained to the family prior to the transition planning conference? (303.403(b), ITP Manual Bulletin #9)				The NC ITP Written Prior Notice form and documentation in a service note that rights were explained would meet this requirement. **Rights should be in family's native language or other mode of communication.**	
	*110. Was the transition planning conference held? (303.148(b)(2)) If "Yes", skip to question 112.				It is the responsibility of the service coordinator to convene a transition planning meeting. This planning meeting can be held up to 9 months before the child's third birthday if all participants are in agreement, but must be convened no later than 90 days prior to the child's 3rd birthday. If LEA cannot attend, planning conference must proceed while keeping LEA informed through parental consent.	
	*111. If not, what were the reasons? (select the one primary reason from a-c) After completing a-c, skip to Question #116.					
	a. Late referral to Part C				Indicates that referral was made too late to schedule a 90 day meeting.	
	b. Exceptional circumstances				Includes, but not limited to, parent did not consent, family scheduling difficulties (could include parent rescheduling meeting, family failing to show for meeting, etc.), and child/family illness	
	i. Family circumstance				More than one can be selected.	
	ii. Child illness					
	iii. CDSA Closure					
	c. CDSA Circumstances					

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Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Transition Planning	*112. If the child was not potentially eligible for Part B, skip to question 116. Did the transition planning conference occur at least 90 days (or at the discretion of the parties up to 9 months or for children who are visually impaired, deaf or hard of hearing, or have intense service delivery need occur at the age of two) before the child is eligible for preschool services under Part B? (303.148(b)(2)(i), ITP Manual Bulletin #28) If "Yes", skip to Question 114.				All children should have a transition planning conference, but the requirement that it occurs at least 90 days before the third birthday applies only to children potentially eligible for part B program services. **The transition planning conference should occur in family's native language or other mode of communication.**	
	*113. If not, what were the reasons? (select the one primary reason from a-c) After completing a-c, skip to Question #116.					
	a. Late referral to Part C				Indicates that referral was made too late to schedule a 90 day meeting.	
	b. Exceptional circumstances				Includes, but not limited to, parent did not consent, family scheduling difficulties (could include parent rescheduling meeting, family failing to show for meeting, etc.), and child/family illness	
	i. Family circumstance				More than one can be selected.	
	ii. Child illness					
	iii. CDSA Closure					
	c. CDSA Circumstances					
	*114. Is there documentation that the LEA was invited to the transition planning conference? (303.148(b)(2)(i), ITP Manual Bulletin #28)				Written prior notice, service note, or invitation can be used to document.	
	115. Is there documentation as to who from the following list attended the transition planning conference? (303.148(b)(2)(i), ITP Manual Bulletin #28) ++				Documentation should be found in a service note.	
	a. Personnel from the CDSA					
	b. LEA representative					
	c. Family					
	d. Others					

NOTE 1: 'No' should be checked if a specific item should have happened but did not.
NOTE 2: N/A should only be checked if a specific item has not yet occurred or is not applicable to child/family or situation.
NOTE 3: Whenever family's native language or other mode of communication is referenced, native language or the family's mode of communication must be used unless it is clearly not feasible to do so.

Topic Area	Question	Yes	No	N/A	Guidance for Record Reviewer	Reviewer Comments
Exiting Early Intervention Services						
Reasons for Exiting	116. If the child has exited the program, does the child's record indicate the reason for exiting?				Although exit data is collected through the state data system, it is important that each child's record include the reason that the child is no longer receiving early intervention services. Documentation in a progress note or a termination summary meets this requirement.	
Prior Written Notice: Exiting Services	117. Is there documentation the family has been provided written prior notice and parental rights prior to their child exiting early intervention services? (303.403)				Use of the NC ITP Written Prior Notice form meets this requirement. **Notice and rights should be in family's native language or other mode of communication.**	
Child Outcome Summary Form	*118. Has a Child Outcome Rating form been fully completed, with ratings in all three areas?				Child outcome form should be present with a rating in each of the three outcome areas.	
	*119. Does the Child Outcome Summary Form (COSF) support the rating decisions?.				Review the "summary of evidence" section of form for relevant results.	

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NOTE 3: Whenever family's native language or other mode of communication is referenced, native language or the family's mode of communication must be used unless it is clearly not feasible to do so.