

Child Name: _____
 MI-CIS ID: _____

Date of Review: _____

Person Conducting Review: _____

Title: _____

Child Record Review Form

Child Find

Yes	No	Not applicable	Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the family notified of referral and asked for permission for evaluation within 10 calendar days of referral? (Ref. #124)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the child assigned a service coordinator (or primary contact person) within 10 calendar days of referral? (Ref. #125)

Eligibility Determination

Yes	No	Not applicable	Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Was the child's health status evaluated or reviewed? (Ref. #126)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. If the answer to question 3 is YES, was this evaluation/review conducted within 45 calendar days of referral? (Ref. #135)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. If the answer to question 4 is NO, is there documentation of exceptional family circumstances? (Ref. #252)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Were the child's adaptive/self-help skills evaluated or reviewed? (Ref. #127)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. If the answer to question 6 is YES, was this evaluation/review conducted within 45 days of referral? (Ref. #136)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. If the answer to question 7 is NO, is there documentation of exceptional family circumstances? (Ref. #253)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Was the child's vision evaluated or reviewed? (Ref. #128)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. If the answer to question 9 is YES, was this evaluation/review conducted within 45 days of referral? (Ref. #137)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. If the answer to question 10 is NO, is there documentation of exceptional family circumstances? (Ref. #254)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Was the child's hearing evaluated or reviewed? (Ref. #129)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. If the answer to question 12 is YES, was this evaluation/review conducted within 45 days of referral? (Ref. #138)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. If the answer to question 13 is NO, is there documentation of exceptional family circumstances? (Ref. #255)

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Eligibility Determination

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Was the child's fine motor development evaluated or reviewed? (Ref. #130)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. If the answer to question 15 is YES, was this evaluation/review conducted within 45 days of referral? (Ref. #139)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. If the answer to question 16 is NO, is there documentation of exceptional family circumstances? (Ref. #256)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Was the child's gross motor development evaluated or reviewed? (Ref. #131)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. If the answer to question 18 is YES, was this evaluation/review conducted within 45 days of referral? (Ref. #140)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. If the answer to question 19 is NO, is there documentation of exceptional family circumstances? (Ref. #257)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Was the child's cognitive development evaluated or reviewed? (Ref. #132)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. If the answer to question 21 is YES, was this evaluation/review conducted within 45 days of referral? (Ref. #141)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. If the answer to question 22 is NO, is there documentation of exceptional family circumstances? (Ref. #258)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Was the child's social and emotional development evaluated or reviewed? (Ref. #133)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. If the answer to question 24 is YES, was this evaluation/review conducted within 45 days of referral? (Ref. #142)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. If the answer to question 25 is NO, is there documentation of exceptional family circumstances? (Ref. #259)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Were the child's communication skills evaluated or reviewed? (Ref. #134)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. If the answer to question 27 is YES, was this evaluation/review conducted within 45 days of referral? (Ref. #143)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. If the answer to question 28 is NO, is there documentation of exceptional family circumstances? (Ref. #260)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Did the evaluation report use information provided by the parents? (Ref. #146)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Was the child observed in his/her natural environment as part of the assessment? (Ref. #147)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Did the evaluation reflect an interview based on "family routine"? (Ref. #152)

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Were evaluations responsive to the lifestyle, culture, and language or mode of communication of the family? (Ref. #153)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Was information from more than one discipline used in the evaluation and assessment? (Ref. #154)

Individualized Family Service Plans (IFSPs)

Yes	No	Not applicable	Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Was the initial individualized family service plan (IFSP) meeting conducted within 45 calendar days of referral? (Ref. #156)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. If the answer to question 35 is NO, is there documentation of exceptional family circumstances? (Ref. #261)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Was the initial individualized family service plan (IFSP) completed within 60 calendar days of referral? (Ref. #157)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. If the answer to question 37 is NO, is there documentation of exceptional family circumstances? (Ref. #262)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Does the current individualized family service plan (IFSP) clearly define the child's strengths? (Ref. #158)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Does the current individualized family service plan (IFSP) clearly define the child's needs? (Ref. #160)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Does the current individualized family service plan (IFSP) clearly state the family's concerns? (Ref. #162)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Does the current individualized family service plan (IFSP) clearly state the family's priorities? (Ref. #163)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Does the current individualized family service plan (IFSP) clearly state the family's resources? (Ref. #164)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Were family members present at the most recent individualized family service plan (IFSP) meeting? (Ref. #165)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Does the individualized family service plan (IFSP) reflect referrals to community supports? (Ref. #166)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Was each service listed on the most recent individualized family service plan (IFSP) initiated within 30 calendar days of the parent's written authorization for that service? (Ref. #167)

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Individualized Family Service Plans (IFSPs)

Yes	No	Not applicable	Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. If the answer to question 46 is NO, is there documentation of exceptional family circumstances? (Ref. #168)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Were the services on the individualized family service plan (IFSP) continued throughout the calendar year? (Ref. #169)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. If there were any gaps in service delivery, were they due to exceptional family circumstances? (Ref. #170)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Are the services provided as planned on the individualized family service plan (IFSP)? (Ref. #171)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Do individualized family service plan (IFSP) reviews provide documentation or data on the progress, or lack of progress, of the child and family on achieving individualized family service plan (IFSP) outcomes? (Ref. #175)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Are the outcomes, strategies, or services developed for an individualized family service plan (IFSP) changed as needed to reflect progress or lack of progress? (Ref. #176)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Were periodic and annual reviews completed within the pertinent timeline? (Ref. #177)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. If the answer to question 53 is NO, is there documentation of exceptional family circumstances? (Ref. #263)

Services in Natural Environments

Yes	No	Not applicable	Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. What percentage of service time is provided in each setting? (Complete the portion of the table pertaining to this child) (Ref. #196)

	Percentage of service time in		
	the home	community-based settings	other settings
Children under the age of 1			
Part C only			
Part B and Part C			
Children 1-2			
Part C only			
Part B and Part C			
Children 2-3			
Part C only			
Part B and Part C			

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Services in Natural Environments

Yes	No	Not applicable	Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56. If a service is not provided in a natural environment, is there a justification of the extent to which the services will not be provided in a natural environment? (Ref. #203)

Transition

Yes	No	Not applicable	Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. Was a transition conference held? (Ref. #265)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. Did the family participate in the child's transition conference? (Ref. #205)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59. Did the service coordinator participate in the child's transition conference? (Ref. #206)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60. If this child is eligible or potentially eligible for Part B, is there evidence in the record that the local education agency (LEA) was notified? (Ref. #266)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61. Did the local education agency (LEA) participate in the child's transition conference? (Ref. #208)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62. Was parent consent obtained prior to forwarding information to providers and/or the local education agency (LEA) as a part of transition planning? (Ref. #209)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63. Are transition steps and services identified on the child's individualized family service plan (IFSP) or transition plan? (Ref. #211)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64. Do transition plans include discussions with, and training of, parents regarding future placements and other matters related to the child's transition? (Ref. #212)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65. Does the transition plan provide more than one option for services or programs? (Ref. #213)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66. Did the transition conference take place at least 90 calendar days, but not more than nine months, before the child's third birthday? (Ref. #215)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67. Are the transition steps and services provided as indicated in the individualized family service plan (IFSP)? (Ref. #216)

Family Rights and Outcomes

Yes	No	Not applicable	Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68. Was written consent obtained prior to the start of the evaluation or assessment process? (Ref. #224)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. Do files contain an appropriately signed Authorization to Share document that is updated every six months? (Ref. #226)

Continuous Improvement and Monitoring System (Part C)

Child Name: _____

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Family Rights and Outcomes

Yes	No	Not applicable	Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70. Is the consent to evaluate in the native language of non-English-speaking families or is there documentation of how native language was addressed in obtaining consent? (Ref. #227)

Continuous Improvement Protocol (CIP)

Yes	No	Not applicable	Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71. Were the questions on the child record review form easy to understand and answer? (Ref. #504)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72. Which question(s) were problematic and why? (Ref. #505)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73. Were there opportunities for teaching or learning during the course of completing the child record reviews? (Ref. #506)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74. Approximately how much time did it take to complete this record review? (Ref. #502)
			_____ hours, _____ minutes

Continuous Improvement and Monitoring System (Part C)

Child Name: _____
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Yes	No	Not applicable	Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75. If you have comments on any aspect of this record review, please enter them here. (Ref. #501)

