

Early On[®] Self Assessment Tool for 2008

Child Number:

Checklist for Indicators 1, 7 and 8

Indicator #1	YES	NO	NA
1.1 Written consent to the IFSP was obtained and dated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If there was no written consent or the consent was not dated, the answer to 1.2 must be 'No'.

Comments:

1.2 All services listed on the IFSP were initiated within 30 days of when the parent consents. (Self Assessment Question 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

1.3 If all services listed on the IFSP were not initiated within 30 days of parent consent, an exceptional family circumstance is noted. (Self Assessment Question 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Note: The 'Yes' answers to Question 3 and Question 4 of the Self Assessment will be added to calculate the percent in compliance with timely services.

Comments:

Child Number:

YES

NO

NA

Indicator #7

2.1 The file contained a referral date.
Comments:

Note: If there is no referral date, the answers to Questions 2.5 and 2.6 must be 'No' as the timeline cannot be established.

2.2 The evaluation included a review
of the child's health status.
Comments:

Note: If the answer to 2.2 is 'No' the answer to 2.5 must be 'No' as the evaluation was not completed.

2.3 The developmental evaluation
assessed the child's communication,
gross motor, fine motor, cognitive,
social-emotional, and
adaptive/self-help skills.
Comments:

Note: If the answer to 2.3 is 'No' the answer to 2.5 must be 'No' as the evaluation was not completed.

Child Number:

YES

NO

NA

2.4 The child's vision & hearing were assessed.

Comments:

Note: If the answer to 2.4 is 'No' the answer to 2.5 must be 'No' as the evaluation was not completed.

2.5 The evaluation was completed within 45 calendar days of the referral.
(Self Assessment Question 5)

Comments:

2.6 The initial IFSP meeting was completed within 45 calendar days of the referral.
(Self Assessment Question 6)

Comments:

Note: If the answer to 2.5 is 'No' the answer to 2.6 and 2.7 must be 'No' as the evaluation was not completed and an initial IFSP meeting must address the evaluation.

2.7 The evaluation and the initial IFSP were completed within 45 calendar days of the referral.
(Self Assessment Question 7)

Comments:

Child Number:

YES

NO

NA

2.8 If the evaluation and initial IFSP meeting were not held within 45-days of referral, there is an exceptional family circumstance noted in the file.
(Self Assessment Question 8)

Comments:

Note: The 'Yes' answers to Question 7 and 8 of the Self Assessment will be added to calculate the percent in compliance with the 45 calendar day timeline.

Indicator #8

3.1 There was a written transition plan, including steps and services.
(Self Assessment Question 10)

Comments:

3.2 If the child is eligible or potentially eligible for special education, the transition conference took place at least 90 days before the child's third birthday.
(Self Assessment Question 12)

Comments:

Child Number:

YES

NO

NA

3.3 If the transition conference was not held at least 90 days before the child's third birthday, an exceptional family circumstance is noted in the file.
(Self Assessment Question 13)

Comments:

Note: The 'Yes' answers to Question 12 and 13 on the Self Assessment will be added to calculate the percent compliant with the timely transition conference.