

**Initial Intake Checklist**

<i>The service coordinator will:</i>	√ / x	Notes
<b>Share information about:</b>		
• Early intervention philosophy		
• The statewide early intervention system including eligibility criteria for children		
• The difference between assessment for evaluation and ongoing assessment		
• The role of the family in the assessment process		
• Procedural safeguards and family rights		
• Confidentiality policies and practices		
<b>Gather information from the family about:</b>		
• Family background, ethnicity and language preference		
• Family structure and composition		
• Child health and development status and history		
• Family resources, concerns and priorities		
• Other agencies and professionals involved with the child		
• Their child's reaction to strangers (e.g., the interventionist)		
<b>Collaborate to:</b>		
• Identify methods of sharing information with and from others, including the family		
<b>Perform administrative tasks such as:</b>		
• Obtain parent permission for the child's evaluation/assessment		
• Complete and submit releases for information		
• Complete and submit reimbursement information, if needed (insurance, Medicaid, family payment)		
• Obtain and share with the early intervention evaluators any records and past assessments on the child		
• Gather information about the child's disability		
• Obtain parent permission to store data		
• Send a letter to acknowledge contact was made with the family to the referral sources including the medical home		

**Coordinate with Medical and Health Providers Checklist**

<i>The service coordinator will:</i>	√ / x	Notes
<b>Share information about:</b>		
• Confidentiality and sharing of relevant information, both verbal and written		
• The concept of a medical home, where care is accessible, continuous, comprehensive, family- centered, coordinated, compassionate, and culturally effective		
• A child's nutritional needs for growth and development		
• A child's mental health needs		
• Environmental hazards and safety needs in the home and community		
<b>Gather information from the family about:</b>		
• The medical care providers/medical home		
• The child's physical health needs		
• The child's nutritional needs		
• The child's mental health needs		
• The family's medical insurance		
<b>Collaborate to:</b>		
• Facilitate the appropriate sharing of medical and EI information between the child's service providers (EI as well as health care)		
• Educate EI service providers about the child's medical needs		
• Identify and obtain additional medical/health services that may be needed for the child		
<b>Perform administrative tasks such as:</b>		
• Obtain written consent from family to receive and share development, health and medical records		
• Request child's health and medical records from the appropriate sources		
• Provide health and medical providers with early intervention evaluations and progress notes		
• Establish an ongoing medical/health record system for the child		

**Coordinating Evaluation and Assessment Checklist**

<i>The service coordinator will:</i>	√ / x	Notes
<b>Share information about:</b>		
• Early intervention philosophy		
• The statewide early intervention system including eligibility criteria for children		
• The family/child outcomes for Part C early intervention		
• The difference between assessment for evaluation and ongoing assessment		
• The role of the family in the assessment process		
• Procedural safeguards and family rights		
• Confidentiality policies and practices		
<b>Gather information from the family about:</b>		
• Family background, ethnicity and language preference		
• Family structure and composition		
• Child health and development status and history		
• The family perception of their child's developmental functioning compared to their chronological age		
• Family resources, concerns and priorities		
• The family's daily/weekly activity settings		
• The child's participation level in the activity settings		
• Accommodations the family has identified and used to enable the child to participate in activity settings		
• Other agencies and professionals involved with the child		
• The family's knowledge of their rights under Part C IDEA		
• The family's perception of their ability to help their children learn		
• The child's reaction to strangers (e.g., the interventionist)		
<b>Collaborate to:</b>		
• Identify methods of sharing information with and from others, including the family		
<b>Perform administrative tasks such as:</b>		

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• Obtain parent permission for the child's evaluation/assessment		
• Complete and submit releases for information		
• Complete and submit reimbursement information, if needed (insurance, Medicaid, family payment)		
• Obtain and share with the early intervention evaluators records and past assessments on the child		
• Gather information about the child's disability		
• Obtain parent permission to store data		
• Send a letter to acknowledge contact was made with the family to the referral sources including the medical home		

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Date \_\_\_\_\_

**IFSP Checklist**

<i>The service coordinator will:</i>	√ / x	Notes
<b>Share information about:</b>		
• The purpose of the IFSP		
• The IFSP meeting, format and participants		
• Evaluation criteria for service delivery and learning acquisition		
• The development of outcomes and timelines for the child/family using the OSEP outcomes to categorize each outcome		
• The identification of EI services to enhance a child's learning opportunities		
• The ongoing role of the service coordinator		
• The development of a transition plan		
<b>Gather information from the family about:</b>		
• Activity settings/routines used currently for learning opportunities; and ones the family would like to use		
• Priorities for child participation in activity settings/routines in the home and community settings in which other children participate		
• Time and place preferences for the IFSP meeting		
• List of service providers and supports/services to be on the IFSP document (e.g., medical home, child care)		
• Comfort level with the IFSP meeting and document		
<b>Collaborate to:</b>		
• Identify IFSP meeting participants, including service providers involved in the child's evaluation		
• Identify meeting time, place and agenda with the family		
• Facilitate IFSP meeting		
• Identify how to integrate family's cultural traditions and informal supports within EI		
• Identify functional, integrated outcomes and objectives to support the child's and family's learning opportunities in identified activity settings/routines referenced to child and		

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family outcomes		
<ul style="list-style-type: none"> <li>Identify how families will access supports and resources to meet family and child outcomes</li> </ul>		

<i>The service coordinator will:</i>	<i>√ / x</i>	<i>Notes</i>
<b>Perform administrative tasks such as:</b>		
<ul style="list-style-type: none"> <li>Providing written notice to all involved in the IFSP meeting</li> </ul>		
<ul style="list-style-type: none"> <li>Acting as the facilitator of the IFSP meeting</li> </ul>		
<ul style="list-style-type: none"> <li>Ensuring that all forms are correctly completed, signed by and distributed to all relevant parties</li> </ul>		
<ul style="list-style-type: none"> <li>Making a copy of the IFSP for a child's file, family, and providers and distribute accordingly (e.g. primary care providers</li> </ul>		
<ul style="list-style-type: none"> <li>Ensuring that the family feels the IFSP is a document and plan they agree to</li> </ul>		

**Assist Family in Identifying Available Service Providers Checklist**

<i>The service coordinator will:</i>	√ / x	Notes
<b>Share information about:</b>		
• A process for identifying members of professional disciplines as service providers		
• The role and competencies of different professional disciplines		
• The primary provider model		
• Ways to integrate service providers into family and community activity settings		
• Collaborative consultation and transdisciplinary teaming to integrate child's developmental needs across domains, disciplines and daily learning opportunities and routines		
• Community service providers outside of the EI system		
• Strategies for assessing the competence/effectiveness of a service provider		
<b>Gather information from the family about:</b>		
• Their knowledge about different disciplines		
• Their preferred time and place for intervention visits		
• Their comfort level with number and frequency of provider visits		
• Their comfort level with participating in intervention		
• Their comfort level with providing feedback to the interventionist		
<b>Collaborate to:</b>		
• Identify a primary service provider		
• Identify other service providers if needed		
• Identify the service delivery structure: time, place, length of intervention sessions, with the family & service provider		
• Identify team meetings times and communication strategies with family and/or service providers		
• Identify how to integrate family's cultural traditions and informal supports within EI		
• Share all relevant information (evaluations, IFSP) across service providers and the family		

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<b>Perform administrative tasks such as:</b>		
• Gather a list of potential service providers		
• Contact potential service providers and describe IFSP		
• Schedule intervention visits		



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**Inform Families of the Availability of Advocacy Services Checklist**

<i>The service coordinator will:</i>	√ / x	Notes
<b>Share information about:</b>		
• The definition and uses of advocacy		
• Parent resources for advocacy/support (PTI, parent to parent)		
• The use of mediation and due process		
<b>Gather information from the family about:</b>		
• Family involvement with resources such as PTI and parent to parent, and other support		
• Their knowledge about their rights, advocacy resources and due process		
<b>Collaborate to:</b>		
• Enable the family to access and use the advocacy supports they need		
• Enable the family to use conflict resolution techniques as needed		
<b>Perform administrative tasks such as:</b>		
• Facilitating the use of conflict resolution techniques as needed		
• Assisting the family to file for mediation/due process if they are dissatisfied with the EI process		

**Coordinate and Monitor the Delivery of Available Services Checklist**

<i>The service coordinator will:</i>	√ / x	Notes
<b>Share information about:</b>		
• Agency and provider responsibilities to collect and use data to document interventions and child/family process		
• Team process and integration of learning across domains		
• Effective communication strategies across service delivery team members		
• Functional interventions to facilitate the behavior and development of the child in home and community activity settings		
• Criteria by which to measure individual child and family IFSP progress		
• A system for tracking the delivery of services and intervention sessions		
• Strategies for requesting changes in IFSP and/or service delivery plan		
<b>Gather information from the family about:</b>		
• Where and when intervention sessions have occurred		
• Their satisfaction with the IFSP and service delivery		
• Their confidence in being able to facilitate their child's development as a result of intervention		
<b>Collaborate to:</b>		
• Monitor (or facilitate) the service delivery schedule		
• Establish and coordinate collaborative consultation and team meetings (via email, phone, or in person)		
• Monitor data collection from all members of the service delivery team on IFSP outcomes and objectives (and OSEP outcomes)		
• Establish a schedule for the sharing of information and/or formal reports on all child and family outcomes across the family and team members		
• Establish a system for the family to provide feedback on the EI service delivery model, the		

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providers, and child and family progress		
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<b>Perform administrative tasks such as:</b>		
• Establishing interagency agreements, interagency meetings, as needed		
• Establishing data collection strategies on child and family outcomes for all service providers		
• Keeping records of progress from all providers on IFSP outcomes		
• Coordinating the 6 month review of IFSP		

### Transition Planning Checklist

<i>The service coordinator will:</i>	√ / x	<i>Notes</i>
<b>Share information about:</b>		
• Transition requirements of early intervention		
• Community and specialized services for which child and family may be eligible		
• IDEA preschool (Part B) policies, if appropriate		
• The child's opportunities to participate in community early childhood programs		
• The transition conference to be held at least 90 days prior to transition out of early intervention		
<b>Gather information from the family about:</b>		
• Their knowledge of their child's developmental needs, including disability		
• Their knowledge of early childhood community resources for their child		
• Their knowledge of preschool special education, if appropriate		
• Their preference for the child's preschool placement		
<b>Collaborate to:</b>		
• Arrange visits of the family to community and/or school placement options		
• Identify members of transition team		
• Schedule transition team meetings at a time and place preferred by parent		
• Facilitate transition team meetings		
• Develop a transition plan		
<b>Perform administrative tasks such as:</b>		
• Obtaining written consent from family to share information with potential service providers, including evaluation and assessment information and copies of IFSPs		
• Arranging a transition meeting at a time and location convenient for the family; forward current child information to future service providers prior to the transition meeting		
• Notifying LEA 9-12 months prior to child turning three		