

ELIGIBILITY

Provider:	Program:	Date:
Child Name: (First name, last initial)	Referred by:	Location: <input type="checkbox"/> Home <input type="checkbox"/> Program Office
Service Team: <input type="checkbox"/> Svc Coordinator: <input type="checkbox"/> PT/OT/SLP: <input type="checkbox"/> Interpreter: <input type="checkbox"/> Dev Specialist: <input type="checkbox"/> RN/Social Work: <input type="checkbox"/> Other:		
BEFORE Eligibility Evaluation		
1. Family received prior written notice BEFORE the evaluation took place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
2. Family received all paperwork/forms in their preferred language.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3. Family gave signed consent BEFORE the evaluation began.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
DURING Eligibility Evaluation		
1. The team included professionals from appropriate disciplines to address the stated concern.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
2. The team explained testing process and asked the family about their concerns.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3. The team used a standardized multidisciplinary evaluation tool.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4. The team conducted the evaluation in the family's preferred language.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
5. The team interviewed the family to collect a case history on the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
6. The team gathered info from a variety of sources (parents, doctors, etc.) to understand the child's unique strengths and needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
7. The team evaluated the child's abilities in ALL developmental domains.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
8. The team involved the family in the evaluation process.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
9. The team began developing a positive relationship with the family by asking questions and facilitating conversations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
10. The team reviewed the evaluation results with the family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
11. The team clearly explained to the family why the child eligible/ineligible for services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
12. IF the child was found eligible, the team:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> Used a family assessment to identify the family's concerns, priorities, resources. Scheduled an IFSP meeting. 		
13. The team documented the visit in BTOTS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Notes:		

IFSP MEETING

Provider:	Program:	Date:
Child ID:	Child Name: (First, last initial)	Location: <input type="checkbox"/> Home <input type="checkbox"/> Program Office
Service Team: <input type="checkbox"/> Svc Coordinator: <input type="checkbox"/> PT/OT/SLP: <input type="checkbox"/> Interpreter: <input type="checkbox"/> Dev Specialist: <input type="checkbox"/> RN/Social Work: <input type="checkbox"/> Other:		
BEFORE IFSP Meeting		
1. Parents received prior written notice BEFORE the IFSP meeting took place.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Parents received all paperwork/forms in their preferred language.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
DURING IFSP Meeting		
1. The IFSP team included professionals from appropriate disciplines to address the stated concern.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. The team explained the IFSP process and the family was able to ask questions.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. The IFSP meeting was held face-to-face at a convenient time/place for the family.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. The team conducted the IFSP meeting in the family's preferred language, and showed cultural competence.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. The team used reflective listening to develop relationships with the family.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. The team offered expertise/info that was not overwhelming for the family.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. The team listened to the family's input.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. The family appeared to feel comfortable during the IFSP meeting.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. The team wrote IFSP outcomes that reflected the family's priorities.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. The team reviewed Parent Rights BEFORE asking the family to sign the IFSP.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The final IFSP included: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Service initiation and duration dates <input type="checkbox"/> Child's current level of functioning in ALL domains <input type="checkbox"/> Family concerns, priorities, resources <input type="checkbox"/> Measurable, jargon-free, routines-based, functional family outcomes <input type="checkbox"/> Service types, minutes, frequency, intensity, and location customized per IFSP outcomes </div> <div style="width: 48%;"> <input type="checkbox"/> Other service info, as appropriate <input type="checkbox"/> Preschool/community transition info, as appropriate <input type="checkbox"/> Family fee payment arrangements <input type="checkbox"/> Names and signatures of all attendees <input type="checkbox"/> Service Coordinator contact info </div> </div>		
Notes:		

HOME VISIT

Provider:	Program:	Date:
Child ID:	Child Name: (First, last initial)	Location: <input type="checkbox"/> Home <input type="checkbox"/> Other
Service Team: <input type="checkbox"/> Svc Coordinator: <input type="checkbox"/> PT/OT/SLP: <input type="checkbox"/> Interpreter: <input type="checkbox"/> Dev Specialist: <input type="checkbox"/> RN/Social Work: <input type="checkbox"/> Other:		
BEGINNING of Home Visit		
1. Provider greeted the family, and clearly stated the purpose of the visit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
2. Provider asked open-ended questions re: effectiveness of current routines/activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3. Provider asked the parent if they had new issues, challenges, concerns to discuss.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4. Provider/parent discussed what went well, what to continue, what to change.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
DURING Home Visit		
1. Provider followed the parent's and child's lead, and encouraged family involvement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
2. Provider was able to naturally join in family activities and routines.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3. Provider created developmentally appropriate learning opportunities for the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4. Provider used adult learning principles to share information with parents/family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
5. Provider demonstrated child-centered activities, described what they were doing, and showed the parent how to join in and follow the child's lead.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
6. Provider gave the parent ongoing feedback during parent-child interactions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
7. Provider observed and discussed the parent-child interactions with the parent.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
8. Provider used reflective listening to make suggestions for new activities/outcomes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
9. Provider made recommendations to include child in family and community life.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
10. Provider and parent discussed the family's concerns, priorities and resources.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
END of Home Visit		
1. Provider discussed the current visit and what will happen between visits.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
2. Provider discussed the steps/actions to be taken before the next visit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3. Provider suggested appropriate adaptations to toys/materials/home environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4. Provider/family practiced embedding new strategies/activities into daily routines.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
5. Provider explained future involvement of other team members (co-visits, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
6. Provider gave the family the chance to ask questions and discuss priorities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
7. Provider and family developed a plan for the next visit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
8. Provider confirmed the date and time of the next visit with the family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
9. Provider documented the visit in BTOTS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Notes:		