

PART C FILE REVIEW CHECKLIST (Version 3)
State or district employee authorization only

“Training Tool”

updated 10-20-09

County/District #: _____ ESU # _____ School District Name: _____

Date: _____ Reviewer: _____ Student's Case Manager: _____

White Scoring: Y = Yes; N = No; NA = Not Applicable Gray Scoring: Y = Regulation Met; N = Regulation Not Met	Student Identifier
	Disability Category
	Student Age

ILCD	Regulation	Regulatory Requirement			
	92NAC 51	PROCEDURAL TIMELINES			
	009.04B	For infants and toddlers each of the procedural steps necessary to provide early intervention services shall be carried out within the specific time period.			
2C	009.04B1	A referral must be made by the school district or approved cooperative to the agency responsible for providing services coordination in the Planning Region within <u>two working days</u> of the district becoming aware of an infant or toddler who may be eligible for services. <i>Documentation of when the district became aware of the referral and date referral to agency responsible for Services Coordination</i> Y = Documentation and evidence of referral to services coordination agency within 2 working days N = No evidence of documentation that referral to service coordination was made within 2 working days; or referral to service coordination agency exceeded 2 working days NA = District or cooperative became aware of the referral from the services coordinator	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
2C	009.04B2	Notice to parents (NAC 51-009.05) and parental consent shall be completed within a reasonable period of time. <i>Notice and Consent For Initial Evaluation</i> Y = Date of referral and date parent signed consent for evaluation are within a reasonable period of time N = Date of referral and date parent signed consent for evaluation are <u>not</u> within a reasonable period of time.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
2C	009.04B3	A multidisciplinary team evaluation must be completed within 45 calendar days from the date of referral. Y = Date of referral and date of MDT are within 45 calendar days N = Date of referral and date of MDT exceeds 45 calendar days NA = There is documentation of exceptional circumstances of the family that make it impossible to complete the evaluation within the 45 days; Interim IFSP	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
2C	009.04B4	In the event of exceptional circumstances of the family that make it impossible to complete the evaluation within the 45 days, the school district or approved cooperative will document those circumstances, inform the parent on the time estimated by the district to complete the evaluation and develop and implement an interim IFSP as necessary. Y =There is evidence of documentation of 1) the exceptional circumstances, and 2) parent notification of estimated time for completion, and 3) if necessary an interim IFSP- date of Interim IFSP N = there is no documentation of: 1) exceptional circumstances;	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

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		<p>2) parent notification of estimated time for completion 3) if necessary, interim IFSP NA= MDT was completed within 45 calendar days; or Interim IFSP</p>			
2C	009.04B5	<p>Special education placement shall be completed within 5 school days of receipt of parental consent Y= Date of when services will start (Services page of IFSP) is within 5 days of date of Notice and Consent for Placement in Special Education N= Date of when services will start (Services page of IFSP) is not within 5 days of date of Notice and Consent for Placement in Special Education.</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	92 NAC 51	Verification criteria and procedures			
	006.02C	School districts and approved cooperatives must ensure assessments and other evaluation materials used to assess a child under this Chapter:			
2C	006.02C1c	<p>For infants and toddlers, tests and other evaluation materials and procedures are administered in the native language of the parent or other mode of communication, unless it is clearly not feasible to do so. Refer to MDT report and other documentation Y= Documentation and evidence that evaluation tests, materials were provided in the parent’s native language or other mode of communication, unless it was clearly not feasible to do so. N= Documentation and evidence that evaluation tests, materials were not provided in the parent’s native language or other mode of communication.</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
2C	006.02C15a	<p>Must ensure evaluation and assessments for infants and toddlers are conducted in accordance with Section 006 to determine eligibility for services including determining the status of the child in each of the developmental domains; The Notice and Consent For Initial Evaluation must be completed in all areas (Adaptive/Self Help Development, Cognitive, Physical Development, Social and Emotional Development, Speech and Language) with a description of the tests and/or procedures that will be used for evaluation and you can also review this in the MDT report in all five domain areas. Y= Documentation that <u>all</u> 5 of the child’s developmental domains were addressed on the consent N = No documentation that <u>all</u> 5 developmental domains were addressed on the consent</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	006.02C16	<p>After a child has been verified, the district must conduct an assessment of the unique needs of the child in terms of each of the developmental areas to identify services appropriate to meet the needs of the child. IFSP Child’s Present Levels of Development Y = A statement of the child’s performance/abilities in each of the developmental areas N = No statement of the child’s performance/abilities in one or more of the developmental areas</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
2C	006.03E	The multidisciplinary evaluation team written report (for all suspected disabilities except specific learning disabilities) must meet the following requirements:			
2C	006.03E1	<p>The team shall prepare a written report of the results of the evaluation. The district maintains a copy of the multidisciplinary team (MDT) report with the results of the evaluation, and the report must contain evaluation results of the needs of the child in each developmental area (variety of tools and strategies; more than screening in each area) to identify services appropriate to meet the needs of the child (006.02C16) Y = MDT report with evaluation/assessment results in each of the developmental areas N = No MDT written report or MDT report does not have evaluation/assessment results in all of the developmental areas.</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	

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2C	006.03E2a	The report shall include a statement of whether the child qualifies as a child with a disability based on the criteria and the definition contained in 92 NAC 51-006.04. The MDT written report includes a statement that the child is or is not a child with a disability as per the specific list contained in 92 NAC 51-006.04, Y = If report indicates whether or not a child is a child with a disability (may be a checkbox or a written statement) N = Only mark if the report does not include a checkbox or a statement of whether or not the child is a child with a disability.	<input type="checkbox"/> Y	<input type="checkbox"/> N	
2C	006.03E2b	The child’s educational needs; The MDT written report includes information from parent report, observations, informal and formal evaluation and assessment results <u>in all of the five developmental areas</u> outlining the child’s <u>unique educational needs</u> . Y = A statement in the MDT report, or the MDT report <u>must refer to a specific location of the educational needs in a written report in each area of development</u> . N = No statement in the MDT report, or the MDT report does not <u>refer to a specific location of the educational needs in a written report in each area of development</u> .	<input type="checkbox"/> Y	<input type="checkbox"/> N	
2C	006.03E2c	The basis for making the determination; and The MDT includes a statement reflecting the documented results of the informal and formal evaluations, (For Developmental Delay-or documentation of a diagnosed physical or medical condition that has a high probability of resulting in a substantial delay and reason therefore needs special education and related services), and that the child has met the verification requirements as per one of the specific disabilities found in 92 NAC 51-006.04. Y = Statement about determination and the child has met verification requirement as a child with a disability in one of the 13 disability categories N = No statement of the basis of determination and /or the child has met verification requirement as a child with a disability in one of the 13 disability categories	<input type="checkbox"/> Y	<input type="checkbox"/> N	
2C	006.03E2d	A listing of the team members The MDT written report includes the signature of each of the team members or a listing of each of the team members names Y = Team members are listed or team members have signed N = No listing or signatures of team members	<input type="checkbox"/> Y	<input type="checkbox"/> N	
2C	006.03E3	Each team member shall certify in writing if the report reflects his or her conclusion. (If it does NOT reflect his or her conclusions, the team member shall submit a separate statement presenting his or her conclusion). Each team member’s signature or name as per 92 NAC 51-006.03E2d is accompanied by a statement indicating whether or not* the MDT report reflects his or her conclusion. Y = To all above N = If there is no separate written, signed statement from the member(s) who disagreed *If the report does not reflect his or her conclusion, a separate written, signed statement from that member(s) must be maintained by the district (minority report on SRS)	<input type="checkbox"/> Y	<input type="checkbox"/> N	
2C	006.03E4	A copy of the evaluation report and the documentation of determination of eligibility shall be given to the parent at no cost			

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		<p>1. The district maintains a log of when the MDT report, and any other written summary report of the evaluation, was provided to parents, at no cost.</p> <p>2. The district documents, through a signed, by parent(s), receipt that the parent has received a copy of the MDT written report and any other written summary report of the evaluation, at no cost.</p> <p>Y = MDT provided to parent at no cost N = MDT was NOT provided to parent at no cost</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
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	007.12	Responsibility for IFSP Development/Content of the IFSP			
	007.12A	In collaboration with the agency contracting for services coordination, an IFSP shall be developed and implemented for each infant or toddler who is determined to be eligible for early intervention services in accordance with Section 006. The plan must be developed in accordance with Section 007 and based on the multidisciplinary evaluation described in 006.04 and any other relevant information.			
3A	007.12A1	<p>In the event the family declines services coordination, the school district or approved cooperative, with the family, is responsible for the development of the IFSP consistent with the Department of Health and Human Services Early Intervention regulations and Rule 51 007.13</p> <p>Page 1 of the IFSP</p> <p>Y = A district or cooperative person is identified as the Case Manager/Services Coordinator on the IFSP N = No district or cooperative person is identified as the Case Manager/Services Coordinator on the IFSP NA = Parent has accepted a Services Coordinator from the contracting agency</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3A	007.12B	If a determination is made that an infant or toddler needs early intervention services, an IFSP shall be developed for the child and the family. The IFSP shall be in writing and shall include:			
3A	007.12B1	<p>A statement of the infant or toddler’s present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development which is based on professionally acceptable objective criteria.</p> <p>IFSP Child’s Present Levels of Development</p> <p>Y = A statement of the child’s performance/abilities in each of the above listed developmental areas N = No statement of the child’s performance/abilities in one or more of the developmental areas</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
3A	007.12B2	<p>With the concurrence of the family, include a statement of the family’s resources, priorities, and concerns relating to enhancing the development of infant or toddler with a disability.</p> <p>IFSP Page 2 (Family Concerns and Desired Priorities)</p> <p>Y=Statements regarding the resources, priorities and concerns of the family related to enhancing the development of the child N = No statements regarding the resources, priorities and concerns of the family related to enhancing the development of the child, and no documentation that the parent choose not to provide information NA= Evidence of documentation parent choose not to provide information regarding the resources, priorities and concerns of the family related to enhancing the development of the child</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

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3A	007.12B3	<p>A statement of the <u>measurable</u> results or outcomes expected to be achieved for the infant or toddler and the family, <u>including pre-literacy and language skills</u>, as developmentally appropriate for the child, and IFSP Goal Pages</p> <p>Y = (1) Each goal/outcome is based on the family’s identified concerns and priorities and on the synthesis of all information gathered and shared by the family and service providers during contacts, assessment planning, child assessment and identification of family strengths, concerns, and priorities; and</p> <p>(2) Each goal/outcome is measurable and stated in terms of what the family would like to see accomplished and in language meaningful to the family; and</p> <p>(3) The “Child/Family Strengths and Resources Related to this Outcome” section is completed for each goal/outcome; and</p> <p>(4) Each goal/outcome has a statement of <u>What will be done by whom</u>; and</p> <p>(5) Each goal/outcome must have statements of how <u>Progress will be reviewed</u>. Information/statements criteria and evaluation procedures and timelines for determining the degree to which progress toward achieving the goal/outcome is being made. Progress will be reviewed <u>(how often)</u> by <u>(by whom)</u> through <u>(how measured)</u>.</p> <p>N = Any of the above areas missing information/statements</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
3A	007.12B3a	<p>The criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made; and</p> <p>Each goal/outcome has a <u>Plan Review for this Goal; Date: How much progress</u> that is to be used to write progress notes as the IFSP is being carried out. This can and should be done at any time to make the document a living record of what is happening. If not before, the plan review section must be used to record progress at the time of the periodic review.</p> <p>Y = Periodic Review -statement of how much progress has been made</p> <p>N = Periodic Review – no statement of progress made <i>(at or prior to Periodic Review)</i></p> <p>NA= Periodic Review is not due</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3A	007.12B3b	<p>Whether modifications or revisions of the outcomes or services are necessary</p> <p>Each goal/outcome has a <u>Next Steps/Comments</u> that is to be used in accordance with how much progress has been made and any need for modifications/or revisions. This can and should be done at any time to make the document a living record of what is happening, If not before, the plan review section must be used to record Next Steps/comments at the time of the Periodic Review.</p> <p>Y = Next Steps/Comments statements noted for needed modifications or revisions; prior to/or at the Periodic Review</p> <p>N = No Next Steps/Comments statements prior to /or at the Periodic Review</p> <p>NA = Periodic Review is not due</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3A	007.12B4	<p>A statement of the specific early intervention services based on peer-reviewed research, to the extent practicable, necessary to meet the unique needs of the child and the family including:</p> <p><u>Services Page of the IFSP</u></p> <p>Y = Listing of service/s to be provided to the child/family which supports the IFSP plan and connected to the educational needs of the child which are stated in MDT</p> <p>N = No services listed and/or services are not connected to the educational needs of the child which are stated in MDT</p> <p>NA= Documentation parent has refused early intervention service/s</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

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3A	007.12B4a	<p>The frequency, intensity, and method of delivering the services;</p> <ul style="list-style-type: none"> • Frequency and intensity mean the number of days or sessions that a service will be provided, • The length of time the service is provided during each session, and • Whether the service is provided on an individual or group basis, and • Method means how a service is provided. <p>Services Page of IFSP: How Often? Where? Group/Individual? Natural Environment? How much? Y = Each service to be provided has all of the above listed components N = A service to provided is missing one or more of the above listed components NA = Documentation parent has refused early intervention service/s</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
6C	007.12B4b	<p>The natural environments in which early intervention services will be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment; To the maximum extent appropriate to the needs of the child, early intervention services must be provided in settings including home and community, in which children without disabilities participate. If services are not provided in natural environments a justification <u>must</u> be provided with plans of how to return support services to home or community. IFSP Services Page Y = Services will be provided in the child’s natural environment. OR services will not be provided in the child’s natural environment and justification is documented N = Services will not be provided in the child’s natural environment and NO justification is documented</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
6C	007.12B4c	<p>The location of the service; IFSP Services page (i.e. as the child’s home, community setting) Y = A statement of where each services will be provided N = No statement of where each service will be provided</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
6C	007.12B4d	<p>The payment arrangements, if any. IFSP Services page Y = A statement who will pay for each service N = A statement who will pay for each service</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
6C	007.12B5	<p>To the extent appropriate, medical and other services the child needs, but not required by this Chapter and the funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources. Y = A statement of medical or other services (i.e. Cochlear implants) the child needs and who will pay for each service N = No statement of medical or other services the child needs, or who will pay for each service NA = No medical and other service needs</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
6C	007.12B6	<p>The projected date(s) for initiation of the service(s) which must begin as soon as possible after the IFSP meeting. Services Page: A date (month, day, year) must be indicated for when all services will begin Y = All services have a date of when the service will start N = Not all services have a date of when they will be start</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	

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6C	007.12B7	The anticipated duration of those services. An ending date (month, day, year) must be indicated for all services. Y = Documentation of when services will end N = No documentation of when services will end	<input type="checkbox"/> Y	<input type="checkbox"/> N	
6C	007.12B8	The name of the service coordinator from the profession most immediately relevant to the child’s or family’s need (or who is otherwise qualified to carry out applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons, including transition services. Page 1 IFSP Name, phone and agency must be completed; and Services Page IFSP Who’s responsible: the name of person who is responsible for each service. Y = The EDN Services Coordinator’s name is listed; or the family has declined a Services Coordinator, and a district or approved cooperative provider is designated as the Case Manager; and who’s responsible is completed for each services. N = No Services Coordinator/Case Manager is listed; and/or any service is missing a name/s of who is responsible for the service listed.	<input type="checkbox"/> Y	<input type="checkbox"/> N	
6C	007.12B9	The steps to be taken to support the transition of the child to preschool services to the extent that those services are considered appropriate, or other services that may be available. 007.12B9a) The steps to be taken include: (007.12B9a(i)) Discussion with, and training of parents regarding future placements and other matters related to the child’s transition; (007.12B9a(ii)) Procedures to prepare the child for changes in the service delivery, including steps to help the child adjust to, and function in, a new setting; and (007.12B9a(iii)) With parental consent, the transmission of information about the child to ensure continuity of services, including evaluation and copies of IFSPs that have been developed and implemented. Specific steps are identified on transition plan of the IFSP: What needs to be done; who is responsible; time line; and dates of completion should be identified in the transition plan. Y = Specific steps are identified. What needs to be done; who is responsible; time line; and dates of completion are identified in the transition plan. N =No transition plan, or specific steps are missing/incomplete NA= Documentation of parent refusal to a transition conference, or no transition conference is required – Not 90 days prior to the child: 1) becoming 3yr. old; or 2) before the child will go to another program; or 3) No longer needs services. (This is also reviewed in 007.16 Transition)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	007.12B10	A statement of the necessary assistive technology devices and services needed by the infant or toddler. Goal Pages and present levels of development Y= Documentation of assistive technology devices and services needed and provided N=Documentation of assistive technology devices and services needed and no documentation of services provided NA=No documentation of assistive technology devices and services needed (example, SLI child may not need AT will depend on needs of each child)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

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	007.13	IFSP Initial and Annual Conferences			
3A	007.13A	For an infant or toddler who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within 45 calendar days of the referral. <i>The referral date for the 45 calendar timeline begins from the date the referral was received by the district, cooperative or EDN Service Coordination Agency. The IFSP must be completed within 45 calendar days- unless there is a family driven delay- there must be documentation of the family driven delay</i> Y = Date of Referral to Early Intervention and date of Initial IFSP is within <u>45 Calendar days</u> N = Date of Referral to Early Intervention and date of Initial IFSP exceeds <u>45 Calendar days</u> NA = Date of Referral to Early Intervention and date of Initial IFSP exceeds <u>45 Calendar days</u> and there is documentation of the family driven delay	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3A	007.13B	A meeting must be conducted on at <u>least an annual basis</u> to evaluate the IFSP for a child and the child’s family, and, as appropriate, to revise its provisions. Y =Documentation of Annual meeting; date is within a year N =Annual meeting date is more than 1 year NA = Not an Annual IFSP	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3A	007.13B(1)	The results of any current evaluations and other information available from the ongoing assessment of the child and family must be used in determining what services are needed and will be provided. Y =Documentation of current evaluations/assessments (ie Results Matter) and other information available from the ongoing assessment of the child and family is noted in present levels and updated goals; and services to be provided are noted on service page N =No recent evaluation and assessment information is noted (updates to goal information, present levels); and/or services to be provided are not noted on service page NA =Not an Annual IFSP	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3A	007.13B(2)	Parents shall receive a copy of the IFSP within 7 calendar days of the IFSP meeting Y = Documentation that the parent received a copy of the IFSP within 7 calendar days of the annual IFSP meeting. N = No documentation that the parent received a copy of the IFSP within 7 calendar days of the annual IFSP meeting NA = Not an Annual IFSP	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	007.13C	IFSP meetings must be conducted:			
3A	007.13C1	in settings and times that are convenient to families <i>The written notification form or documentation of phone call/email of the IFSP meeting provides information to parents that the time and place is convenient to the family.</i> Y = Notice provides all of the above information N = Notice does NOT provide the above information to parent	<input type="checkbox"/> Y	<input type="checkbox"/> N	

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3A	007.13C2	In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so. Y= IFSP page 1 indicates Family language choice/ Family would like an interpreter N = IFSP page 1 does not indicate if there is a need for an interpreter/family language choice	<input type="checkbox"/> Y	<input type="checkbox"/> N	
1B	007.13D	Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend. The date on the written notification or documentation of phone call/email is prior to the IFSP meeting date. Y= Date of notice is prior to the date of the IFSP meeting N= Date of notice is not prior to the date of the IFSP meeting	<input type="checkbox"/> Y	<input type="checkbox"/> N	
1B	007.13E	The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. The services coordinator and the team ensure the contents of the IFSP are fully explained and the family understands the purpose of the IFSP and what has been planned for the child his/her family. The Family signs consent for services. Y= The Yes box is checked-(I (we)understand the content of the IFSP and give consent) for all services to begin, and there is a parent signature and date; or Y= The No box-(I (we)understand the content of the IFSP and give consent) is checked and there is an explanation listed below, parent signature and date N= No documentation of parent understanding and /or no parent signature and no further explanation	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	007.13E2	The early intervention services to which parental consent is obtained must be provided. Y= There is evidence early intervention services are being provided as stated on services page- ie updates, progress notes, periodic reviews N= There is no evidence early intervention services are being provided as stated on the services page- ie. updates, progress notes, periodic reviews	<input type="checkbox"/> Y	<input type="checkbox"/> N	

		IFSP Periodic Reviews			
3A	007.14	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 the family requests such a review. The Periodic Review may be a formal meeting of the entire team of service providers; or a discussion between the family, services coordinator and selected team members as needed. Updates to current abilities must be noted. Dotted lines are provided for update information the child’s achievements in each area at the time of the periodic review or as further evaluations are completed. Each person participating in the Periodic review must sign and date the signature page. Refer to Notification of IFSP Meeting for participant names. Y= Periodic review date is no more than 6 months from the initial or annual IFSP date, and each person participating in the Periodic review signed and dated the signature page, and ability updates are completed N= Periodic review date is later than 6 months from the Initial/Annual IFSP date, and/or no	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

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3A	007.14	<p>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 the family requests such a review.</p> <p>The Periodic Review may be a formal meeting of the entire team of service providers; or a discussion between the family, services coordinator and selected team members as needed. Updates to current abilities must be noted. Dotted lines are provided for update information the child’s achievements in each area at the time of the periodic review or as further evaluations are completed. Each person participating in the Periodic review must sign and date the signature page. Refer to Notification of IFSP Meeting for participant names.</p> <p>Y= Periodic review date is no more than 6 months from the initial or annual IFSP date, and each person participating in the Periodic review signed and dated the signature page, and ability updates are completed</p> <p>N= Periodic review date is later than 6 months from the Initial/Annual IFSP date, and/or no documentation of updates to current abilities, and/or no signatures of Service Coordinator and selected team members.</p> <p>NA= IFSP is less than 6 months old</p>	Y	N N	NA
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3A	007.14A1	<p>The degree to which progress toward achieving the outcomes is being made; and Services Coordinator, family and others involved review the goal/outcomes, including criteria and timelines, results of current evaluations or ongoing assessments. Updates to current abilities and progress must be noted. Notation of the date and progress notes, and other changes</p> <p>Y=Documentation of periodic review date and progress notes on goal/outcomes and next steps</p> <p>N= No documentation of periodic review date and/or missing progress notes on goal/outcomes and next steps noted</p> <p>NA= IFSP is less than 6 months old</p>	Y	N	NA
3A	007.14A2	<p>Whether modification or revision of the outcomes or services are necessary</p> <p>Y= Periodic review- statements of need or no need for modifications of the goal/outcome, and services if appropriate</p> <p>N= Periodic review- no statements of need or no need for modifications of the goal/outcome, and services if appropriate</p> <p>NA= IFSP is less than 6 months old</p>	Y	N	NA
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		IFSP Team Participants			
	007.15A	The school district or approved cooperative shall document that each IFSP conference includes at least the following participants:			
3A	007.15A1	<p>The parent or parent(s) of the child.</p> <p>Signature page of IFSP name, role and address completed.</p> <p>Y= Documentation of parent participation in the IFSP meeting</p> <p>N=No documentation of parent participation in the IFSP meeting</p>	Y	N	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3A	007.15A2	Other family members, as requested by the parent, if feasible to do so;			

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3A	007.15A4	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. <i>If the parent has elected not to have a Service Coordinator from the contracting agency- a district or cooperative provider is designated as the Case Manager.</i> Y =Documentation of Service Coordinator or designated case manager responsible for the implementation of IFSP participation. N =No documentation of Service Coordinator or designated case manager responsible for the implementation of IFSP participation.	<input type="checkbox"/> Y	<input type="checkbox"/> N	
3A	007.15A5	A representative of the school district or approved cooperative who has the authority to commit district resources. Y = Documentation of a District representative (<i>who has the authority to commit district resources</i>) participation N = No documentation of a District representative, (<i>who has the authority to commit district resources</i>) participation	<input type="checkbox"/> Y	<input type="checkbox"/> N	
3A	007.15A6	As appropriate, persons who will be providing services to the child; and <i>Service providers on the services page of the IFSP, persons on the Notification of IFSP meeting; and documentation of service providers on the signature page of the IFSP should be in agreement.</i> Y = Documentation of service providers responsible for providing services participation in IFSP N = No documentation of service providers responsible for providing services participation in IFSP	<input type="checkbox"/> Y	<input type="checkbox"/> N	
3A	007.15A7	A person or persons directly involved in conducting the evaluations Y = Documentation of a provider 's participation who has conducted recent evaluations or who has been providing services and assessment of current abilities N = No documentation of a provider who has conducted recent evaluations or who has been providing services and assessment of current abilities.	<input type="checkbox"/> Y	<input type="checkbox"/> N	
3A	007.03A11	For a student verified in the category of hearing impaired, an educator endorsed to teach a child with a hearing impairment. Y =Documentation of participation of an educator endorsed to teach a child with a hearing impairment. N =No documentation of participation of an educator endorsed to teach a child with a hearing impairment NA = If child is not verified as a child with a hearing Impairment.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3A	007.03A12	For a student in the category of visual impairment, an educator to teach a child with visual impairments. Y =Documentation of participation of an educator endorsed to teach a child with a visual impairment. N =No documentation of participation of an educator endorsed to teach a child with a visual impairment NA = If child is not verified as a child with a visual Impairment	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

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	007.16	Early Intervention Transition			
3H	007.16A	The agency contracting for services coordination is responsible for convening, with the approval of the child's family, a conference including the family, school district or approved cooperative and other agencies as needed at least 90 days (and at the discretion of all such parties, up to nine months) before the child's third birthday or at least 90 days before completion of the early intervention program. The purpose of the meeting is to:			
3H	007.16A1	Ensure a smooth and effective transition to preschool programs assisted under Part B of the IDEA to the extent those services are appropriate, or other services that may be available, if appropriate for toddlers receiving early intervention services; <i>Specific steps are identified on transition page of IFSP: what needs to be done; who is responsible; time line; and dates of completion should be identified in the transition plan.</i> Y = Specific steps are completed and the date of the plan meets the timelines N = No transition plan or missing specific steps NA = Documentation of parent refusal to a transition conference OR no transition conference is required – Not 90 days prior to the child: 1) becoming 3yr. old; or 2) before the child will go to another program; or 3) No longer needs services.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3H	007.16A2	Review the child's program options for the period from the child's third birthday through the remainder of the school year; and <i>(i.e. play groups, community settings)</i> Y =Documentation/statements of program options considered N =No notes or documentation of program options considered NA = Documentation of parent refusal to a transition conference OR no transition conference is required – Not 90 days prior to the child: 1) becoming 3yr. old; or 2) before the child will go to another program; or 3) No longer needs services.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3H	007.16A3	Describe how the family will be included in the transition plans Y = Statements describing how the family will be involved <i>(i.e. family visits to childcare centers, play groups)</i> N = No statements describing family involvement in the transition plan NA = Documentation of parent refusal to a transition conference OR no transition conference is required – Not 90 days prior to the child: 1) becoming 3yr. old; or 2) before the child will go to another program; or 3) No longer needs services.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

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3H	007.16A3	<p>Establish a transition plan Specific steps are identified- What needs to be done; who is responsible; time line; and dates of completion should be identified in the transition plan. Y = Documentation of specific steps are identified on the transition plan: 1) transition conference date 2) what needs to be done; 3) who is responsible; 4) time line-dates of completion N =No transition plan or missing specific steps NA= Documentation of parent refusal to a transition conference OR no transition conference is required – Not 90 days prior to the child: 1) becoming 3yr. old; or 2) before the child will go to another program; or 3) No longer needs services.</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	007.17	Provision of Early Intervention Services Before the Evaluation and Assessment is Complete			
3A	007.17A	Early intervention services for the purpose of completion of the evaluation and assessment for a child and the child’s family may commence before the completion of the evaluation, if the following conditions are met:			
3A	007.17A1	<p>Parent consent is obtained When there is obvious need prior to the completion of the evaluation and assessment, the services may begin before the completion on the evaluation and assessment . Y = Interim IFSP developed and documentation of parent consent (date and signature) for Interim services N = No documentation of parent consent, and a Interim IFSP was developed NA = No Interim IFSP was developed</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3A	007.17A2	<p>An interim IFSP is developed that includes: Y = Interim IFSP is developed with date of meeting and documentation of interim services N = Interim IFSP is not developed and there is documentation of parent consent and a need for a Interim IFSP NA = No Interim IFSP was developed</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3A	007.17A2a	<p>Name of the service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons; and Y = Documentation of the services coordinator on page 1 of interim IFSP N = No documentation of the services coordinator NA = No Interim IFSP was developed</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
3A	007.17A2b	<p>Early intervention services that have been determined to be needed immediately by the child and the child's family. Services page of interim IFSP Y = Documentation of Interim services to be provided N = No documentation Interim service/s to be provided NA = No Interim IFSP developed</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

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3A	007.17.A3	Evaluation and assessment are completed within the 45 day time period. Y = Documentation of evaluation and assessment completed within 45 calendar days of date of referral or documentation of family driven reason for delay. N = No documentation of evaluation and assessment completed within 45 calendar days; or documentation of family driven reason for delay. NA = No Interim IFSP	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	007.18	Year Round Continuous Services			
3A	007.18A	Early Intervention Services may not be interrupted or modified or otherwise changed for reasons unrelated to the child’s needs such as service provider availability or scheduling <i>Dates on the services page should be continuous throughout the calendar year, with no interruptions, modifications or otherwise changes of services, (i.e. summer months, availability of providers)</i> Y = Service dates are continuous, no interruptions and documentation that services are provided as stated N = Service dates indicate interruptions, modifications or otherwise changes (i.e. summer months) and/or documentation that services were provided as stated	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	009.05	Prior Written Notice			
	009.05A	Prior written notice shall be given to the parents of a child with a disability a reasonable time before a school district or approved cooperative <ul style="list-style-type: none"> Proposes to initiate or change the identification, evaluation or educational placement of a child or the provision of a free appropriate public education; (009.05A1) or Refuses to initiate or change the identification, evaluation or educational placement of a child or the provision of a free appropriate public education.(009.05A2) 1. The district maintains a copy of the notice provided to the parent when the district proposes to initiate or change the identification/verification of the child or the educational placement of the child. <p style="text-align: center;">AND</p> 2. The notice is dated prior to the date of the action which is the subject of the notice. (start scoring below 009.05B1-009.05D) Y = For any reason listed above (examples: conduct initial evaluation or reevaluation; change service or placement; addition or termination of service; change in delivery of service; whenever discipline results in change of placement, etc.) notice is given prior to action taken N = Prior written notice not provided in the above areas (look at a variety of notices and make sure all of the requirements are completed below)			
	009.05B1	Such prior written notice shall include: A description of the action proposed or refused by the school district or approved cooperative; <ol style="list-style-type: none"> District maintains a copy of the notice sent to the parents which contains a description of the action proposed or refused by the district. Y = Documentation on notice(s) of description of action proposed or refused N =No documentation on notice(s) o f description of the action proposed or refused	<input type="checkbox"/> Y	<input type="checkbox"/> N	

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009.05B2	<p>An explanation of why the school district or approved cooperative proposes or refuses to take action:</p> <p>1. District maintains a copy of the notice sent to the parents which contains an explanation of why the district proposed or refused to take the action.</p> <p>Y=Documentation on notice(s) which contains explanation of why the district proposed or refused to take action</p> <p>N=No documentation on notice(s) which contains explanation of why the district proposed or refused to take action</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
009.05B3	<p>A description of other options the IEP(IFSP) team considered and the reasons why those options were rejected:</p> <p>1. District maintains a copy of the notice sent to the parents which contains a description of any options considered by the IEP/IFSP team and the reason(s) why the options were rejected.</p> <p>Y=Documentation on notice(s) which contains a description of any options considered by IFSP team and the reason(s) why the options were rejected.</p> <p>N=No documentation on notice(s) which contains a description of any options considered by IFSP team and the reason(s) why the options were rejected.</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
009.05B4	<p>A description of each evaluation procedure, assessment, record, or report the school district or approved cooperative uses as a basis for the proposal or refusal;</p> <p>1. District maintains a copy of the notice which contains a description of each evaluation procedure, test, record, or report that district plans to use or has used as a basis for the proposed action to evaluate or place.</p> <p>Y= Documentation on notice(s) which contains a description of each evaluation procedure, assessment, record, or report the district plans to use or has used as a basis for the proposed action</p> <p>N=No documentation on notice(s) which contains a description of each evaluation procedure, assessment, record, or report the district plans to use or has used as a basis for the proposed action</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
009.05B5	<p>A description of any other factors which are relevant to the school district's or approved cooperative's proposal or refusal:</p> <p>1. District maintains a copy of the notice which includes a description of any other factors which are relevant to the district's proposal or refusal of the action.</p> <p>Y=Documentation on notice(s) of a description of any other factors which are relevant to the district's action</p> <p>No=No Documentation on notice(s) of a description of any other factors which are relevant to the district's action</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
009.05B6	<p>A statement that the parents of a child with a disability have protection under the procedural safeguards of this Chapter and, if this notice is not an initial referral for evaluation, the means by which a copy or description of the procedural safeguards can be obtained; and</p> <p>1. The district's notice of initial evaluation, initial placement, change of placement and reevaluation contain a statement that the parents of a child with a disability have protection under the procedural safeguards of IDEA and Rule 51.</p> <p>2. The district's notice for initial placement, change of placement and reevaluation contain a statement which tells parents the means by which they can obtain a copy or description of the procedural safeguards of IDEA and Rule 51</p> <p>Y=Documentation of a statement on the notice(s) of initial evaluation, initial placement, change of</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	

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	<p>placement and reevaluation that the parents of a child with a disability have protection under the procedural safeguards AND if the notice is NOT an initial referral for evaluation, the means by which a copy or description of the procedural safeguards can be obtained</p> <p>N=No documentation of a statement on the notice(s) regarding parents of a child with a disability have protection under the procedural safeguards and/or NO documentation of a statement on the notice telling parents how they can obtain a copy or description of the procedural safeguards of Rule 51.</p>			
009.05B7	<p>Sources for parents to obtain assistance in understanding the provisions of this part.</p> <p>1. The district’s notice contains a listing of sources for parents to contact to obtain assistance in understanding the provisions of this part.</p> <p>Y=Documentation on the notice(s) which contains a listing of sources for parents to contact to obtain assistance in understanding the provisions</p> <p>N=No documentation on the notice(s) which contains a listing of sources for parents to contract to obtain assistance in understanding the provisions</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
009.05C	<p>The notice must be written in language understandable to the general public, and provided in the native language of the parents or other mode of communication used by the parent unless it is clearly not feasible to do so.</p> <p>1. The district maintains a copy of the notice sent to the parents, in their native language, if other than English, or mode of communication, and</p> <p>2. The district maintains a statement, signed by the parent, indicating that the written notice was provided in his/her native language or mode of communication, either through the written notice or through a translator.</p> <p>Y=District has a copy of notice(s) sent to parents in their native language, if other than English, or other mode of communication and district maintains a statement signed by the parent indicating that the notice(s) was provided in his/her native language or mode of communication, either through the written notice or through a translator/interpreter.</p> <p>N=District notice is not sent to parents in their native language or other mode of communication and/or district does not maintain a statement on the notices(s) signed by the parent indicating that the notice(s) was provided in his/her native language or mode of communication, either through the written notice or through a translator/interpreter.</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
009.05D	<p>If the native language or other mode of communication of the parents is not a written language, the school district shall take steps to ensure:</p> <p>009.05D1 That the notice is translated orally or by other means to the parents in his or her native language or other mode of communication;</p> <p>1. For parents whose native language or mode of communication is not a written language, the district maintains a written statement which indicates that the notice was provided orally or by other means in the parent’s native language or mode of communication; and</p> <p>009.05D2 That the parents understand the content of the notice; and</p> <p>2. For parents whose native language or mode of communication is not a written language, the district maintains a written statement which indicates that the parent understood the content of the notice; and</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

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		<p>009.05D3 That there is written evidence that the requirements of this section have been met. 3. Met with the review of 92 NAC 51-009.05D1 and 92 NAC 51.-009.05D2. Y=Documentation is available on all notices for each area above (009.05D1; 009.05D2; 009.05D3) N = If no, use comment box for clarification NA= Notice is in native language or other mode of communication is not needed</p>			
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ILCD	Regulation	Regulatory Requirement			
	009.08A	Parental Consent for Initial Evaluation			
	009.08A1	The school district or approved cooperative proposing to conduct an initial evaluation to determine if a child qualifies as a child with a disability under 92 NAC 51-003.10 must obtain informed consent, consistent with 92 NAC 51-003.11, from the parent of the child before conducting the evaluation. 003.11 Consent means: <ul style="list-style-type: none"> that the parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication; that the parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought; that the consent includes a description of the proposed activity and a list of records (if any) which will be released and to whom they will be released; and The parent understands that consent is voluntary and may be revoked at any time. If a parent revokes consent, that revocation is not retroactive (i.e. it does not negate an action that has occurred after the consent was given and before the consent was revoked). Notice and Consent for Initial Evaluation Y = The consent for initial evaluation contains all of the required elements in 003.11 N = There is no consent or the consent for initial evaluation reviewed does not contain all required elements found in 003.11 (use comment section to clarify what elements of 003.11 are missing)	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	009.08A3	The school district or approved cooperative must make reasonable efforts to obtain the informed consent from the parent for an initial evaluation to determine whether the child is a child with a disability. Y =The district maintains documentation of efforts to obtain informed consent from parent for initial evaluation N =No documentation of efforts to obtain informed consent NA= Parent denied consent for initial evaluation (Early Intervention is voluntary)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	009.08B	Consent for Services			
	009.08B1	A school district or approved cooperative that is responsible for making FAPE available to a child with a disability must obtain informed consent from the parent of the child before the initial provision of special education and related services to the child. Notice and Consent for Initial Placement in Special Education and IFSP (last page) consent for services Y =Documentation of informed consent from the parent before the initial provision of special education and related services is found in file N =No documentation of informed consent from the parent before the initial provision of special education and related services is found in file	<input type="checkbox"/> Y	<input type="checkbox"/> N	

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	009.08B2	<p>The school district or approved cooperative must make reasonable efforts to obtain informed consent from the parent for the initial provision of special education and related services to the child. <i>Notice and Consent for Initial Placement in Special Education and IFSP (last page) consent for services</i> Y =Consent for initial placement is signed, or district documents reasonable efforts to obtain informed consent and IFSP consent for services checked and signed N =No consent is on file or no documentation of district efforts to obtain informed consent from the parent is found in file or no consent/signature for services on IFSP</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	009.08C	Consent for Reevaluations			
	009.08C1	<p>Subject to 92 NAC 51-009.08C2, each school district or approved cooperative must obtain informed Parental consent, in accordance with 92 NAC 51-009.08A1, prior to conducting any reevaluation of a child with a disability. 003.11 Consent means: That the parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication; that the parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought; that the consent includes a description of the proposed activity and a list of records (if any) which will be released and to whom they will be released; and the parent understands that the granting of consent is voluntary and may be revoked at anytime. If a parent revokes consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked). Y =The consent for reevaluation contains all of the required elements in 003.11 and is documented in the file N =The consent for reevaluations does not contain all the required elements in 003.11 (use comments section to clarify missing elements) or is missing from the file. NA =No reevaluation was due or requested</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	009.08C2	The informed parental consent described in 92 NAC 51-009.08C1 need not be obtained if the school district or approved cooperative can demonstrate that:			
	009.08C2a	<p>It made reasonable efforts to obtain such consent; and Y = Documentation of district efforts to obtain consent for reevaluation are found in file N = No documentation of district efforts to obtain parental consent and evaluation was maintained NA = No reevaluation was due or requested</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	009.08C2b	<p>The child’s parent has failed to respond. Y = File contains documented efforts of the district to obtain consent for reevaluation and parents have not responded N = No documentation of district efforts to obtain parental consent and evaluation was conducted NA = No reevaluation was due or requested</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA