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Child's Name: \_\_\_\_\_  
(First & last)

John D. Kennedy  
District Health Director

SCs Name: \_\_\_\_\_

Children & Youth with Special Needs

Team area:      **em**      **wm**  
 (Circle one)    **ec**      **ka**      **dv**

Month  
 Paperwork    Jan    Feb    Mar    Apr    May    June  
 Completed:    July   Aug   Sept   Oct   Nov   Dec  
 (Circle one)

## Cover sheet check-off for paperwork (CIRCLE the appropriate document being submitted)

Information should be turned in as listed on this check-off  
 Ensure all documents are completed as required in instructions/policy

### Initial evaluations/IFSP

- \_\_\_\_\_ Meeting minutes
- \_\_\_\_\_ IFSP document (Complete)
- \_\_\_\_\_ Appendix C – Financial Analysis Form (green)
- \_\_\_\_\_ Child Outcome Summary Form (COSF) (yellow)
- \_\_\_\_\_ Hearing Letter (2<sup>nd</sup> notice – if appropriate)
- \_\_\_\_\_ CMS Notice of Contact (If appropriate)
- \_\_\_\_\_ Parent Educator letter (Should be signed w/in 3 mos)
- \_\_\_\_\_ Tier Level form

### IFSP Revision / Any Change

- \_\_\_\_\_ Meeting minutes
- \_\_\_\_\_ IFSP document (Appropriate to revision being made)
- \_\_\_\_\_ Change of Status Form (When appropriate)
- \_\_\_\_\_ Parent Educator letter (If has not been signed yet)
- \_\_\_\_\_ Parental Prior Notice (**NEVER to be WAIVED**)  
 (Parent initiated revisions DO NOT require PPN)  
 (Only required when BCW initiates meeting)

### IFSP Exit Review

(All exits must have same paperwork/even if lost to contact)

- \_\_\_\_\_ Meeting minutes
- \_\_\_\_\_ IFSP document (Always pg. 11)
- \_\_\_\_\_ Child Outcome Survey (If in pgm 6 mo or more) (yellow)
- \_\_\_\_\_ Family Outcome Survey
- \_\_\_\_\_ Updated 5-Area Protocol (If in pgm 6 mo or more)
- \_\_\_\_\_ Change of Status Form
- \_\_\_\_\_ Ch1st pamphlet
- \_\_\_\_\_ Parental Prior Notice (**NEVER to be WAIVED**)

### Annual IFSP

- \_\_\_\_\_ Meeting minutes
- \_\_\_\_\_ Consent for Annual Assessment
- \_\_\_\_\_ New Release of Info (ROI) for MDs, etc
- \_\_\_\_\_ IFSP document (Review of current progress - 11)
- \_\_\_\_\_ IFSP document (New complete)
- \_\_\_\_\_ Appendix C – Financial Analysis Form (green)
- \_\_\_\_\_ Hearing Letter (As appropriate/based on need)
- \_\_\_\_\_ Tier Level form (Review/update)
- \_\_\_\_\_ Physician Health Summary form
- \_\_\_\_\_ Updated 5-Area Protocol  
 (If not attached, explain) \_\_\_\_\_
- \_\_\_\_\_ Parental Prior Notice (**NEVER to be WAIVED**)  
 (CMS staff must be copied when child is in CMS services)

### 3 or 6 month review of IFSP

- \_\_\_\_\_ Meeting minutes
- \_\_\_\_\_ IFSP document (Always pg. 11/possibly pg. 4)
- \_\_\_\_\_ Tier Level form (Review/update)
- \_\_\_\_\_ Parent Educator letter  
 (**Must** be done at this review if it has not been signed yet)
- \_\_\_\_\_ Parental Prior Notice (**NEVER to be WAIVED**)  
 (CMS staff must be copied when child is in CMS services)

### Transition Meeting

- \_\_\_\_\_ Meeting minutes
- \_\_\_\_\_ IFSP document (pgs. 7, 8, 9 & 10)
- \_\_\_\_\_ Release of Information (for School system/other)
- \_\_\_\_\_ Request for Client Records (authorization to destroy)  
 (**Please encourage parents to sign to have records shredded**)
- \_\_\_\_\_ Parental Prior Notice (**NEVER to be WAIVED**)

notes: \_\_\_\_\_  
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