Illinois Early Intervention
Compliance Verification Review

Child: _____
EI #: _____
Date of Review: _____
Service Coord: _____

SECTION I
INTAKE AND ELIGIBILITY
Reviewer Name: _____

Please comment if N or I was indicated

Y - Yes N - No I – Incomplete N/A – Not Applicable

1. Evidence that the family was contacted within two business days of referral.
   Y □ N □ I □ N/A □
   Comment:

2. Evidence that the SC actually met face to face with the family to complete intake activities.
   Y □ N □ I □ N/A □
   Comment:

3. Informed consent and documentation of receipt of rights.
   Y □ N □ I □ N/A □
   Comment:

4. Cornerstone informed consent form.
   Y □ N □ I □ N/A □
   Comment:

5. To/From consent for release of information.
   Y □ N □ I □ N/A □
   Comment:

6. Screening device for determining family fees and eligibility for All Kids/Medicaid and DSCC form.
   Y □ N □ I □ N/A □
   Comment:

7. Insurance affidavit assignment and release.
   Y □ N □ I □ N/A □
   Comment:

8. Copy of Medicaid/All Kids recipient card or PA42 screen, WIC or copy of private insurance card is in the file.
   Y □ N □ I □ N/A □
   Comment:

9. Copy of income information is in the file.
   Y □ N □ I □ N/A □
   Comment:

10. Documentation supports initial eligibility.
    Y □ N □ I □ N/A □
    Comment:

11. Copy of the eligibility letter is in the file.
    Y □ N □ I □ N/A □
    Comment:

12. Documentation supports annual eligibility.
    Y □ N □ I □ N/A □
    Comment:

Additional Comments:

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SECTION II
CURRENT IFSP AND REVIEWS

Reviewer Name: _____ Please comment if N or I was indicated

Y - Yes N - No I – Incomplete N/A – Not Applicable

1. Initial IFSP was conducted within 45 days from referral. Comment:
Y □ N □ I □ N/A □

2. Physician Authorization for services. Comment:
Y □ N □ I □ N/A □

3. IFSP services started in a timely manner. Comment:
Y □ N □ I □ N/A □

4. Services are provided in natural environments Comment:
or justification form is completed.
Y □ N □ I □ N/A □

5. Assessment or Progress Summary reports were Comment:
requested prior to the 6 month review meeting.
Y □ N □ I □ N/A □

6. Reasonable written prior notice was provided to family Comment:
And other participants of the six month review meeting.
Y □ N □ I □ N/A □

7. At the six month review, Section 3 of the IFSP Comment:
documents any progress made (or lack thereof)
toward achieving the identified outcome.
Y □ N □ I □ N/A □

8. If changes were made to the IFSP, the full IFSP Comment:
team was convened before changes were implemented.
Y □ N □ I □ N/A □

9. The six month review was carried out by meeting Comment:
or teleconference.
Y □ N □ I □ N/A □

10. Evidence of monthly contact with the family - Comment:
face to face, telephone, written correspondence.
Y □ N □ I □ N/A □

11. Annual IFSP was completed within one year. Comment:
Y □ N □ I □ N/A □

12. At annual IFSP, family fee, insurance information Comment:
& Doc. of Informed Consent/Receipt of Rights were updated.
Y □ N □ I □ N/A □

Additional Comments:

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SECTION III
TRANSITION AND EXIT INFORMATION

Reviewer Name: _____

Please comment if N or I was indicated

Y - Yes N - No I – Incomplete N/A – Not Applicable

1. There is evidence that no later than six months prior to the child's third birthday communication began with the family about transition.
Y □ N □ I □ N/A □
Comment:

2. With informed parental consent, service coordinator forwarded referral packet to the child's local educational agency.
Y □ N □ I □ N/A □
Comment:

3. Early Intervention to Early Childhood Tracking Form was completed (PA34) and sent to LEA.
Y □ N □ I □ N/A □
Comment:

4. Transition Efforts are documented in case notes (CMO4).
Y □ N □ I □ N/A □
Comment:

5. There is evidence that at least 90 days prior to the child's third birthday a transition conference was held with at least the service coordinator, family and the LEA.
Y □ N □ I □ N/A □
Comment:

6. There is evidence that the child's IFSP team met as a group to discuss and document progress toward functional outcomes and EI levels of development/child outcomes.
Y □ N □ I □ N/A □
Comment:

7. There is evidence that child outcome data was captured and entered into the system through questions 8, 9 and 10 of the IFSP within 120 days of child turning 3.
Y □ N □ I □ N/A □
Comment:

8. When there is evidence that the CFC did not receive the EI to EC tracking form back from the LEA, the CFC followed up with the LEA within one month after the child's 3rd birthday to determine the status of the form.
Y □ N □ I □ N/A □
Comment:

9. The IFSP includes a transition plan with required steps and services that were established with the *required timeframe.
*No less than 90 days and no more that nine months.
Y □ N □ I □ N/A □

Comment:

Additional Comments: