

2006 Self Assessment
File Review Checklist

File # _____

Use this checklist for files of children enrolled since 12/1/04.

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| 7. | What is the total number of services identified on the IFSP reviewed? | |
| 8. | How many services identified, from above, were delivered? | |
| 9. | Did this child have at least one service initiated within 14 days of the IFSP? | |
| 10. | Did this child have all listed services initiated within 30 days of the IFSP? | |
| 11. | How many services identified as delivered in Question 8 were provided in the child's natural environment? | |
| 12. | How many services not provided in the NE have a family-driven written justification that the child's outcomes would not be met if they were provided in the NE? | |
| 14a. | Was this child's evaluation completed within 45 days? | |
| 14b. | Did this child have a multidisciplinary evaluation? | |
| 14c. | Did this child have an evaluation including the five areas of development and had that information included on their IFSP? Complete chart below: | |
| | Evaluation included the following: | The functional level was included on child's IFSP: |
| | Cognition | |
| | Physical (Gross and Fine Motor) | |
| | Vision | |
| | Hearing | |
| | Communications | |
| | Social/Emotional | |
| | Adaptive | |
| 14d. | Did this child have a timely, multidisciplinary and comprehensive evaluation and had that information included on their IFSP? | |

*Make a copy of this checklist for each file you will review of children enrolled since 12/1/04. Make an additional copy for aggregating the data. Answer the questions for each child. Add the answers and complete a checklist with the aggregated data. Input the data into your self assessment on MEGS.

2006 Self Assessment
File Review Checklist

File # _____

Use this checklist for transition files.

| | | |
|------|---|--|
| 16. | Did the file for this child include a written transition plan, including transition steps and services? | |
| 17. | Did the transition planning for this child begin at least 90 days prior to the child's third birthday? | |
| 18a. | Is this child eligible or potentially eligible for Special Education (Part B)? If yes, answer questions 18b and 18c. If no, you are done. | |
| 18b. | Was notification sent to the LEA? | |
| 18c. | Was a transition conference held? | |

*Make a copy of this checklist for each file you will review for transition. Make an additional copy for aggregating the data. Answer the questions for each child. Add the answers and complete a checklist with the aggregated data. Input the data into your self assessment on MEGS.