Navajo Nation
Early Childhood Intervention Program
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Cover Sheet I

IFSP

1. Folder Review Control Sheet (in this section, this sheet is placed on top of the cover sheet table of content).
   - Initial IFSP Date __________
   - Six months Date __________
   - Annual Date __________

2. Early Childhood Outcomes Summary Form (ECO)
   - Initial ECO Date __________
   - Annual ECO Date __________
   - Exit ECO Date __________

3. Transition Forms
   - Child’s Third Birthday Date: ______________
   - Transition Referral Form Date Sent: __________
   - Transition Assessment Summary Form Date Sent: __________
   - Transition Conference Invitation Letters Date Sent: __________
   - Transition Conference (PPN Reminder) Date: ______________
   - IEP Conference (if applicable) Date: ______________
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Cover Sheet 2

Contact Logs
1. Progress Notes
2. Service Coordination Log
3. EI Services Contact Summary Forms
   DS contact summary forms
   Therapists contact summary forms
   Other: NMSD, NMSBVI, etc…
   Consult logs
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Cover Sheet 3

Evaluations/Assessments
1. GIB Comprehensive Developmental Interview
2. IDA Record Evaluation Protocol
3. ASQ/ASQ-SE
4. Evaluation Reports
   • Date of Evaluation Summary sent: ______________
   • Date of Evaluation: ______________
   • Addendum (if needed) ______________
5. Hearing
   • OAE/Tympanogram/ABR
   • Results on Screening: Right: ______ Left: ______
   • Date of Initial Screening: ______________
6. Date of Re-Screening: □□□□
7. Vision
   • NM Vision Screening Tool:
   • Date of Screening: ______________

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Cover Sheet 4

Intake Forms
1. FIT Freedom of Choice form
2. GIB Face Sheet
3. Prior Parental Notices (PPNs) (screening of child’s development, evaluation, eligibility, transition
cconference, any IFSP meetings, any changes to the IFSP-location, frequency, billing insurance permission with
parent signature, and other)
4. Map to home
5. Consent/Release Forms
   • Authorization for Use or Disclosure of Health Insurance (IHS 8-10 form)
   • Consent for Evaluation
   • Consent for Information Exchange
   • Permission for GIB to Release Records form
6. Health Insurance Form
7. Race and Ethnicity Tracking Form
8. Informed Consent and FIT Handbook Receipt form
9. Initial Referral
   • Date of Referral received in GIB office: _______________
     The referral date should be when you received the referral in your office and not the actual date when the
     referral was filled out.
   • 45 Day timeline: _______________
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Cover Sheet 5

Correspondence/Other

1. FIT Family Satisfaction Survey
2. Correspondence to outside team members (e.g., CDD/UNM forms)
   • Initial IFSP Date Sent: ___________________________
   • 6 mos. Date Sent: ___________________________
   • Annual IFSP Date Sent: ___________________________
3. Other – RDP/s support letters, etc.

Data Entry Submitted

Intake:
1. IFSP- 1st page only.
   • Date Sent: __________________________
2. Data Base Attachment Form
   • Date Sent: __________________________

CME:
3. IFSP- 1st page only.
   • Date Sent: __________________________
4. Data Base Attachment Form
   • Date Sent: __________________________

IFSP:
5. Sent: □6mos review □Annual □Addendum
6. Supports and Services page of the IFSP
   Date Sent: __________________________
7. Early Childhood Outcomes Form
   • Initial ECO Date Sent: ____________
   • Annual ECO Date Sent: ____________
   • Exit ECO Date Sent: ____________
8. IFSP- 1st page for child inactivation:
   • Date sent: __________________________
9. Transition Tab Form
   • Date Sent: __________________________

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Cover Sheet 6

Medical Records

1. Other pertinent medical records
   Date requested: ______________
   Date received: ______________

2. Referral form with medical information