**ACT Guidance Document**

**AzEIP Quarterly Review Report**

|  |  |
| --- | --- |
| **General Guidelines** | * Completed 1 x every 3 months
* Should be completed prior to Annual or 6 month IFSP meeting
* Should be completed with family
* If quarterly report is unable to be completed due to not seeing family, TL would discuss and complete Team Conferencing form
 |

|  |  |
| --- | --- |
| **Section 1-Child’s Information**  | **All sections must be completed.** |
| Child’s Name | Written as it is I-TEAMS and Central Reach (needs to match, contact SC to update if needed). Use Childs legal name. Written first name last name |
| I-TEAMS ID # | ID Number found in I-TEAMS  |
| Date Report is discussed with Family | Date of home visit with family to complete QR (MM/DD/YEAR) |
| Date of Birth | Written month day year (MM/DD/YEAR) |
| Date report being presented | Date presented in team meeting (MM/DD/YEAR) |
| IFSP Date | Date of current IFSP – Initial, 6-month, annual, or addendum |
| Consent on File | Consent to share for recipients & uploaded in Central Reach |
| Recipient | * PCP, AHCCCS, DCS, EHS, etc. (specify name of who it is being sent to). One recipient per report. If sending to more than one person, each person needs their own copy of the report.
* DDD Support Coordinator
* Completed by SC who sends to recipient.
* Consent to share must be on file for non AzEIP providers. ASDB & DDD do not require consents to share
 |

|  |  |
| --- | --- |
| **Section 2- Support or Intervention Child is Receiving** | * Check all services that the child and family have received in the last 3 months. Include JV and assessments. If a Speech assessment was completed, mark speech therapy and assessment.
* Suggestion was to mark TL and JV instead of a check mark?
 |
|  |  |

|  |  |
| --- | --- |
| **Section 3 - Child and Family Outcomes** | * List all outcomes on the IFSP during the past 3 months. Written as they are on the IFSP
 |
|  |  |

|  |  |
| --- | --- |
| **Section 4 - Progress Since last Report** | Things to consider: |
|  | * List specific progress towards outcomes
 |
|  | * What do visits look like? Location? Who is there? Who participates?
 |
|  | * Strategies being used by family?
 |
|  | * Progress in routines & daily activities covering all developmental areas (use specific examples) written in a brief narrative summary
 |
|  |  |

|  |  |
| --- | --- |
| **Section 5 - Recommendations:** | Things to consider: |
| Continuing strategies | * What is the team recommending? (Follow up with Dr, evaluation, assessment)
 |
|  | * Do I need help? Coaching? JV? Assessment?
 |
|  | * Strategies that the family will work on
 |
|  | * What should I be looking at in other areas? Where should they be in other developmental areas?
 |
|  | * Next steps for building strategies used by family
 |
|  | * Is a re-evaluation needed? Eligible on ICO
 |
|  |  |

|  |  |
| --- | --- |
| **Section 6 –**  |  |
| Team Lead: | Printed name |
| Discipline: | Which discipline (PT, OT, SLP, DSI, etc.) |
| Phone #: | Phone number of Team Lead (XXX) XXX-XXXX |
| Email: | Email address of Team Lead |
| Service Coordinator: | Printed Name of Service Coordinator |
| Agency: | Agency Service Coordinator is with: (can be DDD) Written as “ACT/Agency name” |
| Phone #: | Phone Number of Service Coordinator (XXX) XXX-XXXX |
| Email: | Email address of Service Coordinator |