

MARINETTE COUNTY BIRTH TO THREE PROGRAM FORM CHECKLIST

Child's Name:	Date of Birth:
Parent(s) Names:	
Referral Date and Source:	
Initial Contact Date:	Initial Home Visit/Screening Date:

INITIAL PAPERWORK				
Date	Form		Date	Form
	Birth to Three Referral form			Parental Rights Regarding Records
	HSRS CORE form (yellow)			Record Retention Info/Consent
	Request for Client number			Service Refusal Statement
	Parent and Child Rights			Transportation Notice
	HIPAA – Notice of Privacy/Ooport. To Object			File Access Log
	Consent to Evaluate			HIPAA – Disclosure Tracking Log
	Consent to Access Insurance			Surrogate Parent Form

RELEASE OF INFORMATION FORMS				
Date	Agency/Individual		Date	Agency/Individual

EVALUATION/ASSESSMENT				
Date	Form		Date	Form
	Case Management Assessment form			Child Development - blocks
	All About _____ form			Battelle Developmental Inventory Screening
	Denver II Screening			Battelle Developmental Inventory
	Child Development: The first 5 years			Other Evaluation Tool(s)

6 Month Review _____			Annual Review _____	
Date	Form		Date	Form
	Invitation to IFSP Meeting			Invitation to IFSP Meeting
	IFSP Cover Page (updates)			IFSP Cover Page (updates)
	IFSP Team Page (updates)			IFSP Team Page (updates)
	IFSP Concerns & Priorities (updates)			IFSP Concerns & Priorities (updates)
	IFSP Review Page			IFSP Review Page
	IFSP Current Abilities and Strengths Report			IFSP Current Abilities and Strengths Report
	IFSP Goals/Outcomes (updates/revisions)			IFSP Goals/Outcomes (updates/revisions)
	IFSP Early Intervention Services Summary			IFSP Early Intervention Services Summary
	IFSP Medical/Other Services form			IFSP Medical/Other Services form
	6 Month IFSP Review sent to IFSP Team			Annual IFSP Review to IFSP Team

6 Month Review _____				
Date	Form		Date	Form
	Invitation to IFSP Meeting			IFSP Current Abilities and Strengths Report
	IFSP Cover Page (updates)			IFSP Goals/Outcomes (updates/revisions)
	IFSP Team Page (updates)			IFSP Early Intervention Services Summary
	IFSP Concerns & Priorities (updates)			IFSP Medical/Other Services form
	IFSP Review Page			6 Month IFSP Review sent to IFSP Team