

RECORD REVIEW REPORT

1. Child's Name (*Last, First, M.I.*): _____
2. Date of Birth: _____
3. Parent's Name: _____
4. I-TEAMS ID#: _____
5. Region: _____
6. Service Providing Agency: _____
7. Medical records obtained from (Clinic,Hospital,Agency): _____
8. Name of Qualified Health Professional(s) documented in the records: _____
9. Date of the medical records: _____
10. Name of EI Service Provider completing the record review: _____
11. EI Service Provider's Discipline: _____
12. Records submitted identify that _____

13. Select All Established Conditions OR Significant, 50 percent, developmental delay(s) that Apply:

Established Condition(s)

Auditory Impairment
 Cerebral Palsy
 Chromosomal Abnormality
 Congenital Infections
 Disorders Reflecting a
 Disturbance of the Nervous
 System
 Disorders Secondary to Toxic
 Substance Exposure (FAS)
 Hydrocephalus
 Intraventricular Hemorrhage
 Grade III or IV

Metabolic Disorder
 Neural Tube Defect
 Pediatric Undernutrition
 Periventricular Leukomalacia
 Severe Attachment Disorder
 Visual Impairment
 Other established
 condition not listed above:

Significant, 50 percent,
developmental delay in the area(s)
of:

Adaptive Development
 Cognitive Development
 Communication
 Development
 Physical Development (fine
 or gross motor)
 Social Emotional
 Development

14. Additional information (*complete as needed*):

The Record Review Report will be sent to the Service Coordinator upon completion to be maintained in the child's record.

15. _____
 Signature of team member completing review Discipline Date

Prior Written Notice

Completed only if child meets AzEIP Eligibility Criteria

As the parents of a child who is involved with the Arizona Early Intervention Program (AzEIP), you have protections under the Individuals with Disabilities Education Act. These protections are found in the Child and Family Rights in the Arizona Early Intervention Program, which is provided to you with this notice. Prior Written Notice is one such protection. It means that we will let you know ahead of time about certain changes that we want to make and give you the chance to say "yes" or "no" to those changes. The following is the change that is being proposed and the reason for the change.

We propose to identify your child, _____ as eligible for AzEIP effective (_____), based on your child meeting AzEIP eligibility criteria.

Family was _____ of their rights and safeguards.

Date this Prior Written Notice was provided to the family: _____

Please contact me as soon as possible if you have any questions about this action or your Child and Family Rights in Arizona Early Intervention Program.

Service Coordinator's Name

Service Coordinator's Phone Number

Service Coordinator's Email

[Child and Family Rights in AzEIP](#)



Instructions for completing the Record Review Report / Prior Written Notice

Page 1: Record Review

1. Enter the child's legal name as identified in I-TEAMS
2. Enter the child's date of birth
3. Enter the child's parents name
4. Enter the child's I-TEAMS ID number
5. Select the region from drop down menu
6. Select the Service Providing Agency from drop down menu
7. Enter the name of the clinic, hospital, or agency that the medical records/documents were created by
8. Enter the name of the Qualified Health Professional whose signature is on the medical documentation
9. Enter the date the medical documentation was signed
10. Enter the name of the Early Intervention Provider completing the record review
11. Select the discipline of the Early Intervention Provider completing the record review from the drop down menu
12. Child's name will auto fill from what is entered in number #1. Select from the drop down menu:
 - a. **Meets AzEIP eligibility criteria:** if the records document the child has been diagnosed with an AzEIP established condition or a developmental delay
 - OR**
 - b. **Will need a developmental evaluation to determine AzEIP eligibility:** if the child does not meet AzEIP eligibility criteria based on the record review
13. Check the box for **“Established Condition(s)”** OR **“Significant, 50 percent, developmental delay in the area(s) of”** based on the documentation in the medical records/documentation.
 - a. If **“Established Condition(s)”** is selected, check the Established Condition(s) identified in the medical records/documentation. Please refer to the [AzEIP Eligibility Criteria for Established Conditions TA Bulletin](#) for additional guidance.
Note: NAS, NOWS, and Autism should be marked as Disorders Reflecting a Disturbance of the Nervous System. NAS, NOWS, or Autism should then be listed in the additional information section.
 - b. If **“Significant, 50 percent, developmental delay in the area(s) of”** is selected, check the area(s) of delay documented in the medical records/documentation.
14. Additional Information: Enter additional information for the family to understand what information was used to determine the child met AzEIP eligibility requirements.
Note: This field is mandatory if “Other established condition not listed above” is used.
15. Signature of Service Provider completing the record review
 - a. Discipline: The discipline will auto populate from the information entered in #11
 - b. Date: enter the date the record review was completed

Page 2: Prior Written Notice

Page 2 is to be completed and provided to the family when a child meets AzEIP eligibility criteria based on the record review. *(Do not complete if the child will need a developmental evaluation to determine AzEIP eligibility).*

- Select the box “We propose to identify your child as eligible for AzEIP effective XX/XX/XXXX, based on your child meeting AzEIP eligibility criteria.”
 - Child's name will auto fill from what is entered in #1 on page 1
 - Enter the effective date for AzEIP eligibility
- Select the appropriate method from the drop down box on how the [Child and Family Rights in AzEIP](#) was provided to the family.
- Enter the date this Prior Written Notice was provided to the family.
- Enter the Service Coordinator's name
- Enter the Service Coordinator's phone number
- Enter the Service Coordinator's email address