

# Early Intervention Data System (EIDS) Data Entry Guide for Early Intervention

## Introduction

The following guide provides step-by-step instructions for entering Early Intervention information in EIDS from the perspective of a Service Coordinator. Each section focuses on a different aspect of documentation and provides detailed instructions, including screenshots, of how to enter information. If you have questions or comments about any of the information included, please email [EIDS@dodd.ohio.gov](mailto:EIDS@dodd.ohio.gov). If you have a question related to the Early Intervention program, please contact your county's EI program consultant.

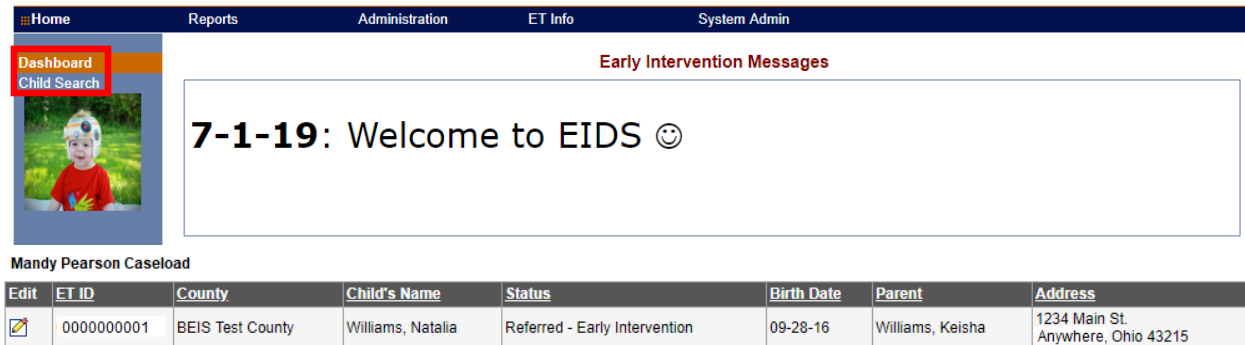


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## Dashboard and Child Search

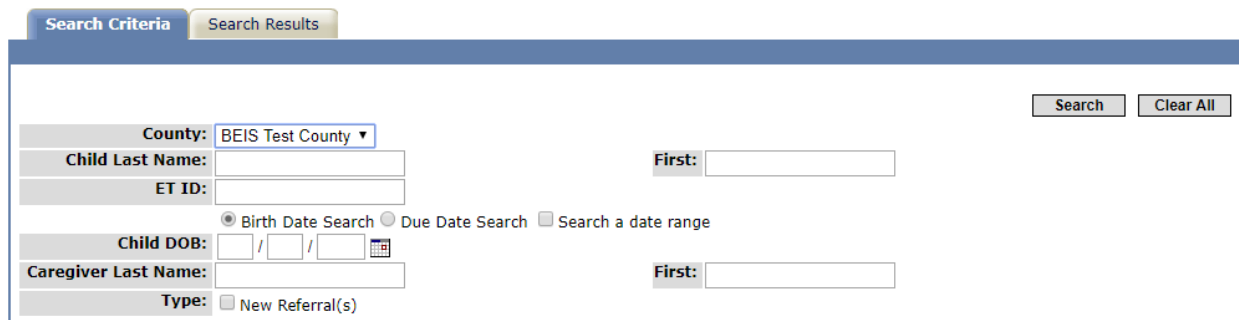
Upon logging in to EIDS, Service Coordinators have a view of their “Dashboard,” which contains a list of all children currently assigned to them. Child records can be accessed by clicking on the “Edit” (pencil) icon next to the ETID. The “Early Intervention Messages” box shows relevant data system information, including information about upcoming or recent changes, planned outages, and known bugs.



The screenshot shows the EIDS Dashboard interface. At the top is a navigation bar with links: Home, Reports, Administration, ET Info, and System Admin. On the left is a sidebar with 'Dashboard' and 'Child Search' options. The main content area is titled 'Early Intervention Messages' and displays a welcome message: '7-1-19: Welcome to EIDS 😊'. Below the message, the user's name 'Mandy Pearson Caseload' is shown. A table lists child records with columns: Edit, ET ID, County, Child's Name, Status, Birth Date, Parent, and Address. One record is visible for 'Williams, Natalia' with ET ID '0000000001'.

Edit	ET ID	County	Child's Name	Status	Birth Date	Parent	Address
	0000000001	BEIS Test County	Williams, Natalia	Referred - Early Intervention	09-28-16	Williams, Keisha	1234 Main St. Anywhere, Ohio 43215

To search for a child record that is not on your dashboard, click on the “Child Search” left-menu option. Type in known child information and click “Search” to display a list of all relevant matches.



The screenshot shows the 'Child Search' form. It has two tabs: 'Search Criteria' and 'Search Results'. The 'Search Criteria' tab is active. The form includes fields for 'County' (a dropdown menu set to 'BEIS Test County'), 'Child Last Name', 'ET ID', 'First' (a text input field), 'Child DOB' (a date picker), 'Caregiver Last Name', and 'First' (a text input field). There are also radio buttons for 'Birth Date Search', 'Due Date Search', and a checkbox for 'Search a date range'. A 'Type' section has a checkbox for 'New Referral(s)'. At the top right are 'Search' and 'Clear All' buttons.

## Viewing Contacts

To view the contacts made regarding the child, navigate to the “Contact Log” left-menu option. Click on the “View” (folder) icon to see a specific contact.

**Contact Log**  
Demographics  
Caregivers  
Referrals  
HV Referrals  
Early Intervention +  
Exit Child  
Manage Documents  
Case Notes  
Transfer Child  
History

Child	Parent	Service Coordinator	Status
Williams, Natalia DOB: 9/28/2016 ET ID: 0000000001	Williams, Keisha 1234 Main St. Anywhere, Ohio 43215 (614) 879-0001 k.williams@gmail.com	Pearson, Mandy Logan County DD 6/15/2018	<b>Early Intervention</b> 6/25/2018 Redetermination Not Needed

Contact Log
Contact Details

View	Date	In/Out/Correction	Referrer/Contact Type	CC User Name
	Fri - 6/15/2018 - 7:35 AM	In	Parent	Hammond, Taylor

## Viewing Referrals

To view information regarding the child’s referral(s), navigate to the “Referrals” left-menu option. Click the “Edit” (pencil) icon to view information about a specific referral.

Contact Log  
Demographics  
Caregivers  
**Referrals**  
HV Referrals  
Early Intervention +  
Exit Child  
Manage Documents  
Case Notes  
Transfer Child  
History

Child	Parent	Service Coordinator	Status
Williams, Natalia DOB: 9/28/2016 ET ID: 0000000001	Williams, Keisha 1234 Main St. Anywhere, Ohio 43215 (614) 879-0001 k.williams@gmail.com	Pearson, Mandy Logan County DD 6/15/2018	<b>Early Intervention</b> 6/25/2018 Redetermination Not Needed

Referral List
Referral Detail

Referral Date	Referral Source Type	Referred To Category	Contractor
6/15/2018	Parent	Ongoing HMO—suspected Early Intervention	Early Intervention (BEIS Test County Early Intervention Contractor)
6/15/2018	Parent	Central Coordination	

## Viewing History

To view a snapshot of everything that has been entered into a child’s record, navigate to the “History” option on the left menu. This page includes a list of all contacts, referrals, SC assignments, eligibility, assessments, IFSPs, TPCs, Transition Steps and Services, and exits.

Early Intervention +  
Exit Child  
Manage Documents  
Case Notes  
Transfer Child  
**History**

Actual Date	Type	Additional Note	Created By	Created On	Updated By	Updated On
7/24/2018 (9/28/2019)	<a href="#">IFSP</a>		Taylor	5/15/2019 7:58:13 AM		
6/25/2018 (6/22/2019)	<a href="#">Need - Early Intervention</a>		Taylor	5/15/2019 7:48:33 AM		
6/25/2018 (6/25/2019)	<a href="#">Assessment Tool/Method - Bayley Scales of Infant Development-III</a>	45-Day requirement	Taylor	5/15/2019 7:47:23 AM		

History List
Deletion History List

## Referrals to Home Visiting

To document a referral made to an ODH-administered home visiting program (Help Me Grow Home Visiting, MIECHV, or Moms and Babies First), navigate to the “HV Referrals” left-menu option and click “New HV Referral.”

Once on the Home Visit Referral Detail page, add the Home Visiting referral date and any comments, then press “Save.”

**Note:** Adding this information in EIDS will not make a referral to Home Visiting. All referrals are processed through Central Intake.

## Demographic Information

To add or update demographic information in EIDS, click on the “Demographics” left-menu option. Add all relevant child demographic information and click “Save” at the bottom of the page to update the demographic information.

Child	Parent	Service Coordinator	Status
Williams, Natalia DOB: 9/28/2016 ET ID: 0000000001	Williams, Keisha 1234 Main St. Anywhere, Ohio 43215 (614) 879-0001 k.williams@gmail.com	Pearson, Mandy Logan County DD 6/15/2018	<b>Early Intervention</b> 6/25/2018 Redetermination Not Needed

**Demographics**

\* County: BEIS Test County

\*\* Birth Date: 09 / 28 / 2016

\*\* Due Date: / /

\* Legal Last Name: Williams

\*\* Legal First Name: Natalia

Legal Middle Name:

Nickname: Tallie

SSN: - -

\*\* Sex: Female

\*\* Method to collect race and ethnicity: ☒ Parent Self Report ☐ Parent Declined: Observed

\*\* Ethnicity: Non-Hispanic

\* Race(s):

☐ American Indian or Alaska Native

☐ Asian (Asian, Chinese, Filipino, Japanese, Korean, Vietnamese, Asian Indian)

☒ Black or African American

☐ Native Hawaiian or Other Pacific Islander (Native Hawaiian, Other Pacific Islander, Samoan, Guamanian or Chamorro)

☐ Other

☐ White

\*\* Is the child receiving WIC benefits?: ☐ Yes ☒ No

**Note:** The Birth Date, Legal Last Name, Legal First Name, Sex, Method to collect race and ethnicity, Ethnicity, and Race(s) fields are required in order to enter E&A summary information.

## Caregivers

To view or modify the primary caregiver's information in EIDS, navigate to the "Caregivers" left-menu option. Update the primary caregiver information, if applicable, and press "Save."

Contact Log Demographics <b>Caregivers</b> Referrals HV Referrals Early Intervention + Exit Child Manage Documents Case Notes Transfer Child History	<b>Child</b> Williams, Natalia DOB: 9/28/2016 ET ID: 0000000001	<b>Parent</b> Williams, Keisha 1234 Main St. Anywhere, Ohio 43215 (614) 879-0001 k.williams@gmail.com	<b>Service Coordinator</b> Pearson, Mandy Logan County DD 6/15/2018	<b>Status</b> <b>Early Intervention</b> 6/25/2018 Redetermination Not Needed
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**Caregiver and Parent Detail**

\* Relationship to Child: Mother

\* Parent?: ☒ Yes ☐ No

\* Last Name: Williams

\* First Name: Keisha

Middle Name:

SSN: - - -

\* Primary Phone: (614) 879 - 0001 ext. No Phone

\*\* Accepts Texts: ☒ Yes ☐ No ☐ Unknown

Secondary Phone: - - - ext.

\*\* Email Address: k.williams@gmail.com

\* Street Address: 1234 Main St.

\*\* City/State: Anywhere, OH \*\* Zip: 43215

Enter the zip code to auto-populate the city and state

**Note:** The Relationship to Child, Last Name, First Name, Primary Phone, Street Address, and Primary Language fields are required in order to be able to enter E&A Summary information.

To add an additional caregiver, scroll to the bottom of the "Caregiver and Parent Detail" screen and select "Add Additional Caregiver." A new screen will be displayed to input information about another caregiver. Add the relevant information and click "Save."

**Caregiver and Parent Detail**

\* Relationship to Child: Father

\* Parent?: ☐ Yes ☒ No

\* Last Name: Williams

\* First Name: Trevor

Middle Name:

SSN: - - -

\* Primary Phone: (614) 879 - 0002 ext. No Phone

\*\* Accepts Texts: ☐ Yes ☐ No ☒ Unknown

Secondary Phone: - - - ext.

\*\* Email Address:

\* Street Address: 1234 Main St.

\*\* City/State: Anywhere, OH \*\* Zip: 43215

Enter the zip code to auto-populate the city and state

Preferred method of communication: ☐ Call ☐ Text ☐ Email ☐ Mail

\* Primary Language: English

**Additional Caregivers for this Child**

View	Name	Relationship to Child	Primary
	Williams, Keisha	Mother	<input checked="" type="checkbox"/>

**Add Additional Caregiver**

**Other Children of Caregiver**  
 This caregiver is not associated with any other children in Early Track.

Add Note **Save**

**Note:** If caregiver information is updated in a child record for a caregiver who is linked to multiple children, the caregiver information will automatically update in all linked child records.

## Case Notes

Though not required in EIDS, case notes can be documented by navigating to the “Case Notes” left-menu option and then clicking “New.”

The screenshot shows the 'Case Notes' section of the application. On the left is a sidebar menu with options: Early Intervention, Exit Child, Manage Documents, Case Notes (highlighted), Transfer Child, and History. The main area has two tabs: 'Case Note List' and 'Case Note Detail'. Below the tabs, a message says 'Click 'New' to add a new case note or select an existing note to edit.' A 'New' button is located in the bottom right corner, highlighted with a red rectangle.

The **Case Note Date** and **Created By** fields are automatically generated. Document all other applicable information and press “Save.”

The screenshot shows the 'Case Note Detail' form. The 'Case Note Date' is 5/15/2019 12:55:09 PM. The '\*Case Note Type:' dropdown menu is open, showing a list of options: ALL, Assessment, Caregiver, Child, Eligibility, Evaluation, Exit, Family Support, IFSP, Miscellaneous, Newborn home visit, Referrals, Screening, Service Coordinator, Transition, COSF, Home Visitor, Intake Form, and Home Visit Tools. The '\*Case Note Subject:' field is empty. The '\*Narrative:' field is a large text area. At the bottom left are 'Save' and 'Delete' buttons. A note at the bottom left says '\* Indicates required field.' The footer shows 'Environment Version 4.0.30319.42000 Build Number: # 0.0.0.0 Site' and '34 PM'.

## Manage Documents

Central Intake uploads referral documents and other relevant documents into child records. To view uploaded documents, navigate to the “Manage Documents” left-menu option and click on the “View” (folder) icon next to the document of interest.

The screenshot shows the 'Manage Documents' section. On the left is a sidebar menu with options: Early Intervention, Exit Child, Manage Documents (highlighted), Case Notes, Transfer Child, and History. The main area has two tabs: 'Documents' and 'Document Detail'. Below the tabs is a table of documents. The 'View' icon (a folder icon) in the first row is highlighted with a red rectangle.

View	Edit	File Name	Document Type	Document Title	Created/Modified By	Created/Modified On
		N-052019105208_Williams Referral	Referral-Other	N. Williams Referral	Taylor Hammond	5/20/2019 10:52:08 AM

## Screenings

To enter screening information in EIDS, navigate to the “Screenings” left-menu option by clicking on the “Early Intervention” menu choice or clicking the “+” symbol next to “Early Intervention.” Once on the “Screenings” menu choice, click the “New” button.

Early Intervention -  
Service Coordinators  
**Screenings**  
Eligibility  
Assessments  
E&A Summary  
SOP

Screening List Screening Detail

No screenings are assigned to this child.  
Click 'New' to assign a new screenings to this child.

New

Select the appropriate screening from the **Screening Name** dropdown. Enter the date the screening was administered, name of the person who administered the screening, and the results, then click “Save.”

Screening List Screening Detail

\*Screening Name: [dropdown]  
Screening Date: [calendar]  
\*\*Non-Compliance Reason: [dropdown]  
Child's age in months at time of Screening: [Get Age]  
\* Administered By: [text field]

Add Note Save

\* Indicates required field.  
\*\* Indicates conditionally required field

## Eligibility

To document eligibility, click on “Early Intervention” on the left-menu and then click on “Eligibility.” Then select the relevant eligibility type from the dropdown labeled “New.” Each eligibility type is explained in more detail subsequently.

Early Intervention -  
Service Coordinators  
Screenings  
**Eligibility**  
Assessments  
E&A Summary  
SOP  
IFSP  
Archived COSF  
Transition  
Exit Child  
Manage Documents  
Case Notes  
Transfer Child  
History

Eligibility Assessment Summary Diagnosis Detail Evaluation Detail Out of State Eligibility

New... [dropdown]

**Diagnosis on List**  
No Diagnosis on List added to this child.  
Select 'Diagnosis on List' from the list above to add new Diagnosis on List.

**Diagnosis on Form**  
No Diagnosis on Form added to this child.  
Select 'Diagnosis on Form' from the list above to add new Diagnosis on Form.

**Evaluation Tools**  
No evaluations are assigned to this child.  
Click 'New' to assign a new evaluations to this child.

**Out-of-State Transfer**  
No Out of State IFSP.



## Diagnosis on the List

Select the domain(s) in which the child is expected to have a delay and the diagnosis from the **Diagnosed Physical or Mental Condition** drop down. "Yes" must be selected for at least one of the domains in order to save the diagnosis information. Enter the date documentation was *received*, along with the NCR, if applicable. Click "Save" to add the diagnosis on the list. If documentation is received indicating the child has more than one diagnosis on the list, repeat the process for each diagnosis.

Eligibility Assessment Summary **Diagnosis Detail** Evaluation Detail Out of State Eligibility

**Diagnosis Type: Diagnosis on List**

**\*Based on the diagnosis, in which domains are delays expected?:** (At least one of the following domains needs to be answered "yes")

Communication: ☐ **Yes** ☐ **No**

Social and Emotional: ☐ **Yes** ☐ **No**

Adaptive: ☐ **Yes** ☐ **No**

Cognitive: ☐ **Yes** ☐ **No**

Physical: ☐ **Yes** ☐ **No**

**\*Diagnosed Physical or Mental Condition:**

**\*Documentation Obtained Date:**  /  /

**\*\*Non-Compliance Reason:**

\* Indicates required field.  
\*\* Indicates conditionally required field

## Diagnosis on the Form (EI-12)

Select the domain(s) in which the child is expected to have a delay and enter the name of the diagnosis in the **Diagnosed Physical or Mental Condition** box. "Yes" must be selected for at least one of the domains in order to save the diagnosis information. Enter the date documentation was *received* on form EI-12, along with the NCR, if applicable. Click "Save" to add the diagnosis on the form. If documentation is received indicating the child has more than one diagnosis on the form, repeat the process for each diagnosis.

Eligibility Assessment Summary **Diagnosis Detail** Evaluation Detail Out of State Eligibility

**Diagnosis Type: Diagnosis on Form**

**\*Based on the diagnosis, in which domains are delays expected?:** (At least one of the following domains needs to be answered "yes")

Communication: ☐ **Yes** ☐ **No**

Social and Emotional: ☐ **Yes** ☐ **No**

Adaptive: ☐ **Yes** ☐ **No**

Cognitive: ☐ **Yes** ☐ **No**

Physical: ☐ **Yes** ☐ **No**

**\*Diagnosed Physical or Mental Condition:**

**Diagnosis ICD-9 or ICD-10 Code:**

**\*Documentation Obtained Date:**  /  /

**\*\*Non-Compliance Reason:**

\* Indicates required field.  
\*\* Indicates conditionally required field

## Developmental Evaluation

Select either the Bayley or Battelle from the **Evaluation Tool Name** dropdown. Enter the date the evaluation was completed, along with the NCR, if applicable. Enter the name of the evaluator(s), the profession(s)/discipline(s), and the scores for each domain and sub-domain. Click "Save" to add the evaluation.

Eligibility Assessment Summary	Diagnosis Detail	Evaluation Detail	Out of State Eligibility
Evaluations determine Part C eligibility			
<b>*Evaluation Tool Name:</b>		Bayley Scales of Infant Development-III ▼	
<b>Evaluation Date:</b>		06 / 25 / 2018	
<b>Child's age in months at time of Evaluation Tool:</b>		20 <input type="button" value="Get Age"/>	
<b>* Administered By #1:</b>		Kate Metz	
<b>Profession/Discipline 1 for Administered by #1:</b>		Speech and language pathologists ▼	
<b>Profession/Discipline 2 for Administered by #1:</b>		▼	
<b>** Administered By #2:</b>		Kevin Hartley	
<b>** Profession/Discipline 1 for Administered by #2:</b>		Developmental specialists, as certified by the Department ▼	
<b>Profession/Discipline 2 for Administered by #2:</b>		▼	
<b>* Cognitive Score:</b>		Score Range 40-70 (2.0 SD) ▼	
<b>* Social Emotional Score:</b>		Score Range 77.6-92.5 (No Delay) ▼	
<b>* Adaptive Score:</b>		Score Range 70.1-77.5 (1.5-1.99 SD) ▼	
<b>* Receptive Communication Score:</b>		Score Range 1.0-4.0 (2.0 SD) ▼	
<b>* Expressive Communication Score:</b>		Score Range 4.1-5.5 (1.5-1.99 SD) ▼	
<b>* Fine Motor Score:</b>		Score Range 5.6-8.5 (No Delay) ▼	
<b>* Gross Motor Score:</b>		Score Range 8.6-14.49 (No Delay) ▼	
		<input type="button" value="Add Note"/> <input type="button" value="Save"/>	
<p>* Indicates required field.</p> <p>** Indicates conditionally required field</p>			

In order for an evaluation to be valid for eligibility, two separate disciplines/professions must be represented by the evaluator(s) and must indicate a delay in at least one area. EIDS will recognize that the eligibility requirement has been met once multiple professions/disciplines are represented and a delay in at least one area is indicated.

**Note:** If a child was evaluated and not found to be eligible, enter the results of the evaluation, then exit the child with the reason "Child/Family not eligible."

## Informed Clinical Opinion (ICO)

To enter ICO as the eligibility reason, first follow the instructions above for entering an evaluation tool. If the scores of the evaluation do not indicate a delay in any domain, questions will appear at the bottom of the page regarding whether it is the opinion of the evaluator(s) that the child has a delay, and in which domain(s). Check the box next to each applicable domain and click "Save" to add an ICO eligibility.

Eligibility Assessment Summary	Diagnosis Detail	Evaluation Detail	Out of State Eligibility
Evaluations determine Part C eligibility			
* Evaluation Tool Name:		Battelle Developmental Inventory-2	
Evaluation Date:		06 / 25 / 2018	
Child's age in months at time of Evaluation Tool:		20 <input type="button" value="Get Age"/>	
* Administered By #1:		Kate Metz	
Profession/Discipline 1 for Administered by #1:		Speech and language pathologists	
Profession/Discipline 2 for Administered by #1:			
** Administered By #2:		Kevin Hartley	
** Profession/Discipline 1 for Administered by #2:		Developmental specialists, as certified by the Department	
Profession/Discipline 2 for Administered by #2:			
* Cognitive Score:		Score Range 77.6-92.5 (No Delay)	
* Adaptive Score:		Score Range 77.6-92.5 (No Delay)	
* Personal-Social Score:		Score Range 77.6-92.5 (No Delay)	
* Receptive Language Score:		Score Range 5.6-8.5 (No Delay)	
* Expressive Language Score:		Score Range 5.6-8.5 (No Delay)	
* Fine Perceptual Motor Score:		Score Range 5.6-8.5 (No Delay)	
* Gross Motor Score:		Score Range 5.6-8.5 (No Delay)	
The informed clinical opinion of Evaluator #1 is that the child has a delay despite the above tool results:		Yes	
Evaluator #1 indicated a delay in the following domain(s):		<input type="checkbox"/> Communication <input type="checkbox"/> Social and Emotional <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognitive <input checked="" type="checkbox"/> Physical	
The informed clinical opinion of Evaluator #2 is that the child has a delay despite the above tool results:		Yes	
Evaluator #2 indicated a delay in the following domain(s):		<input type="checkbox"/> Communication <input type="checkbox"/> Social and Emotional <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognitive <input checked="" type="checkbox"/> Physical	
		<input type="button" value="Add Note"/> <input type="button" value="Save"/>	

**Note:** If more than one evaluator completed the tool, the evaluators must agree on the domain(s) in which the child has a delay.

## Assessments

To enter assessment information in EIDS, navigate to the “Assessments” left-menu option. Once on the “Assessments” menu choice, click the “New” button.

Early Intervention -	Assessment List	Assessment Detail
Service Coordinators Screenings Eligibility <b>Assessments</b> E&A Summary SOP IFSP	<div style="border: 1px solid black; padding: 10px;"> <div style="text-align: right;"><input type="button" value="New"/></div> <p>No assessment tool/methods are assigned to this child. Click 'New' to assign a new assessment tool/methods to this child.</p> </div>	

## Child Assessment

Select the assessment tool name or method from the **Assessment Tool/Method Name** dropdown. Enter the date the assessment was completed, along with the NCR, if applicable. Enter the name of the assessors(s) and the profession(s)/discipline(s).

Select “Yes” or “No” to each of the items under the “Were the following included as part of the Child Assessment?” heading. At least two of these questions must be answered as “Yes” in order for the assessment to be valid. Select “Yes” or “No” to indicate whether each of the domains was assessed utilizing the selected tool or method. Click “Save” to add the assessment.

Assessment List
Assessment Detail

<b>* Assessment Tool/Method Name:</b>	Bayley Scales of Infant Development-III
<b>Assessment Tool/Method Date:</b>	06 / 25 / 2018
<b>Child's age in months at time of Assessment Tool/Method:</b>	20 <input type="button" value="Get Age"/>
<b>* Administered By #1:</b>	Kate Metz
<b>Profession/Discipline 1 for Administered by #1:</b>	Speech and language pathologists
<b>Profession/Discipline 2 for Administered by #1:</b>	
<b>** Administered By #2:</b>	Kevin Hartley
<b>** Profession/Discipline 1 for Administered by #2:</b>	Developmental specialists, as certified by the Department
<b>Profession/Discipline 2 for Administered by #2:</b>	

**Were the following included as part of the Child Assessment?:**

**\* Child History Review:** Yes

**\* Parent Interview:** Yes

**\* Educational/Medical/Other Record Review:** Yes

**\* Evaluation results, when applicable:** Yes

**\* Observation:** Yes

**Were the following domains assessed using this tool/method?:**

**\* Adaptive:** Yes

**\* Cognitive:** Yes

**\* Communication (including Expressive and Receptive Language):** Yes

**\* Physical (including Fine Perceptual Motor, Gross Motor, Hearing, Vision, and Nutrition):** Yes

**\* Social Emotional:** Yes

**Additional Information:**

\* Indicates required field.

\*\* Indicates conditionally required field

All five domains must be assessed and two separate professions/disciplines must be represented in order for the child assessment to be valid. However, these domains can be assessed utilizing different tools or methods, and across different dates. EIDS will recognize that the child assessment requirement has been met once an assessment or multiple assessments have been entered that represent multiple professions/disciplines and indicate that all five domains have been assessed.

## Family-Directed Assessment

To document the Family-Directed Assessment (FDA), follow the instructions above for adding a new assessment. In the **Assessment Tool/Method Name** drop down, select “Family Assessment,” *regardless of whether a listed method was used*. Enter the date the FDA was offered and whether the family completed it. If the FDA was completed, document the date of completion along with the NCR, if applicable. If it was not completed, leave the **Completed Date** field blank. Click “Save” to add the FDA.

The screenshot shows the 'Assessment Detail' tab in the EIDS system. The form includes the following fields:

- \*Assessment Tool/Method Name:** Family Assessment (dropdown menu)
- Assessment Offered Date:** 06 / 22 / 2018 (calendar icon)
- Child's age in months at time of Assessment Tool/Method:** 20 (with a 'Get Age' button)
- \*Did family complete:** Yes (dropdown menu)
- \*\*Completed Date:** 06 / 22 / 2018 (calendar icon)
- Routines:** (text input field)
- Strengths:** (text input field)
- Supports and Services:** (text input field)
- Resources:** (text input field)
- Priorities:** (text input field)
- Concerns:** (text input field)

At the bottom right, there are buttons for 'Add Note' and 'Save'.

## Completion of Eligibility and Assessment Process

To view a summary of the evaluation and assessment in EIDS, as well as enter the date the evaluation and assessment process was completed and the result of the process, navigate to the “E&A Summary” left-menu option. Once on the E&A Summary page, click “New.”

The screenshot shows the 'Eligibility and Assessment Summary' tab. The left sidebar menu has 'E&A Summary' highlighted. The main content area displays the message: 'No Eligibilities have been entered for this child. Click 'New' to add a new Eligibility'. A 'New' button is located in the top right corner of the main content area.

Enter the date that the eligibility determination and assessment process was complete – if completed over multiple days, this should be the latest date out of the eligibility, child assessment, and family assessment. Then, select the result of the evaluation and assessment process from the **Eligibility and Assessment process result:** drop down menu.

The screenshot shows the 'Eligibility and Assessment Summary' tab with the following data entered:

- \* Eligibility and Assessment process complete date:** 06 / 25 / 2018 (calendar icon)
- \* Eligibility and Assessment process result:** The IFSP team, including the family, have decided to develop IFSP outcomes (dropdown menu)

**Note:** The E&A summary page replaced what was previously the Need for Services page. Reminders regarding the E&A summary are not included in the 45-Day and redetermination messages, but must be entered with a date on or after the eligibility and assessment dates and on or before the IFSP date.

## System of Payments (SOP)

To enter SOP information in EIDS, navigate to the “SOP” left-menu option. Once on the SOP page, click “New.”

Enter the data, as documented on Form EI-15, then press “Save.”

**Note:** There is not a specific reminder message for SOP; however, SOP forms must be completed within the first 45 days after the child is referred to EI prior to the IFSP, and prior to each annual IFSP. Therefore, anytime the messages indicate the IFSP is due, the EI-15 also needs to be completed and entered into EIDS.

## IFSP

To enter IFSP information in EIDS, navigate to the “IFSP” left-menu option. Once on the IFSP page, click the “New” or “Review” button.

Enter all the applicable information on the “Add IFSP Detail” tab. All outcomes addressed by the selected service, and at the selected frequency and session length, should be added in the **Service is needed to meet the following outcome(s)** box exactly as they are written or typed on the grid on section 4 of the IFSP Form (EI-04). For example, do not enter only “Outcome #1.” Instead, write out the outcome exactly as it appears on the IFSP form. If a service is listed more than once on the grid, it should be entered more than once in EIDS, with the associated outcome(s). The session length should reflect the total time that will be spent addressing all outcomes at a visit. When all the needed information has been entered, select the applicable option for **Next Workflow Step** at the bottom of the page and click “Next” to proceed with data entry or save the IFSP.

Add IFSP Detail

\*IFSP date:
07 / 24 / 2018

\*IFSP Type:
Initial

\*\* Developing Positive Social-emotional relationships - Relative to same age peers:
child shows occasional use of some age expected skills, but more of his/her skills are not yet a

\*\* Acquiring and using Knowledge and Skills - Relative to same age peers:
child is not yet using skills expected of his/her age. He/she does however use many important

\*\* Taking appropriate action to meet needs, getting from place to place, taking care of basic needs - Relative to same age peers:
child shows occasional use of some age expected skills, but more of his/her skills are not yet a

IFSP Service:

\*EI Service Type:
Speech-language pathology services

\*Location/Setting:
Home

\*\*Service is needed to meet the following outcome(s):  
Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"

Outcome 1: Tallie will tell mom what she wants to eat at lunch time.  
Outcome 2: Mom and dad want to have a family story time.

\*\*Justification is provided on the IFSP:

Method:
Direct/In-Person

\*How Often:
21 Times/ 180 Days

\*Session Length:
0 Hours 45 Minutes

\*Provider Agency:
FCBDD

\*Funding Source:
CBDD

\*Parent's rights given to parents:
07 / 24 / 2018

\*\*Child's school district:
Smithville S.D. 0000

Transition contact info shared with LEA:
☒ Yes ☐ No

Transition contact info shared with LEA History:

\*Next Workflow Step:
☐ Save IFSP and Add Another Service  
☒ Save IFSP and Return to IFSP List

\* Indicates required field.  
\* \* Indicates conditionally required field.

Next Cancel

**Note:** When entering the first IFSP in your county after a child has been transferred, “Initial after County Transfer” should be selected for IFSP Type if the IFSP is a periodic review. If the IFSP is the initial ever IFSP for the child, “Initial” should be selected and if redetermination and the annual IFSP are completed, “Annual” should be selected.

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## Child Outcomes Statements

To enter Child Outcome Summary (COS) statements on an initial or annual IFSP in EIDS, select the appropriate statement from each of the three dropdowns, as documented on the IFSP form.

*IFSP date:	07 / 24 / 2018
*IFSP Type:	Initial
** Developing Positive Social-emotional relationships - Relative to same age peers:	child shows occasional use of some age expected skills, but more of his/her skills are not yet a
** Acquiring and using Knowledge and Skills - Relative to same age peers:	child is not yet using skills expected of his/her age. He/she does however use many important i
** Taking appropriate action to meet needs, getting from place to place, taking care of basic needs - Relative to same age peers:	child shows occasional use of some age expected skills, but more of his/her skills are not yet a

The COS statements are required if the IFSP Type is "Initial," "Annual," or "Initial after County transfer." If you are entering a periodic IFSP review and did not complete a COS, leave these fields blank.

## Service(s) Not Yet Coordinated

When an Early Intervention service has been identified by the IFSP team as needed to address an outcome, but that service is not yet coordinated, the "Service(s) not yet coordinated" option should be chosen from the **EI Service Type** drop down. The only other required field when choosing this option is **Service is needed to meet the following outcome(s)**. This field should be used to identify the service needed that has not yet been coordinated, as well as the outcome(s) it is needed to meet.

Please update the selected service's information.

*EI Service Type:	Service(s) not yet coordinated
*Location/Setting:	
**Service is needed to meet the following outcome(s): Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"	Special Instruction Outcome 1: Tallie will tell mom what she wants to eat at lunch time. Outcome 2: Mom and dad want to have a family story time.
**Justification is provided on the IFSP:	
Method:	
*How Often:	Times/
*Session Length:	Hours Minutes
*Provider Agency:	
*Funding Source:	

Save Service Cancel

**Note:** Use the "Service(s) not yet coordinated" option when entering services for which Payor of Last Resort (POLR) funding is being sought. In this case, be sure to enter the anticipated frequency, intensity, and provider.



## Resource-Based Family Outcomes

When an IFSP team has written an outcome for the family that is strictly resource-based and only needs to be addressed by the Service Coordinator, the “Resource based family outcome” option should be chosen from the **EI Service Type** dropdown. The only other required field when choosing this option is **Service is needed to meet the following outcome(s)**.

<b>IFSP Service:</b>	
<b>*EI Service Type:</b>	Resource based family outcome
<b>*Location/Setting:</b>	
<b>**Service is needed to meet the following outcome(s):</b> Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"	Outcome X: Insert resource-based family outcome here
<b>**Justification is provided on the IFSP:</b>	
<b>Method:</b>	
<b>*How Often:</b>	Times/
<b>*Session Length:</b>	Hours Minutes
<b>*Provider Agency:</b>	
<b>*Funding Source:</b>	

## Transition Outcomes

If a service will be provided to meet the transition outcome(s), this service should be added to the IFSP in EIDS just like any other service, as described earlier in this section.

<b>*EI Service Type:</b>	Speech-language pathology services
<b>*Location/Setting:</b>	Community
<b>**Service is needed to meet the following outcome(s):</b> Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"	Outcome 3: Tallie will sit and participate in story time at the library.
<b>**Justification is provided on the IFSP:</b>	
<b>Method:</b>	Direct/In-Person
<b>*How Often:</b>	18 Times/ 180 Days
<b>*Session Length:</b>	0 Hours 45 Minutes
<b>*Provider Agency:</b>	FCBDD
<b>*Funding Source:</b>	CBDD

If Service Coordination is the only service needed to meet the transition outcome, select “N/A – No interventionist needed to meet transition outcome” from the EI Service Type dropdown. The only other required field when choosing this option is **Service is needed to meet the following outcome(s)**.

<b>*EI Service Type:</b>	Transition-based outcome - service coordination only
<b>*Location/Setting:</b>	
<b>**Service is needed to meet the following outcome(s):</b> Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"	Outcome X: Insert transition outcome here
<b>**Justification is provided on the IFSP:</b>	
<b>Method:</b>	
<b>*How Often:</b>	Times/
<b>*Session Length:</b>	Hours Minutes
<b>*Provider Agency:</b>	
<b>*Funding Source:</b>	

## LEA Notification

The default response for the **Transition contact info shared with LEA** field is “Yes,” so when a family opts out of sharing contact information with the LEA, ensure that “No” is selected and record the date the family opted out of notification.

*IFSP date:	07 / 24 / 2018
*IFSP Type:	Initial
*Parent's rights given to parents:	07 / 24 / 2018
**Child's school district:	Smithville S.D. 0000
Transition contact info shared with LEA:	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Note:** The **Child's School District** should correspond to the address where the child resides (e.g., the foster family's address if the child resides in foster care or the address of the residential parent assigned by the court if the child's parents are divorced).

## Periodic Reviews and Annual IFSPs

To enter a periodic review or annual IFSP, navigate to the “IFSP” left-menu option and click on “Review.”

Early Intervention  
Service Coordinators  
Screenings  
Eligibility  
Assessments  
E&A Summary  
SOP  
**IFSP**  
Archived COSE

IFSP List Details Service Dates

To view the current IFSP, click on the pencil.  
To add an IFSP review, click on the Review button

	State	IFSP Date	Service Coordinator	Service Agency
	Complete	7/24/2018	Pearson, Mandy	Logan County DD

Enter all of the data as described previously in this section. Select the “Continue Service” box for any service(s) that is/are still needed to meet outcomes. Add an end date for any service(s) that is/are not continuing.

The “Add New Service” box should *only* be used if all services listed on the previous IFSP have ended. If new services need to be added, and any services from the previous IFSP are continuing, click the, “Save IFSP and Add Another Service” button.

Edit	Start Date	Continue Service	End Date	Provider Name	Service Type	Service Location
	8/1/2018	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	FCBDD	Speech-language pathology services	Home

**Add New Service**

\*EI Service Type:

\*Service Provider Name:

\*Location/Setting:

**\*\*Service is needed to meet the following outcome(s):**  
Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"

**\*\*Justification is provided on the IFSP:**

Method:

\*How Often:  Times/

\*Session Length:  Hours  Minutes

\*Funding Source:

\*Next Workflow Step: ☐ Save IFSP and Add Another Service  
☐ Save IFSP and Return to IFSP List

**Note:** The **How Often** dropdown only goes to "10" when utilizing the "Add New Service" box. If a service with a higher frequency is being added in this manner, choose any number for **How Often**. After saving the IFSP, navigate back to the IFSP and click on the "Edit" (pencil) icon. Update the **How Often** field to reflect the correct number of times the service will be delivered in the specified timeframe.

To update information about a service from the previous IFSP that is continuing, press the "Edit" (pencil) icon next to the appropriate service prior to selecting "Continue Service." Update the applicable fields and then choose "Save Service" to return to the main IFSP Review page. Add new outcomes and/or remove outcomes no longer being addressed to reflect the outcomes listed on the IFSP Form.

Edit	Start Date	Continue Service	End Date	Provider Name	Service Type	Service Location
	8/1/2018	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	FCBDD	Speech-language pathology services	Home

**Edit Service**

\*EI Service Type: Speech-language pathology services

\*Location/Setting: Home

**\*\*Service is needed to meet the following outcome(s):**  
Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"

Outcome 1: Tallie will tell mom what she wants to eat at lunch time.  
Outcome 3: Tallie will sit and participate in story time at the library.

**\*\*Justification is Provided on the IFSP:**

Method: Direct/In-Person

\*How Often: 18 Times/ 180 Days

\*Session Length: 0 Hours 45 Minutes

\*Provider Agency: FCBDD

\*Funding Source: CBDD

## Service Start Dates

To add service start dates, navigate to the "IFSP" left-menu option. Once on the "IFSP" menu choice, click the "Service Dates" tab. From here, enter the date(s) that the service(s) was/were first delivered, along with the NCR, if applicable. If the service(s) was/were never delivered check the "Never delivered" box and add the appropriate NCR.

IFSP List
Details
Service Dates

IFSP Date	Type Name	Provider Name	Start Date	End Date
7/24/2018	Speech-language pathology services	FCBDD	08 / 01 / 2018 <input type="checkbox"/> Never delivered	

*\* Indicates required field.*  
*\*\* Indicates conditionally required field*

Save

**Note:** In order to enter a periodic IFSP review or annual IFSP, all services from the previous IFSP need to have a start date entered. If an IFSP occurs prior to the start of a service from the previous IFSP, check the “Never Delivered” box and select the appropriate noncompliance reason, then add the service to the new IFSP (as if you’re entering a new service).

Hover the mouse anywhere over the service line to see the corresponding outcome(s) being addressed.

IFSP Date	Type Name	Provider Name	Start Date	End Date
7/24/2018	Speech-language pathology services	FCBDD	09 / 01 / 2018 <input type="checkbox"/> Never delivered <b>**Non-Compliance Reason:</b>	

*\* Indicates required field.*

Outcome 1: Tallie will tell mom what she wants to eat at lunch time. Outcome 2: Mom and dad want to have a family story time.

**Note:** EIDS will prompt for a start date when a service is added in EIDS, regardless of whether it is the first time the service was added to an IFSP. The start date should reflect the first time the service was delivered to address the associated outcomes. TRS compliance only includes the first time the service was delivered after being added to an IFSP, so any dates added subsequently in this manner are removed from TRS compliance analyses.

## Redetermination

See the **Eligibility, Assessment, Completion of Eligibility and Assessment Process**, and **IFSP** sections for details regarding how to document components required for redetermination.

Redetermination is due one year from the initial IFSP or from the previous time redetermination was completed, regardless of whether the child transferred counties or was exited and re-referred to the program, unless that date falls within 90 days of the child’s third birthday. The redetermination due date is always displayed in the header of a child’s record in EIDS. If redetermination does not need to be completed, the header reads “Redetermination Not Needed.” Beginning 180 days prior to the redetermination due date, there are also messages in red text at the top of the child record to indicate the date redetermination is due and what is required.



Child	Parent	Service Coordinator	Status
Williams, Johnny DOB: 1/17/18 ET ID: 0123456789	Williams, Keisha 1234 Main St. Anywhere, Ohio 43215 (614) 879-0001 k.williams@gmail.com	Pearson, Mandy Logan County DD 6/15/2018	<b>Early Intervention</b> 6/25/2018 Redetermination Due Date: 9/28/2019

The following must be completed by 9/28/2019 for redetermination: **Eligibility, Child Assessment, Family Assessment, IFSP**

**Note:** Due to an EIDS system error, redetermination messages are not displayed for children who have transferred counties. If you have any questions about when redetermination is due, contact [eids@dodd.ohio.gov](mailto:eids@dodd.ohio.gov) or your EI program consultant.

## Transition

To enter Transition Steps and Services and Transition Planning Conference (TPC) information in EIDS, navigate to the “Transition” left-menu option.

## Transition Steps and Services

To enter Transition Steps and Services information in EIDS, select the “Transition Steps and Services” tab of the Transition page

Enter the date transition steps and services were included on an IFSP at least 90 days, but not more than nine months prior to the child’s third birthday, along with the NCR, if applicable. The Transition Steps and Services date must be no more than nine months prior to the child’s third birthday in order to save the page. Add the specific steps and services needed to achieve the transition outcome(s) exactly as they are documented on Section 4 of the IFSP Form under “Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?” Press “Save” to add the Transition Steps and Services information.

## Transition Planning Conference (TPC)

To enter TPC information in EIDS, select the “Transition Planning Conference” tab on the Transition page.

Enter the TPC date on the Transition Planning Conference page, along with the NCR, if applicable. Document whether the parent(s) consented to having a TPC. If the parent(s) did not consent, enter the date the TPC was declined. If the parent(s) did consent, enter the TPC date, who was in attendance at the meeting, whether the child is potentially eligible for Part B, and the destination of the child’s transition from EI at age three. The TPC date must be no more than nine months prior to the child’s third birthday in order to save the page. Click “Save” to add the TPC information.

**Transition Planning Conference** | **Transition Steps and Services**

Child's School District: Smithville S.D. 0000  
 Child's Third Birthday: 9/28/2019  
 Days Until Child's Third Birthday: 113

\* Did the parent consent to a Transition Planning Conference? ☒ Yes ☐ No

\* Transition Planning Conf Mtg Date: 01 / 12 / 2019

\*\* Reason Transition Meeting Date Was Delayed: [Dropdown]

\* Transition Planning Conference Participants:

Service Coordinator	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Private Preschool	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Family Members	<input checked="" type="radio"/> Yes	<input type="radio"/> No
LEA Representative	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Public Preschool	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Head Start	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Child Care	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parent	<input checked="" type="radio"/> Yes	<input type="radio"/> No
EI Service Provider	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other	[Text Field]	

\* Child is potentially eligible for Part B? ☒ Yes ☐ No

\* What destination was identified on the IFSP for transition at age 3? Public Preschool with IEP

\* Indicates required field.  
 \*\* Indicates conditionally required field

**Add Note** **Save**

## Exit

To document an exit, navigate to the “Exit Child” left-menu option. Once on the “Exit Child” menu choice, click the “New” button.

**Early Intervention** +

- Exit Child**
- Manage Documents
- Case Notes
- Transfer Child
- History

**Exit List** | **Exit Detail**

Child's Third Birthday: 9/28/2019  
 Days Until Child's Third Birthday: 130

Category	Exit Date	Exit Reason	Exit Destination
Central Coordination	6/15/2018	All applicable program referrals made	No Destination Identified

**New**

Enter the **Exit Date**, **Exit Reason** (see the EI Exit Reason Definitions document for a complete list with definitions), and **Exit Destination**. Select the appropriate COS statements from the dropdowns and indicate whether the child showed new skills or behaviors in each area, as documented on the standalone COS form. Click “Save” to save the Exit.

**Exit List** **Exit Detail**

Child's Third Birthday: 9/28/2019  
Days Until Child's Third Birthday: 130

\*Exit Date:  /  /

\*Exit Reason:

Did the child have an IEP in place on his/her 3rd B-day? ☐ Yes ☐ No ☐ Not Eligible for Part B

\*Exit Destination:

\* Developing Positive Social-emotional relationships - Relative to same age peers:

\* Has the child shown any NEW SKILLS or BEHAVIORS related to developing positive social-emotional relationships since the last Child Outcomes Summary rating?

\* Acquiring and using Knowledge and Skills - Relative to same age peers:

\* Has the child shown any NEW SKILLS or BEHAVIORS related to acquiring and using knowledge and skills since the last Child Outcomes Summary rating?

\* Taking appropriate action to meet needs, getting from place to place, taking care of basic needs - Relative to same age peers:

\* Has the child shown any NEW SKILLS or BEHAVIORS related to Taking appropriate action to meet needs, getting from place to place, taking care of basic needs since the last Child Outcomes Summary rating?

\* Indicates required field.  
\*\* Indicates conditionally required field

**Note:** COS statements are not required, and all of the COS fields should be left blank, if the child never had an IFSP or if exit reason is one of the following:

- Child is deceased
- Loss of contact with family

## Non-Compliance Reasons (NCRs)

EI rules and regulations include required timelines for several different processes, including those related to the 45-Day timeline, Timely Receipt of Services (TRS), Transition Steps and Services, Notification to the LEA/SEA, and Transition Planning Conferences (TPC). If timelines are missed for any of these, an explanation, or NCR, is required. As such, EIDS will prompt for the NCR to be entered if the item being documented was completed after the required due date. See the EI NCR Examples document for a list of NCRs, along with examples of when each may be used.