

Ohio Department of Developmental Disabilities

Early Track Data Entry Guide for Early Intervention

Introduction

The following guide provides step-by-step instructions for entering Early Intervention information in the Early Track Data System 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. You can use the table of contents to navigate to specific sections throughout the guide. If you have questions or comments about any of the information included, please email <u>ETDS@odh.ohio.gov</u>. If you have a question related to the Early Intervention program, please contact your county's program consultant.

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Dashboard and Child Search

Upon logging in to Early Track, Service Coordinators will have a view of their **Dashboard** which contains a list of all children currently assigned to them, as well as the **Child Search** function. The **Early Track Messages** box will show relevant data system information.

To search for a child record that isn't on the dashboard, click on the "Child Search" left-menu option.

# Home	Re	ports	Administ	tration	ET Info	F.A.Q.S.		
Dashboard Child Search		Early Track Messages						
	Welcome to Early Track!							
	Edit	ET ID	County	<u>Child's Name</u>	<u>Status</u>	Birth Date	Parent	Address
	2	0006055184	BEIS Test County	Jones, Sophie	Eligible - Early Intervention	05-15-14	Jones, Marisol	155 W. Main Street Columbus, Ohio 43201
	Ž	0006058357	BEIS Test County	Psmith, Harold	Eligible - Early Intervention	07-01-16	Psmith, Tiffany	123 Main St Columbus, Ohio 43214
	Enviro	nment Version 4.0.3	0710 34300 Build Number	# 0.0.0.0 Sto Last up	datad at -Wedneeday, August 17, 2016	2-02 PM		

The search page will display with a variety of fields by which a child's record can be searched.

Search Criteria	Search Results		
Search Tips			Search Clear All
			Search
County:	BEIS Test County 🔻		
Child Last Name:		First:	
Early Track ID:			
	Birth Date Search Due Date S	earch 🔲 Search a date range	
Child DOB:			
Caregiver Last Name:		First:	
Туре:	New Referral(s)		

Type in known child information and click "Search" to display a list of all relevant matches.

NOTE: The Service Coordinator's assigned county will automatically populate in the "County" field of the search page.



Viewing Referrals

Once in a record, Service Coordinators can view the contact history and referral information from the **Contact Log tab**, **Referrals tab**, or **History page** by navigating to left menu option then clicking the appropriate selection.

	Child	Parent	Service Coordinator	Status
Contact Log	Jones, Sophie	Jones, Marisol	Smith, Kristen	Early Intervention
Demographics	DOB: 5/15/2014 ET ID: 0006055184	155 W. Main Street Apt 3	A Wonder World 8/17/2016	8/17/2016
Caregivers		Columbus, Ohio 43201		Redetermination Not Needed
Referrals		(951) 333-0000 miones@gmail.com		
Early Intervention +	The following must be see	mploted by 10 /1 /2016 to /	action 45 day compliance: Hooving	a Coreening Vision Coreening Nutrition
Home Visiting +	Screening Fligibility	Child Assessment Fami	sausiy 45-uay compliance: Hearin	ig Screening, vision Screening, Nutrition
Exit Child	Sercenning, Englishing	, ennu Assessment, runn	NY ASSESSMENT, M. S. I. S.	
Case Notes				
Transfer Child	Contact Log <u>Co</u>	ntact Details		
History				
A CON	This function is read-	only.		
	View Date	In/Ou	t/Correction Referrer/Co	ontact Type <u>CC User Name</u>
The states	Wed - 8/17/2016 -	11:24 AM In	Parent	Hoffman, Cydney

	Child	Parent	Service Coordinato	r Status
Contact Log	Jones, Sophie	Jones, Marisol	Smith, Kristen	Referred - Early Intervention
Demographics	DOB: 5/15/2014	155 W. Main Street	A Wonder World	8/17/2016
Caronivors	ET ID. 0000033184	Columbus, Ohio 432	201	
Referrals		(951) 333-0000 mjones@gmail.com		
Home Visiting +	The following must be Screening Fligibili	completed by 10/1/20	16 to satisfy 45-day compliance: Family Assessment NES T	Hearing Screening, Vision Screening, Nutrition FSP
Exit Child		,	, ,	
Case Notes	Defermal List	Referral Datail		
Transfer Child	Kelerral List	Referrar Decali		
History				
7 1 5	Referral Date Ref	erral Source Type Referred	I To Category	<u>Contractor</u>
	2 8/17/2016 Pare	ent Ongoing	HMGsuspected Early Intervention	Early Intervention (BEIS Test County Early Intervention Contractor)
The second	8/17/2016 Pare	ent Central C	Coordination	

Exit Child Case Notes Transfer Child	History	List Deletion History List	,				
History							
S. According	Actual Date	Туре	Additional Note	Created By	Created On	Updated By	Updated On
	8/17/2016	Contact		Hoffman, Cydney	8/17/2016 11:24:06 AM	Hoffman, Cydney	8/17/2016 11:24:08 AM
and the state of t	8/17/2016	Service Coordinator		Hoffman, Cydney	8/17/2016 11:24:53 AM		
	8/17/2016	Exit - Central Coordination		Hoffman, Cydney	8/17/2016 11:24:27 AM	Hoffman, Cydney	
	8/17/2016	Referral - Ongoing HMGsuspected Early Intervention	Initial Referral	Hoffman, Cydney	8/17/2016 11:24:27 AM	Hoffman, Cydney	8/17/2016 11:24:53 AM
	8/17/2016	Referral - Central Coordination		Hoffman, Cydney	8/17/2016 11:24:06 AM	Hoffman, Cydney	8/17/2016 11:24:28 AM



Entering Demographic Information

To add demographic information in Early Track, click on the "Demographics" left-menu option.

Add all relevant child demographic information. For Early Intervention, the relevant demographic information is above the line that states "Additional demographic data collection for Home Visiting participants." Although you can enter demographic information here, it is not required.

You will need to enter the required demographic information for Early Intervention participants prior to being able to enter a Need for Service.



Click "Save" at the bottom of the page to update the demographics information.



Adding/Modifying Caregivers

To add or modify a caregiver in Early Track, navigate to the "Caregivers" left-menu option. Here you will see the child's primary caregiver as listed in the data system.

# Home	Reports	Administration	ET Info F.A.Q.S.
	Child	Parent	Service Coordinator Status
Contact Log Caregivers Relenais Early Intervention +	Jones, Sophie DOB: 5/15/2014 ET ID: 0006055184	Jones, Marisol 155 W. Main Street Apt. 3 Columbus, Ohio 43 (951) 333-0000 mjones@gmail.com	Smith, Kristen Early Intervention A Wonder World 8/17/2016 8/17/2016 Redetermination Not Needed
Home Visiting +	Careeriver and Da	eent Dotail	
Case Notes	Caregiver and Par		
Transfer Child	* Rola	tionshin to Child:	Mather T
History	Keit	* Parent?:	?: Ves No
A Street of		* Last Name:	i Jones
		* First Name:	Marisol
		Middle Name:	•:
A 14.5		SSN:	
1	3	* Primary Phone:	** (951) 333 -0000 ext. No Phone
		** Accepts Texts:	• Yes No Oluknown
	5	Secondary Phone:	2 () - ext.
	*	** Email Address:	⁵⁵ mjones@gmail.com
		* Street Address:	155 W. Main Street
			Apt. 3
		**City/State:	e: Columbus, OH • **Zip: 43201
	Preferred method of	f communication:	🗜 🗆 Call 🔍 Text 💿 Email 🔍 Mail
	* Pi	rimary Language:	English 🔻

To add an additional caregiver, scroll to the bottom of the screen and select "Add Additional Caregiver".

Optional questions for EI participants		
Is the child Medicaid eligible?	Ves No	
Applied for Medicaid?	◯ Yes ◯ No	
Is the child BCMH eligible?	○ Yes ○ No	
Applied for BCMH?	◯ Yes ◯ No	
Has family applied for EISOP?	○ Yes ○ No	
Is the child covered by private insurance?	◎ Yes ◎ No	
Private insurance carrier name:		
Additional Caregivers for this Child		
	[Add Additional Caregiver
Other Children of Caregiver	and the second	
This caregiver is not associated with any other ch	ildren in Early Track.	
		Add Note Save

After selecting "Additional Caregiver," input the new caregiver's information.

Caregiver and Parent Detail				
* Relationship to Child:	Father	•		
* Parent?	Yes No	_		
* Last Name:	Jones	_		
* First Name:	Walt	_		
Middle Name:				
55N				
* Primary Phone:	(951) 222 -9999	ext.	🗆 No Pl	hone
** Accepts Texts:	OYes ONo ⊂	Unknown		
Secondary Phone:		ext.		
** Email Address:	·			
* Street Address:	155 W. Main Street			
	Apt 3			
**City/State	Columbus, OH 🔻	*Zip: 43201	Enter the zip	o code to auto-populate the city and stat
Preferred method of communication:	🔍 Call 🛛 🔍 Text	Email	Mail	
* Primary Language:	English	•		
Additional Caregivers for this Child				
Gause Nama	Deletienshie A	- Child		Add Additional Caregiver
	Relationship to	ochila		Primary
Jones, Marisol	Mother			 ✓
other Children of Coreciner				
This caregiver is not associated with any other of	hildren in Early Track			
the categrant in the decodated that any other c	and the Long Proof.			
				Add Note Save

Click "Save" to add the new caregiver.

NOTE: If you update the caregiver information in one child's record for a caregiver who is linked to multiple children, the caregiver information will automatically update in all child records.

NOTE: For questions regarding kinship or foster care situations, please seek guidance from your program consultant.



Adding Case Notes

Though not required in Early Track, case notes can be documented by navigating to the "Case Notes" left menu option and then clicking "New".



The Case Note "date," and "created by" fields will all automatically be generated. The "Case Note Type" can be selected from the drop down menu, and all other information is filled in manually.

	Child	Parent	Service Coordinator	Status
Contact Log Demographics	Jones, Sophie DOB: 5/15/2014	Jones, Marisol 155 W. Main Street	Smith, Kristen A Wonder World 8/17/2016	Early Intervention 8/17/2016
Caregivers	ET ID. 0000000104	Columbus, Ohio 43201	8/11/2010	Redetermination Not Needed
Referrals		(951) 333-0000		
Early Intervention +		mjones@gmail.com		
Home Visiting +				
Exit Child	Case Note List	Case Note Detail		
Case Notes				
Transfer Child				
History	Ca	se Note Date: 9/22/2016 9:0	0:13 AM	
and the second second	*Ca	se Note Type:	•	
	*Case	Note Subject:	A	
		Created By: ALL		
		*Narrative: Assessment		
A. Star		Caregiver		
		Eligibility		
		Evaluation		
		Exit		
		Family Support		
		IFSP		
		Miscellaneous		
		Newborn home	visit	
		Referrals		
		Screening		
	Save	Service Coordin	nator	
	* Indicates required	field.		
		Home Visitor		
	Environment Version 4.0.30319	34209 Build Number: # Intake Form	lugust 17, 2016 2:02	PM
		Home Visit Too	o Department of	Health.

Click "Save" to add the Case Note.



Documenting Screenings

To enter screening information in Early Track, 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.



Then, click the appropriate screening from the "Screening Name" dropdown.

Screening List Screening Detail		
*Screening Name:		
Screening Date:		
**Non-Compliance Reason:	ASQ - 2nd Edition ASQ 3	
Child's age in months at time of Screening:	ASQ-SE (6 months)	
* Administered By:	ASQ-SE (12 months) ASQ-SE (18 months)	
* Indicates required field. ** Indicates conditionally required field Environment Version 4.0.30319.1026 Build Number;# 2015.2.20.27768 Site Last updated at :: Copyright © 2015 O	ASQ-SE (24 months) ASQ-SE (30 months) ASQ-SE (30 months) ASQ-SE (36 months) ASQ-SE (48 months) ASQ-SE (60 months) Batelle Developmental Inventory-2 Screening Develop. Screening for Infants < 4 mo. Diagnosis related to Hearing Diagnosis related to Nutrition Diagnosis related to Vision	Save
	Hearing Screening by Qualified Professional HMG Hearing Questionnaire M-CHAT(Mod Checklist for Autism in Toddlers) Nutrition Screening - PEACH Nutrition Screening by Qualified Professional PEDS/PEDS:DM Universal Newborn Hearing Screening (UNHS) Vision Screening - Taking a Look Vision Screening by Qualified Professional	

After choosing the appropriate screening name, enter the date, name of the person who administered the screening, and the results.

Screening List Screening Detail	
*Screening Name:	Universal Newborn Hearing Screening (UNHS)
Screening Date:	
Child's age in months at time of Screening:	Get Age
* Administered By:	
* Left Ear Results:	
* Right Ear Results:	
	Add Note Save
* Indicates required field.	
** Indicates conditionally required field	

If the screening was completed more than 45 days after the EI referral, you will be prompted to enter a noncompliance reason (NCR). Please see page 36 for a complete list of NCR's.

Screening List Screening Detail	
*Screening Name:	HMG Hearing Questionnaire
Screening Date	10 / 2 / 2016
Selected for 45-Day Compliance	8/17/2016
Days Since Referral	46
**Non-Compliance Reason	▼
Child's age in nonths at time of Screening:	
* Administered By:	Parent/Child Reason
	Couldn't Locate/Reach Parent
* Results:	Emergency-Related Closure
	HMG Staff Error
	HMG System Reason Add Note Save
* Indicates required field.	
** Indicates conditionally required field	

Click "Save" to add the screening.

Documenting Eligibility

To document eligibility, click on "Early Intervention" on the left menu and then click on "Eligibility." Then, choose the eligibility reason from the dropdown labeled "New." Each eligibility type is explained in more detail below.

Early Intervention -	mjones@gmail.com The following must be completed by 10/1/2016 to satisfy 45-day compliance: Eligibility, Child Assessment, Family
Service Coordinators	Assessment, NFS, IFSP
Screenings	
Eligibility	Eligibility Assessment Summary Diagnosis Detail Evaluation Detail Out of State Eligibility
Assessments	
Need for Services	
IFSP	New T
Archived COSF	New
Transition	Diagnosis on List
Home Visiting 🔰 🕂	Diagnosis on Form to this child.
Exit Child	Out of State JESP
Case Notes	
Transfer Child	Diagnosis on Form
History	No biggest a contradided to this child. Select Dispection on Econol from the list above to add new Dispections on Economic
and the second second	Direct. Diagnosis on ronni nom the hat above to add new biagnosis on ronni.
A Y A	
	Evaluation Tools
	No evaluations are assigned to this child. Click 'New' to assign a pay evaluations to this child.
Mary and a second	
	Out-of-State Transfer
	No Out of State IFSP.

Diagnosis on the List

- Choose the domain(s) where the child's delay is expected; at least one of the domains must be answered "Yes".
- Choose the diagnosis from the "Diagnosed Physical or Mental Condition" drop down.
- Enter the date documentation was received. If diagnosis is being obtained for the initial eligibility determination and is obtained more than 45 days after the EI referral, a noncompliance reason must be entered.

Eligibility Assessment Summary	Diagnosis Detail	Evaluation Detail	Out of State Eligibility	
Diagnosis Type: Diagnosis on List				
*Based on the diagnosis, in v domains are delays expec	which (At least one of the theory of the theory of the ted?:	he following domains nee	eds to be answered "yes")	
Communica	tion: 🔹			
Social and Emoti	onal: 🔹			
Adar	otive: 🔹			
Cogn	itive: 🔹			
Phy	sical: 🔹			
*Diagnosed Physical or M Condi	lental ition:			T
*Documentation Obtained I	Date: / /			
**Non-Compliance Re	ason: 🔻			
* Indicates required field. ** Indicates conditionally required field			Add Note	Save

Click "Save" to add the diagnosis on the list.



Diagnosis on the Form (HEA 8024)

- Choose the domain(s) where the child's delay is expected; at least one of the domains must be answered "Yes".
- Enter the name of the diagnosis in the "Diagnosed Physical or Mental Condition" box.
- The date documentation of the diagnosis is received must be entered.
 - A noncompliance reason must be entered if the Documentation Obtained Date is more than 45 days after the EI referral.

Eligibility Assessment Summary	Diagnosis Detail	Evaluation Detail	Out of State Eligibility	
Diagnosis Type: Diagnosis on For	n			
*Based on the diagnosis, in v domains are delays expec	vhich (At least one of the ted?:	he following domains ne	eds to be answered "yes")	
Communica	tion: 🔻			
Social and Emotio	onal: 🔻			
Adap	tive: 🔻			
Cogni	tive: •			
PHys				
*Diagnosed Physical or M Condit	ental ion:			
Diagnosis ICD-9 or ICD-10 C	ode:			
*Documentation Obtained E	Date: / / /			
**Non-Compliance Rea	ason: 🔻			
* Indicates required field. ** Indicates conditionally required field			Add Note	Save

Click "Save" to add the diagnosis on the form.

Developmental Evaluation

- Select either the Bayley or Battelle from the "Evaluation Tool Name" dropdown.
- Enter the date the evaluation was completed.
 - A noncompliance reason must be entered if the evaluation is completed more than 45 days after the referral.
 - If the evaluation was conducted over multiple days, enter the date on which the evaluation was *completed*.
- Enter the name of the evaluator or evaluators and the discipline(s).
 - If only one person evaluated the child, enter that person's name in the "Administered by #1" box. In this situation, you will need to choose two disciplines and enter them in the "Discipline 1 for Administered by #1" and "Discipline 2 for Administered by #1" dropdowns.
 - If two people evaluated the child, enter one evaluator's name in the "Administered by #1" box and the other evaluator's name in the "Administered by #2" box. Both evaluators may share a discipline; however, there must be at

least two different disciplines across both evaluators. Use the discipline dropdowns to enter the information.

• Enter the domain and sub-domain scores. Sub-domain scores for the Communication domain (Receptive and Expressive Language) and the Physical domain (Fine Perceptual and Gross Motor) are required.

Eligibility Assessment Summary	Diagnosis Detail	Evaluation Detail	Out of State Eligibility	
Evaluations determine Part C eligibility				
* Evaluation	Tool Name: Batte	le Developmental Invent	ory-2 🔻	
Eval	uation Date:			
Child's age in months at time o	of Evaluation (Tool:	Get Age		
* Administ	ered By #1:			
Discipline 1 for Administ	ered by #1:		a	•
Discipline 2 for Administ	tered by #1:			•
** Administ	ered By #2:]	
** Discipline 1 for Administ	tered by #2:			T
Discipline 2 for Administ	ered by #2:			•
* Cognitive Sco	FO:	-		
* Adaptive Sco	ro:	-]	
* Dersonal-Social Sco	re:	-]	
* Decentive Language Coo	re.			
* Receptive Language Sco	re:	•		
* Expressive Language Sco	re:	•		
* Fine Perceptual Motor Sco	re:	•		
* Gross Motor Sco	re:	•		
			Add No	to Savo
			Add No	Jave
* Indicates required field.				
Indicates conditionally required field				

Click "Save" to add the evaluation.



Informed Clinical Opinion (ICO)

- Follow the instructions above for entering an evaluation tool.
- When you enter the scores, if there are no delays on the evaluation tool, questions will appear at the bottom of the page indicating whether it is the opinion of the evaluator(s) that the child has a delay, and in which domain(s).
- If the evaluation is administered by one person licensed in two different disciplines, the informed clinical opinion item would only appear and need to be answered for Evaluator #1.
- Each evaluator must indicate that the child has a delay in at least one of the domains.

Eliqibility Assessment Summary	Diagnosis De	etail	Evaluation Detail	Out of State Eli	igibility	
Evaluations determine Part C eligibility *Evaluation	Tool Name:	Poula	w Seelee of Infant Dovel	anmant III 💌		
Evaluation	ation Date:	Dayle		opmentm •		
Child's age in months at time of	f Evaluation	27	Get Age			
	Tool:		Gerrage	_		
* Administe	ered By #1:	Theod	lor Geisel			
Discipline 1 for Administe	ered by #1:	Early	childhood education (lice	ensed for special e	education)	•
Discipline 2 for Administe	ered by #1:			_		•
** Administe	ered By #2:	Eric C	Carle			
** Discipline 1 for Administe	ered by #2:	Occu	pational therapy			•
Discipline 2 for Administe	ered by #2:					•
* Cognitive Score	e: Score Ra	nge 12	2.5-160 (No Delay) 🔻			
* Social Emotional Score	e: Score Ra	nge 12	2.5-160 (No Delay) 🔻			
* Adaptive Score	e: Score Ra	nge 12	2.5-160 (No Delay) 🔻			
* Receptive Communication Score	e: Score Ra	nge 14	.5-19 (No Delay) ▼			
* Expressive Communication Score	e: Score Ra	nge 8.(6-14.49 (No Delay) ▼			
* Fine Motor Score	e: Score Ra	nge 8.	6-14.49 (No Delay) ▼			
* Gross Motor Score	e: Score Ra	nge 5.0	6-8.5 (No Delay) ▼			
The informed clinical opinion of I	Evaluator #:	1 is th	at the child has a dela	ay despite Yes 🔹	1	
Evaluator #	1 indicated	a del	the above too av in the following do	ol results:		
Evaluator +	FI marcatea	u uci	ay in the following to		mmunication cial and Emotiv	onal
				□ Ada	aptive	Ла
				Co	gnitive	
				🗆 Phy	ysical	
The informed clinical opinion of I	Evaluator #2	2 is th	at the child has a dela the above too	ay despite Yes v l results:	•	
Evaluator #	#2 indicated	a del	ay in the following do	main(s): Cor	mmunication	
					cial and Emoti	onal
				Ada	aptive	
				Cog	gnitive	
				🗆 Phy	ysical	
					Add Note	Save

Click "Save" to add the Informed Clinical Opinion.

Out-of-State Eligibility

- The state that administered the IFSP, date of the IFSP, and date the IFSP was *obtained* by the Service Coordinator must be entered.
 - The out-of-state IFSP must be dated no more than 180 days earlier than the EI program referral.
 - If the date the IFSP is obtained is more than 45 days after the EI referral, a noncompliance reason must be entered.
- Eligibility comparable to the requirements in Ohio must be entered via a diagnosis on the list or a delay on an evaluation.

Eligibility Assessment Summary	Diagnosis Detail	Evaluation Detail	Out of State Eligibility	
*State administering IF	SP:	T		
*IFSP D	ate: / / /			
*Documentation Obtained D	ate: / /			
**Non-Compliance Rea	son: •			
Either a diagnosis or an evaluation tool with **Diagno	n area of delay must	be entered.		
**Evaluation Tool Na	me:			
**Area of De	lay: (If evaluation at least one of	tool name is entered, the following domains ne	eds to be answered "ves")	
Communicat	ion: 🔻			
Social and Emotio	nal: 🔻			
Adapt	ive: 🔻			
Cognit	ive: 🔻			
Physi	ical: 🔻			
* Indicates required field. ** Indicates conditionally required field			Add Note	Save

Click "Save" to add the out-of-state eligibility.

NOTE: Due to the limited number of occurrences, please seek guidance from your program consultant when handling an out-of-state transfer.



Documenting Assessment Methods

To enter assessment information in Early Track, navigate to the "Assessments" left-menu option by clicking on the "Early Intervention" menu choice or clicking the "+" symbol next to "Early Intervention." Once on the "Assessments" menu choice, click the "New" button.

# Home	Reports	Administration	ET Info	F.A.Q.S.
Contact Log Demographics Caregivers Referrals	Child Jones, Sophie DOB: 5/15/2014 ET ID: 0006055184	Parent Jones, Marisol 155 W. Main Street Apt. 3 Columbus, Ohio 43201 (951) 333-0000 mjones@gmail.com	Service Coordinator Smith, Kristen A Wonder World 8/17/2016	Status Eligible for Assessment - Early Intervention 8/17/2016
Service Coordinators Screenings Englowy Assessments Need for Services	The following must be Assessment I	ist Assessment Det	16 to satisfy 45-day compl	iance: Child Assessment, Family Assessment, NFS, IFSP
IFSP Archived COSF Transition Home Visiting + Exit Child Case Notes	No assessment tool/m Click 'New' to assign a Environment Version 4.0.303	ethods are assigned to this ch new assessment tool/methor 19.34209 Build Number: # 2016.8.1	ild. ds to this child. .40290 Site Last updated at :Monda	New
Transfer Child History				

Next, choose the appropriate assessment method(s) from the "Assessment Name" dropdown.



Child Assessment

The name of the administrator(s) as well as discipline(s) of licensure must be entered. Please see the Developmental Evaluation section for information regarding licensure requirements.

The first four questions at the bottom of the page must be answered, "Yes".

Domains can be assessed using multiple methods/tools. Collectively, all five domains must be assessed in order for the child assessment to be complete.

- A noncompliance reason must be entered if the assessment is completed more than 45 days after the referral. (see screenshot below)
- If multiple assessment methods are completed on different dates, the date on which all five domains were finally assessed will be used for compliance purposes.
 - For example, if the physical domain was assessed on July 1 using Method A and the remaining four domains were assessed on July 10 using Method B, July 10 will be considered the date on which the child assessment was completed.





Click "Save" to add the child assessment.

TIP: "Observation" should be selected when a tool is not used to assess the child.

TIP: If your child assessment tool does not appear in the dropdown, ask your Early Track system administrator to submit a request to ETDS to add the child assessment tool to the dropdown

Family Assessment

To document the "Family Assessment", 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*. Indicate the date that the assessment was offered, if the family completed, and the date of completion, when applicable.

#Home	Reports	Administration	ET Info	F.A.Q.S.	
	Child	Parent	Service Coordinator	Status	
Contact Log	Jones, Sophie	Jones, Marisol	Smith, Kristen	Eligible for Assessment	- Early Intervention
Demographics	DOB: 5/15/2014 ET ID: 0006055184	155 W. Main Street	A Wonder World 8/17/2016	8/17/2016	
Caregivers	ETID. 0000000104	Columbus, Ohio 43201	0/11/2010		
Referrals		(951) 333-0000			
Early Intervention -	The following must be	mjones@gmail.com	16 to esticity 45 day compl	ianco: Eamily Accoccmont NES	TECD
Service Coordinators	The following must be		10 to satisfy 45-day compl	lance. Failing Assessment, NF3	5, 1F3F
Screenings					
Eligibility	Assessment Lis	Assessment De			
Assessments					
Need for Services					
IFSP		*Assessment	Tool/Method Name:	Family Assessment	•
Archived COSF		Asse	ssment Offered Date:	08 / 17 / 2016 📼	
Transition	Ch	uild's age in months a	t time of Assessment 2		
Home Visiting +		ind 5 dge in mondis d	Tool/Method:	OttAge	
Exit Child		*	Did family complete:	Yes ▼	
Case Notes			**Completed Date :	08 / 17 / 2016	
Transfer Child		- ··			_
History		Routines:			
Contraction of the second		Strengths:			
7 X X	Supp	ports and Services:			
		Resources:			
and the second		Priorities:			1
Mary and a		Concerns:			
		concernity]
					Add Note Save
	1				

Click "Save" to add the family assessment.



Documenting Need for Services

To enter Need for Services information in Early Track, navigate to the "Need for Services" leftmenu option by clicking on the "Early Intervention" menu choice or clicking the "+" symbol next to "Early Intervention." Once on the "Need for Services" menu choice, click the "New" button.

#Home	Reports	Administration	ET Info	F.A.Q.S.	
Contact Log Demographics Caregivers Referrals Early Intervention – Service Coordinators	Child Jones, Sophie DOB: 5/15/2014 ET ID: 0006055184 The following must be	Parent Jones, Marisol 155 W. Main Street Apt 3 Columbus, Ohio 43201 (951) 333-0000 mjones@gmail.com e completed by 10/1/20	Service Coordinator Smith, Kristen A Wonder World 8/17/2016	Status Eligible for Assessment - Ear 8/17/2016	ly Intervention
Screenings Eligibility Need for Services	HV Eligibility	and EI NFS List	igibility Detail		New
Archived COSF Transition Home Visiting + Exit Child	No Eligibilities have Click 'New' to add a	been entered for this child new Eligibility 19.34209 Build Number: # 2016.8.1	.40290 Site Last updated at :Monda	y, August 1, 2016 11:17 AM	
Transfer Child History					

Then enter the date that the Need for Services/No Need for Services was established and select the appropriate determination from the drop down menu.

HV Eligibility and EI NFS List Eligibility	Detail
The following information will be used to detern determine the child's eligibility category. Items	nine the child's eligibility. Please update the selected eligibility information to in <i>black</i> * were selected for this child at Referral.
* Need for Services/No Need for Services Date:	08 / 17 / 2016
* Together, we have determined that our child and our family:	
Diagnosis on List:	DO have a need for Early Intervention services at this time
No Discussion on Link added to their shild	Do Nor have a need for Early intervention connects at the time

TIP: Since the Need for Services is determined *after* completion of the eligibility and the functional assessment, the date of the Need for Services must be *on* or *after* the last date that all items were completed. If dates are entered out of order or incorrectly, a No NFS will automatically display since prerequisites have not yet been met.

EXAMPLE: If the child assessment and eligibility determination were completed on August 10, and the family assessment completed on August 12, then the *earliest* possible date the NFS could occur is August 12.



Documenting IFSP

To enter IFSP information in Early Track, navigate to the "IFSP" left-menu option by clicking on the "Early Intervention" menu choice or clicking the "+" symbol next to "Early Intervention." Once on the "IFSP" menu choice, click the "New" or "Review" button.

⊞Home	Reports	Administration	ET Info	F.A.Q.S.	
	Child	Parent	Service Coordina	ator	Status
Contact Log	Jones, Sophie	Jones, Marisol	Smith, Kristen		Early Intervention
Demographics	DOB: 5/15/2014 ET ID: 0006055184	155 W. Main Street Ant 3	A wonder world 8/17/2016		8/17/2016
Caregivers	211210000000104	Columbus, Ohio 43201	0/11/2010		
Referrals		(951) 333-0000			
Early Intervention -	The following must be comple	mjones@gmail.com	isfy 45 day compliance: TESD		
Service Coordinators	The following must be comple	aeu by 10/1/2010 to sat	isiy 40-day compliance. 1F3F		
Screenings					
Eligibility	IFSP List Details	Service Dates			
Assessments					
Need for President					
IFSP					
AICHIVED COSF	To view the current IFSP, (click on the pencil.			New
Transition	No IESP assigned to this chi	Id			
Home Visiting +	Click 'New' to add an initial I	FSP.			
Exit Child					
Case Notes		24 November 1, 2016, 0, 4, 40200, City, 1			
Transfer Child	Environment Version 4.0.30319.34209 B	uld Number:# 2016.8.1.40290 Site L	ast updated at :Monday, August 1, 2010	5 11:17 AM	
History					

Enter all the required information into the Add IFSP Detail page. Type out the *entire outcome* in the text box "service is needed to meet the following outcome". For example, do not enter "Outcome #1" but, rather, write out the outcome exactly as it appears on the paper IFSP.

Each *unique service-outcome combination should be entered separately.* For example, if Speech Therapy is being used to meet both Outcome #1 and Outcome #2, there will be two separate entries in Early Track.

Add IFSP Detail	
*IFSP date:	08 / 17 / 2016
** Developing Positive Social-emotional relationships - Relative to same age peers:	child shows occasional use of some age expected skills, but more of his/ł 🔻
** Acquiring and using Knowledge and Skills - Relative to same age peers:	child has all of the skills that we would expect of a child his/her age in the ▼
** Taking appropriate action to meet needs, getting from place to place, taking care of basic needs - Relative to same age peers:	child shows many age expected skills, but continues to show some functi ▼
IFSP Service:	
*EI Service Type:	Speech-language pathology services •
*Location/Setting:	Home •
**Service is needed to meet the following outcome:	Marisol, Walt, and Cindy would like for Sophie to tell them when she needs help during playtime by using simple signs or a word attempt.
**Justification is provided on the IFSP:	T
Method:	Direct/In-Person 🔻
*How Often:	12 Times/ 180 Days T
*Session Length:	0 V Hours 50 V Minutes
*Provider Agency:	A Wonder World
*Funding Source:	Title XX and CBDD
*Parent's rights given to parents:	08 / 17 / 2016
**Child's school district:	Ada Ex. Vil. S.D.3301
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

Choose the appropriate "Workflow Step" at the bottom of the page and select "Next" to save.

TIP: For a thorough example of how to fill out an IFSP, please see the Early Intervention IFSP Guidance Document. Information should be entered into the data system exactly as written on the paper IFSP.



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 the, "Service is needed to meet the following outcome".
 - This field should be used to identify a service needed that has not yet been coordinated, as well as the outcome(s) it is needed to meet.
- You should also 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.

IFSP Service:	
*EI Service Type:	Service(s) not yet coordinated
*Location/Setting:	▼
**Service is needed to meet the following outcome(s):	
**Justification is provided on the IFSP:	T
Method:	T
*How Often:	Times/
*Session Length:	▼ Hours ▼ Minutes
*Provider Agency:	τ
*Funding Source:	T

IFSP Review

- When entering each IFSP review, the "Continue Service" box should be checked if the service is still needed to meet the outcome, or an end date should be entered if the service is no longer needed to meet the outcome.
- The "Add New Service" box should **only** be used if all previous service-outcome combinations listed above are ended. If new service-outcome combinations need to be added, and any from the previous IFSP are continuing, click the, "Save IFSP and Add Another Service" button.

Review IFSP	
Most recent IFSP date:	8/17/2016
*IFSP Review Date:	
**Child's school district:	Ada Ex. VII. S.D.3301
Transition contact info shared with LEA:	Yes No
Transition contact info shared with LEA History:	
** Developing Positive Social-emotional	
relationships - Relative to same age peers:	-
Skills - Relative to same age peers:	•
** Taking appropriate action to meet needs,	•
getting from place to place, taking care of basic needs - Relative to same age peers:	
	Particles House Parties Trees
Edit Start D/ 2 Continue Service L 3d Date	Provider Name Service Type Service Location
8/17/2010	A Wonder World Speech-language pathology services Home
Add New Service	
*EI Service Type:	T
*Service Provider Name:	•
*Location/Setting:	•
**Service is needed to meet the following outcome:	
**Justification is provided on the IFSP:	
Method:	*
*How Often:	Times/
*Session Length:	V Hours V Minutes
*Funding Source:	The second secon
*Next Workflow s	Save IFSP and Add Another Service Save IFSP and Return to IFSP List
* Indicates conditionally required field.	Next Cancel

When changes in "Session Length" or "How often" prompt an IFSP review, edit these in the data system by clicking "edit" next to the appropriate service-outcome.

Review IFSP				
Most recent IFSP date: *IFSP Review Date: **Child's school district: Transition contact info shared with LEA:	8/17/2 / Ada E Yes	2016 / _x. Vil. S.D.3301 s © No	T	
Transition contact info shared with LEA History:				
** Developing Positive Social-emotional relationships - Relative to same age peers:				•
** Acquiring and using Knowledge and Skills - Relative to same age peers:				۲
** Taking appropriate action to meet needs, getting from place to place, taking care of basic needs - Relative to same age peers:				T
Edit Start Date Continue Service End Date		Provider Name	Service Type	Service Location
8/17/2016		A Wonder World	Speech-language pathology services	Home

Update the "How Often" and/or "Session Length" fields and then choose "Save Service" to return to the previous IFSP Review page.

	Edit Service	
*1	EI Service Type:	Speech-language pathology services
*L(ocation/Setting:	Home v
**Service is needed to m	eet the following outcome:	Marisol, Walt, and Cindy would like for Sophie to tell them when she needs help during playtime by using simple signs or a word attempt.
**Justification is Provid	led on the IFSP:	T
	Method:	Direct/In-Person 🔻
*	*How Often: Session Length:	12 ▼ Times/ 180 Days ▼ 0 ▼ Hours 50 ▼ Minutes
*p	rovider Agency:	A Wonder World 🔻
*1	unding Source:	Title XX and CBDD
	Sa	ve Service Cancel Edit

NOTE: Following updating the service, only the most recent frequency and intensity will show up in the data system (even on old IFSP's).

Click the appropriate "Save" option on the main page to continue.



Documenting Child Outcomes Statements (IFSP)

To enter Child Outcome Summary (COS) statements on an initial or annual IFSP in Early Track, navigate to the "IFSP" left-menu option by clicking on the "Early Intervention" menu choice or clicking the "+" symbol next to "Early Intervention." Once on the "IFSP" menu choice, click the "New" or "Review" button.

Beginning in January 2015, COS statements were integrated into the IFSP on both the paper form and Early Track. COS statements entered on the Child Outcomes Summary Form (COSF) that was used until January 2015 are displayed for archival purposes in Early Track under the "Archived COSF" left menu option and are read-only.

I	SP List Details	Service Dates					
To vie To ad	To view the current IFSP, click on the pencil. To add an IESP review, click on the Review button						
	State	IFSP Date	Service Coordinator	Service Agency			
Z	Complete	8/17/2016	Smith, Kristen	A Wonder World			

Choose the appropriate statement from each of the three dropdowns.

Review IFSP	
Most recent IFSP date: *IFSP Review Date:	8/17/2016
**Child's school district:	Ada Ex. Vil. S.D.3301
Transition contact info shared with LEA	: ● Yes ○ No
Transition contact info shared with LEA History:	A :
** Developing Positive Social-emotional relationships - Relative to same age peers:	▼
** Acquiring and using Knowledge and	T
Skills - Relative to same age peers:	

TIP: If you are entering a periodic IFSP review and do not have COS statements, select the "N/A" option from the dropdown.

child has all of the skills that we would expect of a child his/her age in the area of this outcome. child has the skills that we would expect of his/her age in regard to this outcome; however, there are concerns. child shows many age expected skills, but continues to show some functioning that might be described like that of a slightly younger child in the area of this outcome. child shows occasional use of some age expected skills, but more of his/her skills are not yet age expected in the area of this outcome. child is not yet using skills expected of his/her age. He/she does however use many important and immediate foundational skills to build upon in the area of this outcome. child is showing some emerging or immediate foundational skills, which will help him/her to work toward age appropriate skills in area of this outcome. child's functioning might be described as like that of a much younger child. He/she shows early skills, but not yet immediate foundational or age expected skills in the this outcome area. Not applicable: IFSP is not an initial or annual IFSP

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Documenting Service Start Dates

To add service start dates, navigate to the "IFSP" left-menu option by clicking on the "Early Intervention" menu choice or clicking the "+" symbol next to "Early Intervention." Once on the "IFSP" menu choice, click the "Service Dates" tab.

#Home	Reports	Administration	ET Info	F.A.Q.S.
	Child	Parent	Service Coordinato	r Status
Contact Log	Jones, Sophie	Jones, Marisol	Smith, Kristen	Early Intervention
Demographics	ET ID: 0006055184	Apt 3	A Wonder World 8/17/2016	8/17/2016
Caregivers		Columbus, Ohio 43201	0,1112010	Redetermination Not Needed
Referrals		(951) 333-0000		
Early Intervention –		mjones@gmail.com		
Service Coordinators				
Screenings	IFSP List Detail	ls <u>Service Dates</u>		
Eligibility				
Assessments				
Need for Services				
IFSP	To view the current IFSP	, click on the pencil.		Review
Archived COSF	To add an IFSP review, o	LESD Date	Service Coordinator	Service Ageney
Transition	State	IF SP Date	Service Coordinator	Service Agency
Home Visiting +	Complete	8/17/2016	Smith, Kristen	A Wonder World
Exit Child				
Case Notes	Environment Version 4.0.30319.34209	9 Build Number: # 0.0.0.0 Site Last up	odated at :Wednesday, August 17, 2016 2:	02 PM
Transfer Child				
History				

From here, you will enter the date that the service was first delivered. If the service was never delivered you will check the "never delivered" box.

IFSP Lis	<u>t</u> Details	Service Dates				
IFSP Date	<u>Type Name</u>	Provider Name Start [Date		End Date	
8/17/2016	Speech- language pathology services	A Wonder World		🛄 🗌 Never delivered	>	
" Indicates "* Indicates	required field. conditionally	required field				
						Save

NOTE: The date entered should be the actual date the service was first delivered, *not the projected date of service.*

If the service start date is greater than 30 days from the IFSP date you will be prompted to enter an NCR.

IFSP Lis	t Details	Service D	ates	
IF SP Date	Type Name	Provider Name	Start Date	End Date
8/17/2016	Speech- language pathology services	A Wonder World	09 / 20 / 2016 . Never delivered **Non-Compliance Reason:	
* Indicates ** Indicates	required field. conditionally	required field	Parent/Child Reason Couldn't Locate/Reach Parent Emergency-Related Closure HMG Staff Error HMG System Reason	Save

Click "Save" to add the service start date or indicate that the service was never delivered.

TIP: Hover the mouse anywhere over the service line to see the corresponding outcome being addressed.

IFSP Lis	<u>t</u> Details	Service Da	ates	
IFSP Date	Type Name	Provider Name	Start Date	End Date
8/17/2016	Speech- language pathology	A Wonder World	/ / Never delivered	
* Marisol, * a word a	Walt, and Cind ittempt.	ly would like for S	ophie to tell them when she needs help during playtime	by using simple signs or
				Save

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Documenting Redetermination

See Eligibility, Assessment and NFS, and IFSP sections for details regarding what is required to be included in the Early Track record.

The re-determination due date is always displayed in the header of a child's record in Early Track. 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.

If a child has exited and re-entered the program and redetermination is now past due, the relevant redetermination components will be displayed.

Reports	Administration	ET Info	F.A.Q.S.	System Admin
Child	Parent	Service Coordinator	Status	
			Early Inter	vention
			9/3/2014	
			Redeterminati	on Due Date: 9/22/2015
The following mu	st be completed by 9/22/2015	for redetermination: Child Ass	essment, Family Asse	essment, NFS, IFSP

NOTE: Due to an Early Track system error, redetermination messages currently *do not* display for children who have transferred. However, redetermination must still be complete for these children in a timely manner. If you have any questions about when redetermination is due, you can contact <u>ETDS@odh.ohio.gov</u> or your El program consultant.



Documenting Transition

LEA Notification

When a family opts out of sharing contact information with the LEA, the Service Coordinator should ensure that "No" is selected for the following item on the IFSP page: "Transition contact info shared with LEA" so that information is not sent to the LEA in error. The date the family opts out should also be recorded.

Review IFSP	
Most recent IFSP date:	
*IFSP Review Date:	
**Child's school district:	▼
Transition contact info shared with LEA:	
Transition contact info shared with LEA	
History:	

TIP: "Yes" is the default answer to "Transition contact info shared with LEA". This answer will transfer to each IFSP review unless a different answer is manually selected.

TIP: The "child's school district" should correspond to the *address of the biological parent* which may differ from the child's current address if in a kinship or foster care situation.

Transition Outcomes

If a service will be provided to meet the transition outcome(s), this service should be added to the IFSP screen in Early Track just like any other service.



NOTE: In the case where the only service needed to meet the transition outcome is Service Coordination, you should select "N/A – No interventionist needed to meet transition outcome" from the EI Service Type dropdown. This drop down option will function exactly like the "Service not yet coordinated" option, where only the Service Type and Outcome fields are required.

*EI Service Type:	N/A – No interventionist needed to meet transition outcome 🔻
*Location/Setting:	T
**Service is needed to meet the following outcome:	
**Justification is provided on the IFSP:	¥
Method:	T
*How Often:	▼ Times/ ▼
*Session Length:	▼ Hours ▼ Minutes
*Provider Agency:	¥
*Funding Source:	T
*Next Workflow Step:	Save IFSP and Add Another Service
	Save IFSP and Return to IFSP List
	Next Cancel



Transition Planning Conference (TPC)

To enter transition information in Early Track, navigate to the "Transition" left-menu option by clicking on the "Early Intervention" menu choice or clicking the "+" symbol next to "Early Intervention."

The TPC date must be entered on the Transition Detail page in Early Track. The user must also indicate whether the parent(s) consented to invite the LEA to the TPC, whether the LEA was invited, who was in attendance at the meeting, and the destination of the child's transition at age three.

Service Coordinators	
Screenings	Transition Detail Transition Preparation
Eligibility	
Assessments	
Need for Services	
IFSP	Eamily Income Bracket
Archived COSF	Immunization Status On Entrance:
Transition	Healthcare Provider On Entrance:
Home Visiting 🛛 🕂	Child's Third Birthday: 5/15/2017
Exit Child	Days Until Child's Third Birthday: 270
Case Notes	* Transition Planning Conf Mtg Date: / / /
Transfer Child	** Reason Transition Meeting Date Was Delayed:
History	**Did parent(s) give consent for LEA to attend the Transition Planning Conference?
100	**Was the LEA invited to the Transition Planning O Yes Conference?
and the	* Transition Planning Conference Participants: Service Coordinator Yes No
Real Strange	Private Preschool 💿 Yes 💿 No
	Family Members 💿 Yes 💿 No
	LEA Representative 💿 Yes 💿 No
	Public Preschool 💿 Yes 💿 No
	Head Start 💿 Yes 💿 No
	Child Care 💿 Yes 💿 No
	Parent O Yes No
	* What destination was identified on the IFSP for transition at age 3?
	* Indicates required field. ** Indicates conditionally required field Add Note Save

Click "Save" to save the Transition Detail.

TIP: The Transition Preparation tab has not been required since 2012. It remains visible in Early Track for archival purposes only and is read-only.



Documenting Exit

To enter exit information, navigate to the left-menu option "Exit Child". Once on the "Exit Child" menu choice, click the "New" button.



Then enter the exit date, exit reason (please see page 35 for a complete list), exit destination, and select the appropriate COS statements (when applicable) from the dropdowns.

Exit List Exit Detail		
Child's Third Birthday: Days Until Child's Third Birthday: *Exit Date:	y: 5/15/2017 y: 270	
*Exit Reason:		
Did the child have an IEP in place on his/her 3rd B-day?	Pr ○ Yes ○ No ○ Not Eligible for Part B	
*Exit Destination:	1 :	
* Developing Positive Social-emotional relationships - Relative to same age peers:	al s:	<u>,</u>
* Has the child shown any NEW SKILLS or BEHAVIORS related to developing positive social-emotional relationships since the last Child Outcomes Summary rating?	or ▼ /e st J?	
 * 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? 	IS view of the second s	,
 * 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. 	s, of s: Dr te to te g?	•
	Add Note Save	

Click "Save" to save the Exit.



Documenting Child Outcomes Statements (Exit)

Once on the exit page you will be directed to enter Child Outcomes Statements. Use the dropdowns to select the appropriate COS ratings.

Exit List Exit Detail	
Child's Third Birthday: 5/15 Days Until Child's Third Birthday: 270 *Exit Date: *Exit Reason: Did the child have an IEP in place on his/her 3rd B-day? *Exit Destination:	5/2017 // Yes ONO Not Eligible for Part B
* 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:	Ţ
* 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	Add Note Save

NOTE: As of February 17, 2016 the question "Has the child shown any NEW SKILLS or BEHAVIORS related to [outcome area] since the last Child Outcomes Summary rating?" is required for all exits with the exception of those listed below. For all exits prior to February 17, these questions are available; however, they are not required.

NOTE: COS statements are not required if the exit reason is one of the following:

- Child is deceased
- Loss of contact with family
- Unable to contact family

Exit Reason	When Exit Reason is Available in Farly Track		Available in	
	Referred Only	No NFS	NFS	Definition of Early Intervention Exit Reason
Child is deceased	Х	Х	Х	Includes all children who died before their third birthday while enrolled in EI.
Child/Family not eligible	x	x	x	Includes all children who have exited Early Intervention before age three because they are not eligible. However, if a child is found to be no longer eligible during redetermination, choose the "Redetermined no longer eligible" exit reason.
Child/Family not in need of services	Х	Х	Х	Includes all children under age three who are not in need of Early Intervention services.
Completion of IFSP/FP Prior to reaching age 3			х	Includes all children under age three who completed their IFSP and subsequently have no further need for services.
Family moved out of contractor's geography within state	х	х	х	Includes all children who transferred to another county in Ohio, before their third birthday.
Family moved out of state	Х	Х	Х	Includes all children who moved out of Ohio before their third birthday.
Family no longer interested	х	х	х	Includes all children under the age of three whose parents expressed they were no longer interested in the Early Intervention program.
Family refused program requirements	x	x	x	Includes all children under the age of three whose parents declined all services (including service coordination services), or declined to consent to Early Intervention services on the IFSP and provided written or verbal indication of withdrawal from Early Intervention services.
Loss of contact with family		x	x	Includes all children, under the age of three with eligibility determined, for whom Early Intervention personnel have been unable to provide Early Intervention services either due to lack of response from the parent or family, or inability to contact or locate the family or child after repeated, documented attempts.
Reached Age 3, Not Eligible for Part B, exit to other program			x	Includes all children who reached age three, were evaluated and determined not eligible for Part B, and were referred to other programs, which may include preschool learning centers, Head Start (but not receiving Part B services), and child care centers, and/or were referred for other services, which may include health and nutrition services, such as WIC.
Reached Age 3, Not Eligible for Part B, exit with no referral			х	Includes all children who reached age three, were evaluated and determined not eligible for Part B, but were not referred to other programs.
Reached Age 3, Part B eligibility not determined			х	Includes all children who reached age three and their Part B eligibility was not determined.
Reached Age 3, Part B Eligible			х	Includes all children who reached age three and were determined eligible to receive Part B services
Redetermined no longer eligible		х	х	Includes all children under the age of three who were shown to be no longer eligible based on redetermination
Referred to Help Me Grow less than 45 days prior to 3rd birthday	х	Х	Х	Includes all children who were 45 or fewer days from their third birthday at the time of referral to Early Intervention.
Unable to contact family	x			Includes all children, under the age of three, who have been referred, but not reached a NFS, and for whom Early Intervention personnel have been unable to provide services due to lack of response from the parent or family, or inability to contact or locate the family or child after repeated, documented attempts.

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Non-Compliance Reasons

Acceptable NCRs	Examples*
Parent/Child Reason(s)	Parent/Caregiver illness
	Child illness or hospitalization
	Parent schedule issue
	Parent/Caregiver no longer wants to participate in HMG.
Couldn't Locate/Reach	Child is in the custody of a Public Children Services agency and the service coordinator is attempting to gain consent from the
Parent	biological parent
	Parent/caregiver did not answer phone/respond to letters
Emergency-Related Closure	• Evaluation and assessment provider agency, therapy provider agency, or service coordinator agency closed due to weather,
	flooding, water main break, etc.
Unacceptable NCRs	Examples
HMG Staff Error	HMG missed a screening
	HMG missed a deadline
	Scheduling oversight
HMG System Reason	 Insufficient evaluation and assessment slots
	 Service Coordinator, Evaluator and Assessor, or service provider cancelled appointment
	TPC meeting cancelled due to LEA not being available

If a child is referred less than 90 days prior to his/her third birthday, a TPC is not required; therefore, if a TPC is completed for this child, there is no need for a noncompliance reason.

*Examples are not intended to be an exhaustive list, but rather represent common scenarios when a particular NCR would apply. Questions about specific situations should be addressed with your El program consultant. Ohio Department of Developmental Disabilities Page 36 of 36 ET Data Entry Guide Revised 10/19/16