

New Jersey Early Intervention Management System User Guide

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## New Jersey Early Intervention System

The New Jersey Early Intervention Management System (NJEIMS) is a web based application that captures every milestone including Referral, Evaluation, Family Information Meeting, Family Cost Participation, and IFSP while a child is active in the New Jersey Early Intervention System. Additional NJEIMS functions include creating Child ID #s, service logging, child assignment and report generating. User capability and permissions in the application is based on a user's role within the New Jersey Early Intervention System. Users must change their New Jersey Early Intervention Management System password every 90 days. Passwords must be at least 8 characters- 1 capital letter, 1 number, and 1 special character.

## How to Login

1. Enter the username and password given in the **Name** and **Password** fields.
2. Click the **Login**.

### Early Intervention Management System



#### New Jersey Early Intervention System

Important NJEIS Links:

- [New Jersey Early Intervention System](#)
- [Initial Point of Entry/Referral](#)
- [Personnel Standards](#)

Provider/Practitioner Enrollment Forms:

- [Enrollment Checklist](#)
- [IRS W-9 \(changes require new W-9\)](#)
- [Electronic Funds Transfer \(EFT\)](#)
- [EIMS Enrollment/Online User Access Form](#)
- [Code of Conduct](#)

Name

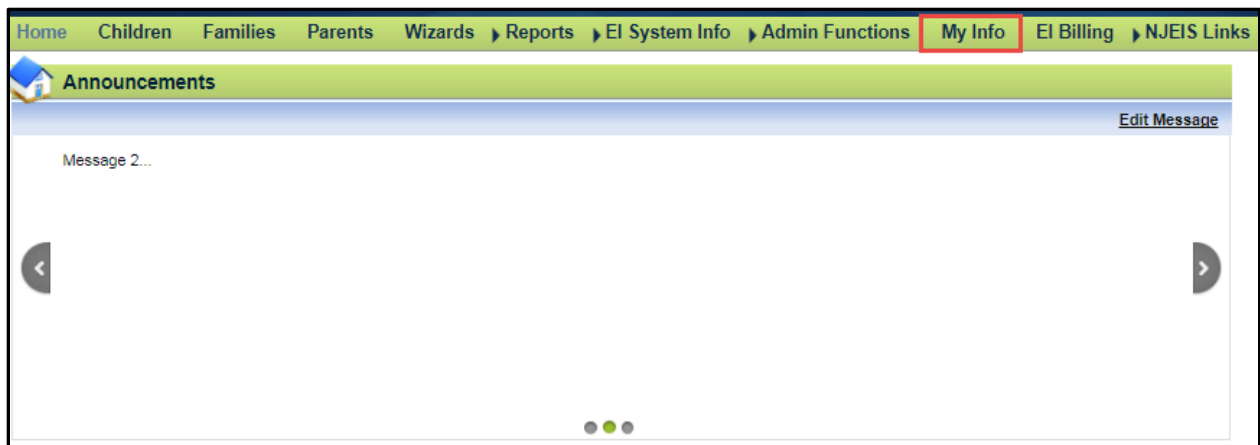
Password

[Forgot Your Password?](#)

Login

## How to Change Password

1. Click on **My Info**.

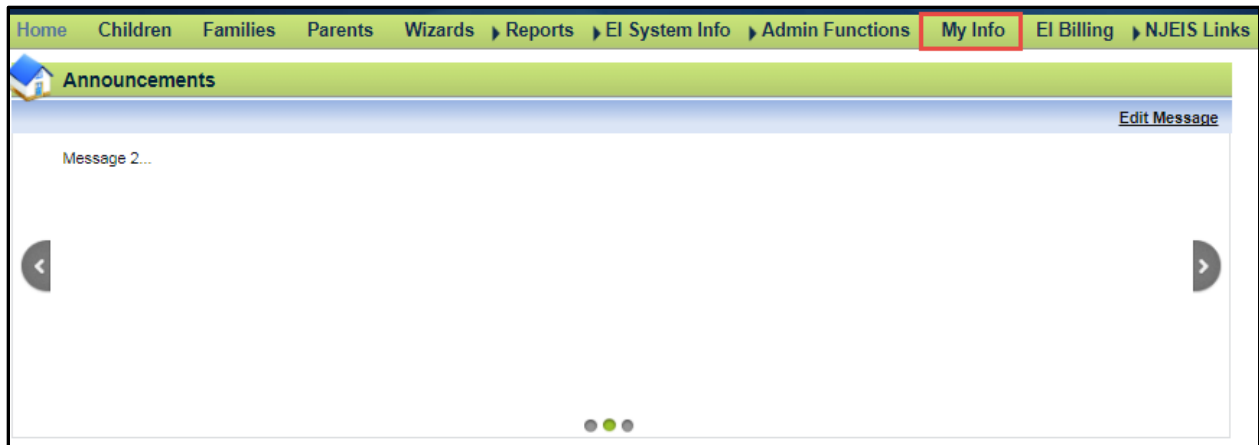


2. Enter current password in the **Please enter your current password** field, enter *new password* in the **New Password** and **New Password (to verify)** fields.
3. Click on **Update the Database**.

A screenshot of a password change form. At the top, a red box highlights the 'Please enter your current password:' field, which includes an asterisk icon and the text '(required to make any changes on this page)'. Below this, a grey box contains instructions: 'To change your current password, enter the new password in both of the following areas (See How to choose a good password)'. A red box highlights the 'New Password:' and 'New Password (to verify):' fields. The form also includes fields for Name (First, Middle, Last, Suffix), User Name, Employee ID Number, Title, Address, City, State, ZipCode, Home Phone, Work Phone, E-Mail Address, Calendar Synchronization (with a checkbox for 'Email Calendar Events to Outlook'), and Calendar Alerts (with a dropdown for 'Minutes Before Calendar Events'). At the bottom, there is a green button 'Set My Forgotten Password Question' and a red box highlighting the 'Update the Database' button.

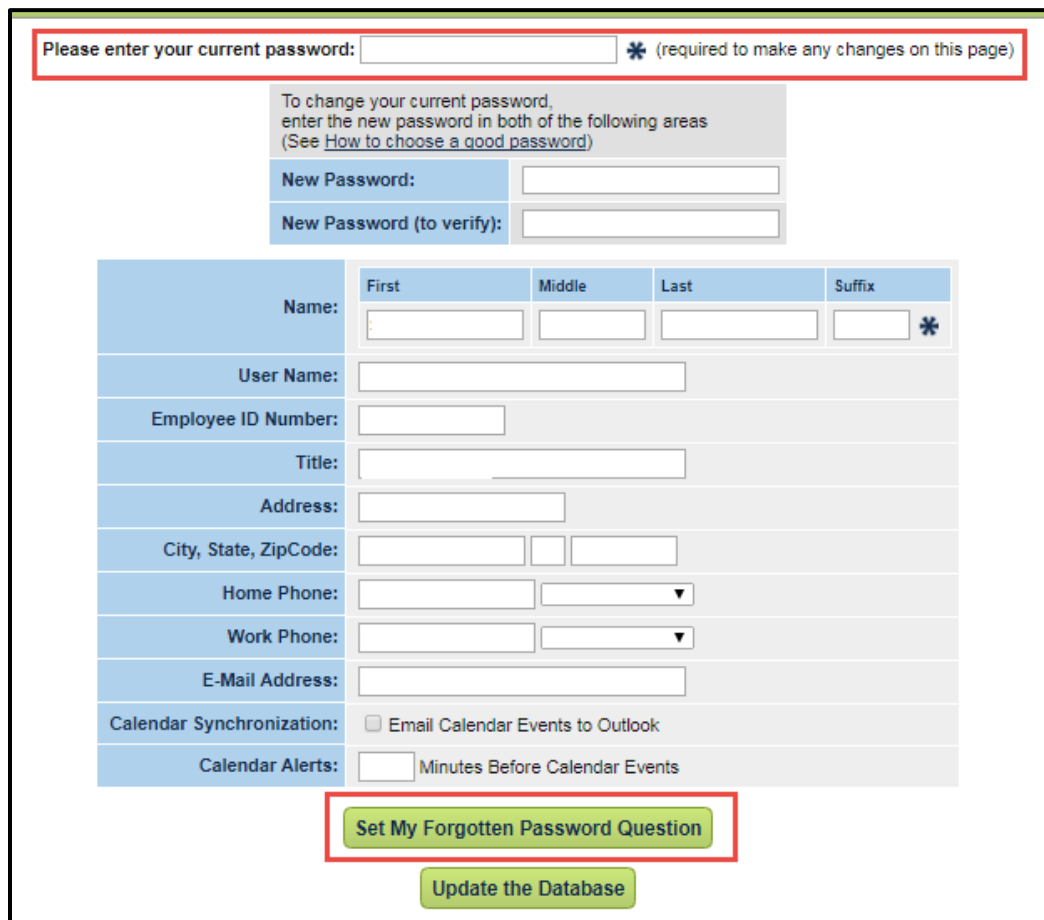
## How to Create a Forgotten Password Question

1. Click on **My Info**.



The screenshot shows the 'My Info' tab selected in a navigation menu. The page has a green header bar with the word 'Announcements' and a small house icon. Below the header, there is a large white area with a blue border. On the right side of this area, there is a link that says 'Edit Message'. The main content area is empty, with a small 'Message 2...' text at the top left. There are navigation arrows on the left and right sides of the main content area.

2. Enter current password in the **Please enter your current password** field.
3. Click on the **Set My Forgotten Password Question**.



The screenshot shows a form for setting a forgotten password question. The form is divided into several sections. At the top, there is a red-bordered box containing the text 'Please enter your current password:' followed by a text input field and an asterisk icon with the text '(required to make any changes on this page)'. Below this, there is a grey box with the text 'To change your current password, enter the new password in both of the following areas (See [How to choose a good password](#))'. This is followed by two blue-bordered boxes: 'New Password:' and 'New Password (to verify):', each with a text input field. Below these, there is a table with four columns: 'First', 'Middle', 'Last', and 'Suffix'. The 'First' column has a text input field, and the 'Last' column has a text input field with an asterisk icon. The 'Middle' and 'Suffix' columns are empty. Below the table, there are several text input fields for 'User Name:', 'Employee ID Number:', 'Title:', 'Address:', 'City, State, ZipCode:', 'Home Phone:', 'Work Phone:', and 'E-Mail Address:'. Below these, there are two checkboxes: 'Calendar Synchronization:' with the text 'Email Calendar Events to Outlook' and 'Calendar Alerts:' with the text 'Minutes Before Calendar Events'. At the bottom, there are two green buttons: 'Set My Forgotten Password Question' and 'Update the Database'.

4. Enter a question in the **Question** field and an answer to the question in the **Answer** field.

### Forgotten Password Questions

EIMS™ enables you to request a temporary login if you should forget your password. To maintain data privacy, the system will require correct answers to your security questions in order to verify your identity for authentication. Use this page to create one or more questions and answers for the system to use in case you forget your password.

To complete this step, please enter a question and corresponding answer in the table below. Make sure to choose a question and answer that are easy for you to remember.

Examples of questions are:

- What street did you grow up on?
- What is your mother's maiden name?
- What was the name of your first pet?
- What was your high school mascot?

The question and answer you enter will ensure that only you will have access to reset your password. The question(s) can only be seen by you and will be used only when validating your temporary login request.

Del	Question	Answer
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Update Questions and Return

Update Questions and Add More

5. Click on **Update Question and Return** or **Update Questions and Add More** to add another Forgotten Password Question.

### Forgotten Password Questions

EIMS™ enables you to request a temporary login if you should forget your password. To maintain data privacy, the system will require correct answers to your security questions in order to verify your identity for authentication. Use this page to create one or more questions and answers for the system to use in case you forget your password.

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- What was your high school mascot?

The question and answer you enter will ensure that only you will have access to reset your password. The question(s) can only be seen by you and will be used only when validating your temporary login request.

Del	Question	Answer
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Update Questions and Return

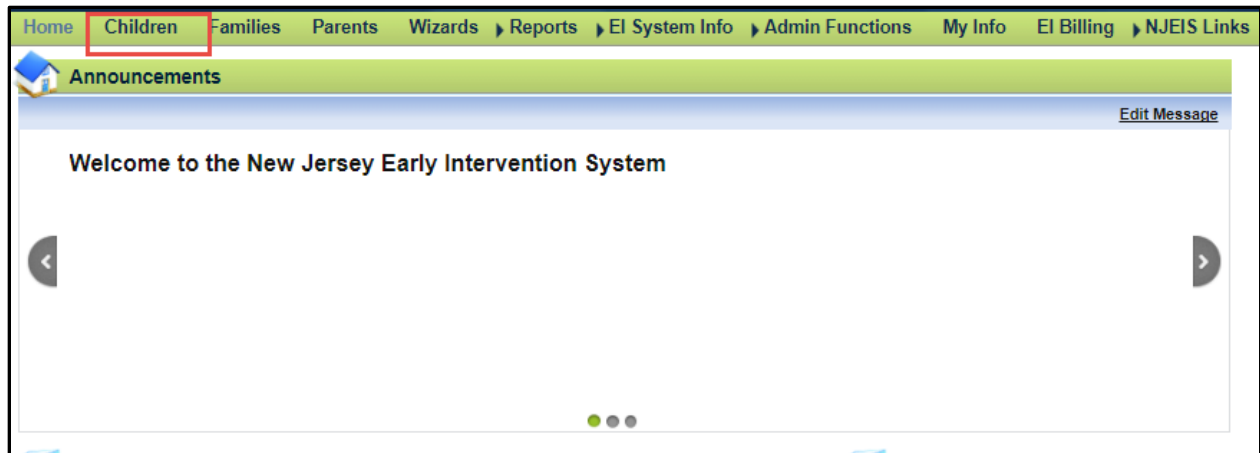
Update Questions and Add More

NOTE: A Forgotten Password Question can be deleted by clicking on the **Del** checkbox.

Del	Question	Answer
<input type="checkbox"/>	What is the name of your first pet	Training
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

## How to Locate a Child

1. Click on **Children**.



2. Enter information in the **Child Last Name**, **Child First Name**, **Child Middle Name**, and/or **Child ID** field(s).
3. Click on **View Children**.

**Criteria for Selecting Children to View**

REIC:			
County:	All Counties ▼ *		
Agency:	All Agencies ▼		
Child Last Name:	<input type="text"/>	<input type="checkbox"/> Exact Match	
Child First Name:	<input type="text"/>	<input type="checkbox"/> Exact Match	
Child Middle Name:	<input type="text"/>	<input type="checkbox"/> Exact Match	
Child ID:	<input type="text"/>	<input type="checkbox"/> Exact Match	

Compliance Status:		Compliant	Warning	Overdue
	IFSP Eligibility	✓ <input type="checkbox"/>	⚠ <input type="checkbox"/>	🔴 <input type="checkbox"/>
	IFSP	✓ <input type="checkbox"/>	⚠ <input type="checkbox"/>	🔴 <input type="checkbox"/>
	IFSP Review	✓ <input type="checkbox"/>	⚠ <input type="checkbox"/>	🔴 <input type="checkbox"/>
	Transition Conference	✓ <input type="checkbox"/>	⚠ <input type="checkbox"/>	🔴 <input type="checkbox"/>

Date of Birth:	<input type="text"/>	📅	
Sort List By:	Child's Last Name ▼ *		

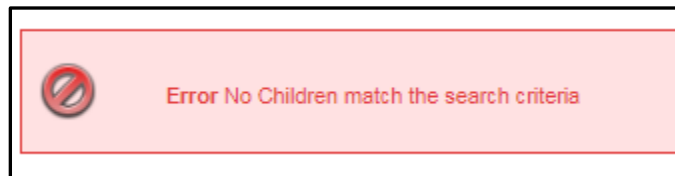
**View Children**



A list of children with exact or similar spelling names in the New Jersey Early Intervention System will appear. A child's name is a link directly to a child's Personal Information page. It is important to confirm the date of birth prior to selecting a child.

Select a Child													
Status	REIC	County	Agency	Name	Child Code	Date of Birth	Age	Last Elig Date	IFSP Meeting Date	IFSP Consent	IFSP Due	Trans Conf Date	
	NREIC	Warren		<a href="#">Aaman Test</a>	600000201	08/02/2016	1 Year						
	SNJREIC	Essex	AHS	<a href="#">Abby Test</a>	600000133	08/01/2016	1 Year	11/03/2017	09/02/2017	09/02/2017	03/01/2018		
	FLREIC	Essex	AHS	<a href="#">Abel Test</a>	600000101	01/01/2015	2 Years	08/10/2017	06/14/2017	06/14/2017	12/11/2017		
	FLREIC	Union	ITS	<a href="#">Abney Test</a>	600000061	07/25/2015	2 Years	08/02/2017	08/02/2017	08/02/2017	01/29/2018		
	NREIC		BCDHS	<a href="#">Alice Test</a>	600000047	01/09/2016	1 Year	08/02/2017	08/02/2017	08/02/2017	01/29/2018		
	FLREIC	Essex	VNACJ	<a href="#">Allison Test</a>	600000105	11/03/2014	3 Years	08/02/2017	08/02/2017	08/02/2017	01/29/2018		
	MJREIC	Mercer		<a href="#">Amanda Test</a>	600000136	08/16/2016	1 Year						
	MJREIC	Morris	AHS	<a href="#">Amanda Test</a>	00000007	02/12/2015	2 Years	09/01/2017	08/03/2017	08/03/2017	01/30/2018		

A child search may result in an **Error No Children match the search criteria.**



## How to Create a Child ID

Prior to creating a new Child ID verify that a Child ID does not already exist by completing a child search. Refer to [How to Locate a Child](#).

1. Enter information in the **Child Last Name**, **Child First Name**, **Child Middle Name**, and/or **Child ID** field(s).
2. If the child's county is known, click on the drop down arrow to assign a county.
3. Click on **Add new Child to**.

### Criteria for Selecting Children to View

REIC:			
County:	All Counties ▼ *		
Agency:	All Agencies ▼		
Child Last Name:	<input type="text"/>	<input type="checkbox"/> Exact Match	
Child First Name:	<input type="text"/>	<input type="checkbox"/> Exact Match	
Child Middle Name:	<input type="text"/>	<input type="checkbox"/> Exact Match	
Child ID:	<input type="text"/>	<input type="checkbox"/> Exact Match	
Compliance Status:		Compliant	Warning
	IFSP Eligibility	✓ <input type="checkbox"/>	⚠ <input type="checkbox"/>
	IFSP	✓ <input type="checkbox"/>	⚠ <input type="checkbox"/>
	IFSP Review	✓ <input type="checkbox"/>	⚠ <input type="checkbox"/>
	Transition Conference	✓ <input type="checkbox"/>	⚠ <input type="checkbox"/>
Date of Birth:	<input type="text"/>		
Sort List By:	Child's Last Name ▼ *		
<div>View Children</div> <div>Advanced Child Search</div>			
<div>--No Assigned County-- ▼</div> <div>&lt;-- Add new Child to</div>			

4. Enter child's **Name**, **Date of Birth**, **Gender**, and **Primary Race** in required fields.

**Add New Child**

Name:	First	Middle	Last	Suffix
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *
Date of Birth:	<input type="text"/> *			
Gender:	<input type="text"/> ▼ *			
Place of Birth:		<input type="text"/>		
Prim. Language:		<input type="text"/> -unknown-		
Language of Instruction:		<input type="text"/>		
Central and South America Ethnicity:		<input type="text"/> No ▼		
Cuban Ethnicity:		<input type="text"/> No ▼		
Dominican Ethnicity:		<input type="text"/> No ▼		
Mexican Ethnicity:		<input type="text"/> No ▼		
Puerto Rican Ethnicity:		<input type="text"/> No ▼		
Primary Race:		<input type="text"/> ▼ *		
Secondary Race:		<input type="text"/>		
Third Race:		<input type="text"/>		
Fourth Race:		<input type="text"/>		
Notes:	<div><div></div><div></div></div>			

5. If parent information is available enter data in the **Parent Information** fields.
6. Click on **Add Child to Database**.

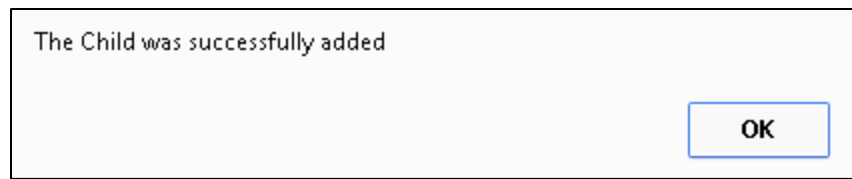
**Parental Information**

Parents:	<input type="text"/>			
Relationship:	<input type="text"/> ▼			
Address:	<input type="text"/>			
City, State, Zip Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Child Lives Here			
E-Mail:	<input type="text"/>			
Home Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>(Note: For consistency, if both parents work, enter the father's work phone number first, and the mother's second)</small>				
Work Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Include on EI Team			
Comments:	<div><div></div><div></div></div>			

**Add Child to Database**

**Add Child to Database, then add another**

A message will appear from the webpage stating **The Child was successfully added.**



## How to Create a Family ID

### New Parent/Guardian

1. Click on **Demographics**.
2. Select **Parents/Guardians and Other Contacts**.

Demographics Contact Log El Team Early Intervention Documents Admin

**Personal Info**

Child Info  
Parents/Guardians and Other Contacts  
Child Calendar

Middle Last Suffix \*

Child ID: 600000373

Medicaid Number:

Date of Birth: 06/29/2016 (Age: 17 Months)

Place of Birth:

Gender: Male \*

Prim. Language:

Child's Nickname:

Language of Instruction:

REIC:

Central and South America Ethnicity: No

County: Hudson Search for County

Cuban Ethnicity: No

Service Coordination Unit (SCU):

Dominican Ethnicity: No

Mexican Ethnicity: No

Puerto Rican Ethnicity: No

Primary Race: To be determined \*

Secondary Race:

Third Race:

3. Click on **Add New Parent/Guardian**.

Demographics Contact Log El Team Early Intervention Documents Admin

**Parents/Guardians and Other Contacts**

There is no parental information for this Child in the database

Add New Parent/Guardian Associate with Existing Parent/Guardian

4. Enter **Parent(s)/Guardian** information.
5. Click **Update the Database**.

**Add Parent(s)/Guardian**

Full Name:	<input type="text"/> *
Parent Code:	<input type="text"/>
Family Role:	<input type="text"/>
Language:	<input type="text"/>
Address:	<input type="text"/>
City, State, Zip Code:	<input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Has Separate Mailing Address
E-Mail:	<input type="text"/>
Home Phone:	<input type="text"/> <input type="text"/> <input type="text"/>
<small>(Note: For consistency, if both parents work, enter the father's work phone number first, and the mother's second)</small>	
Work Phone:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
English Proficient:	<input type="text"/>
	<input type="checkbox"/> Interpreter Needed
	<input type="checkbox"/> Written Translation Needed
	<input type="checkbox"/> Does the Family have someone to serve as the interpreter?
Comments:	<div><input type="text"/></div>

6. The Parent(s)/Guardian enter will appear. Click on **Details**.

[Demographics](#)   [Contact Log](#)   [EI Team](#)   [Early Intervention](#)   [Documents](#)   [Admin](#)

**Parents/Guardians**

Del	Pos	New Pos	Name *	Parent Code	Families	Relation	Home Ph	Work Ph	Cell Ph	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="text" value="Thomas Testing"/>			Father	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Details"/>

7. The Edit Parent/Guardian Information page will appear. Click on **Create New Family**.

**Edit Parent/Guardian Information**

Full Name:	<input type="text"/>	*
Parent Code:	<input type="text"/>	
Language:	<input type="text" value="English"/>	▼
Address:	<input type="text" value="123 Muppet Lane"/>	
City, State, Zip Code:	<input type="text" value="Milltown"/>	<input type="text" value="NJ"/> <input type="text" value="08850"/>
Home Phone:	<input type="text" value="732-123-0000"/>	<input type="text" value="Voice and Text"/> ▼ <input type="text"/>
Home Fax:	<input type="text"/>	
	<input type="checkbox"/> Has Separate Mailing Address	
English Proficient:	<input type="text" value="Yes"/>	▼
	<input type="checkbox"/> Interpreter Needed	
	<input type="checkbox"/> Written Translation Needed	
	<input type="checkbox"/> Does the Family have someone to serve as the interpreter?	

Work Phone:	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>	▼
Work Fax:	<input type="text"/>				
Cell Phone:	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>	▼
Other Phone:	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>	▼
E-Mail:	<input type="text"/>				

Comments:

**Create New Family**

**Update the Database**

8. Select the **Primary Family?** check box (*If applicable*).
9. A Family ID and parent/guardian will appear. Click on **Update the Database**

Demographics Contact Log El Team Early Intervention Documents Admin

**Family Members**

Family ID: 00000133

**Parents**

Pos	New Pos	Name	Parent Code	Relationship	Family Role	Begin Date	End Date	End Reason	
	<input type="checkbox"/>	Thomas Testing		Father ▼	<input type="text"/>	12/01/2017 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Add New Parent/Guardian** **Associate existing Parent/Guardian**

**Children**

Pos	New Pos	Name	Primary Family?	Child ID	Begin Date	End Date	End Reason
	<input type="checkbox"/>	Troy Testing	<input type="checkbox"/>	600000373	12/01/2017 <input type="text"/>	<input type="text"/>	<input type="text"/>

**Associate Child to Family**

There are no Siblings for this Family.

**Add New Sibling** **Associate existing Sibling**

**Update the Database**

## Existing Parent/Guardian

1. Click on **Demographics**.
2. Select **Parents/Guardians and Other Contacts**.

The screenshot shows a web application interface with a top navigation bar containing links: Demographics, Contact Log, EI Team, Early Intervention, Documents, and Admin. The 'Demographics' link is highlighted with a red box. Below the navigation bar is a 'Personal Info' section with a sub-menu. The 'Parents/Guardians and Other Contacts' option in the sub-menu is highlighted with a red box. The form contains various fields for child information, including Child ID (600000373), Date of Birth (06/29/2016), Gender (Male), Child's Nickname, REIC, County (Hudson), Service Coordination Unit (SCU), Medicaid Number, Place of Birth, Prim. Language, Language of Instruction, Central and South America Ethnicity, Cuban Ethnicity, Dominican Ethnicity, Mexican Ethnicity, Puerto Rican Ethnicity, Primary Race (To be determined), Secondary Race, and Third Race.

3. Click on **Associate with Existing Parent/Guardian**.

The screenshot shows the 'Parents/Guardians and Other Contacts' section of the web application. It features a message: 'There is no parental information for this Child in the database'. Below this message are two buttons: 'Add New Parent/Guardian' and 'Associate with Existing Parent/Guardian'. The 'Associate with Existing Parent/Guardian' button is highlighted with a red box.



4. Enter Parent/Guardian information.
5. Click **View Parent(s)**.

### Search for Parents to Associate

County: All Counties ▼

Parent Last Name: 
☐ Exact Match

Parent First Name: 
☐ Exact Match

Title: 
☐ Exact Match

Parent ID: 
☐ Exact Match

Family ID: 
☐ Exact Match

Home Phone: 
☐ Exact Match

Cell Phone: 
☐ Exact Match

Work Phone: 
☐ Exact Match

Sort List By: Parent's Name ▼ \*

View Parent(s)

6. Select a Parent/Guardian from the list.

Select a Parent to Associate							
Name	Families	Home Phone	Work Phone	Cell Phone	E-Mail	Address	Associated Children
<a href="#">Bob Training</a>		201-123-4567			<a href="#">bob@email.com</a>	123 Any Street Jersey City, NJ 07305	Mary Training
<a href="#">Daddy Training</a>						123 Training Ave Jersey City, NJ 07305	Tommy Testing
<a href="#">Daddy Training</a>		201-123-4567			<a href="#">daddytraining@email.com</a>	123 Any Street Schenectady, NY 12345	Taylor Training
<a href="#">David Training</a>						123 Some Street Linden, NJ 07030	

7. Select a **Relationship** from the drop down list.
8. Click on **Update the Database**.

### Associate Tina Training

Relationship:

Add Tina Training as  of Taylor Training.

Home:

☐ Child Lives Here

Teams:

☐ Include on EI Team

### Parent Information

Full Name:	Tina Training
Parent Code:	
Language:	English
Address:	123 Some Street
City, State, Zip Code:	Linden, NJ 07036
Home Phone:	
Home Fax:	

Work Phone:	
Cell Phone:	
Other Phone:	
E-Mail:	tina@email.com

Comments:

Update the Database

9. The parent/guardian will appear. Click on **Update the Database**.

### Parents/Guardians

Del	Pos	New Pos	Name *	Parent Code	Families	Relation	Home Ph	Work Ph	Cell Ph	
<input type="checkbox"/>		<input type="checkbox"/>	Tina Training			Mother				Details
<input type="checkbox"/>	1	<input type="checkbox"/>	Daddy Training			Father	201-123-4567			Details

Update the Database

Add New Parent/Guardian

Associate with Existing Parent/Guardian

## Delete a Parent

1. Click on **Demographics**.
2. Select **Parents/Guardians and Other Contacts**.

Demographics Contact Log EI Team Early Intervention Documents Admin

**Personal Info**

Child Info  
**Parents/Guardians and Other Contacts**  
 Child Calendar

Middle Last Suffix \*

Child ID: 600000373

Medicaid Number:

Date of Birth: 06/29/2016 \* (Age: 17 Months)

Place of Birth:

Gender: Male \*

Prim. Language:

Child's Nickname:

Language of Instruction:

REIC:

Central and South America Ethnicity: No

County: Hudson [Search for County](#)

Cuban Ethnicity: No

Service Coordination Unit (SCU):

Dominican Ethnicity: No

Mexican Ethnicity: No

Puerto Rican Ethnicity: No

Primary Race: To be determined \*

Secondary Race:

Third Race:

3. Select the Delete checkbox.
4. Click **Update the Database**.

**Parents/Guardians**

Del	Pos	New Pos	Name *	Parent Code	Families	Relation	Home Ph	Work Ph	Cell Ph	
<input type="checkbox"/>			Tina Training			Mother				<a href="#">Details</a>
<input type="checkbox"/>	1		Daddy Training			Father	201-123-4567			<a href="#">Details</a>

[Update the Database](#)

[Add New Parent/Guardian](#) [Associate with Existing Parent/Guardian](#)

## Service Logging

### **Services that require a completed entry log:**

#### Referral

- Service Coordination activities

#### Evaluation

- Evaluation and Assessment (Initial, Periodic, and Annual)
- Exit Evaluations
- Medical Evaluations

#### Family Information Meeting

- Initial FIM
- Subsequent FIM

#### Team Meeting

- Team Meeting IFSP
- Transition Planning Conference (TPC)

#### IFSP Authorized Services

- Current IFSP services

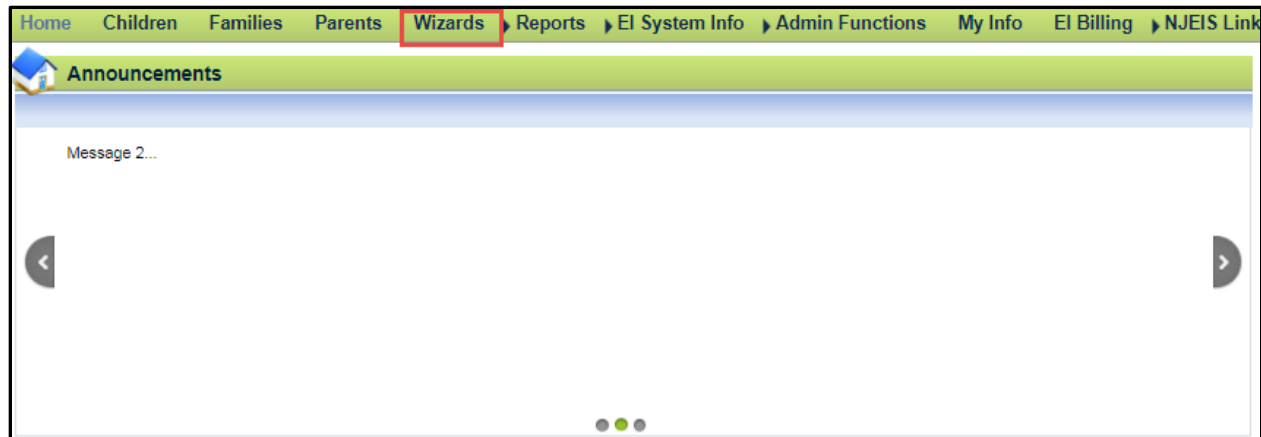
#### Assessments

#### Foreign Language Interpretation Non-IFSP

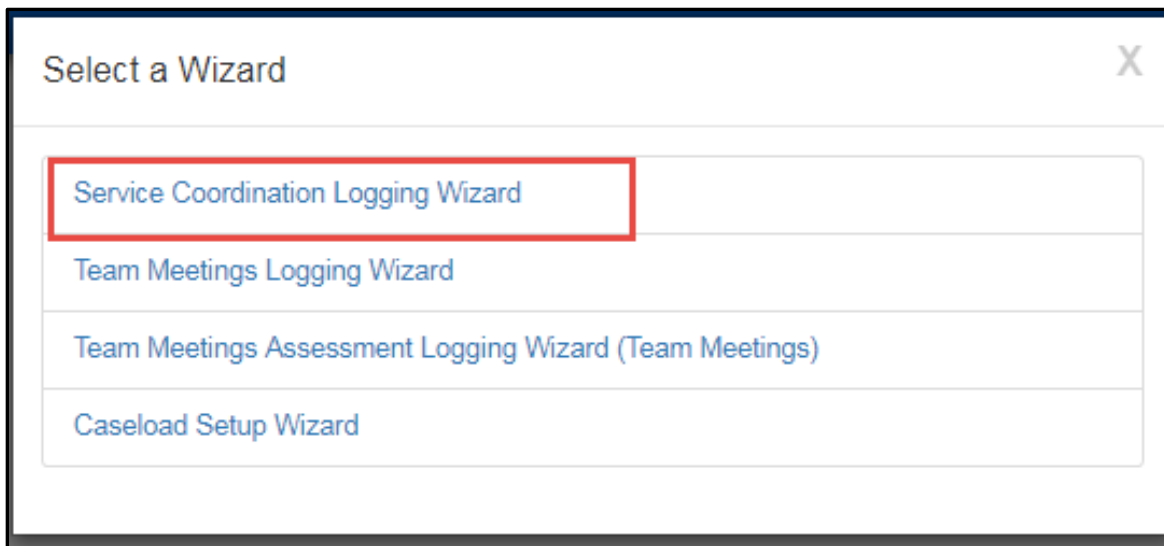
#### Interpreter for the Deaf Non-IFSP

## Service Coordination Service Logging

1. Click on **Wizards**.



2. Select **Service Coordination Logging Wizard**.



3. Select a Child.
4. Click on **Launch Wizard**.

All Children ✓ Check All

✓ Anita Test	✓ Darren Jen Darling	✓ Ferdie Jen Test	✓ George Child Jen Test
✓ Gracie Jen Test	✓ Mary Jane Child1	✓ Owen Jen Test	✓ Rachel Jen Test
✓ Sully Jen Test			

**Launch Wizard**

5. Enter data in the New Log Entry section. **Service Date, Service Type, Service Times, Location, Agency, Service Location, and Today's Progress/Highlights/Overall Comments** fields require data entry.
6. Click on **Save**.

New Log Entry Save Clear Form

<b>Service Date</b>	11/30/2017	<b>Service Type</b>	Service Coordination
<b>Service Times</b>	06:00 AM 06:15 AM	<b>Group Size/El Procedure</b>	Direct Child Service
<b>Location</b>	Phone/Video Conferencing	<b>Agency</b>	SPOE Mid Jersey Cares
<b>Service Location Codes</b> <div> <input type="checkbox"/> Home           <input type="checkbox"/> Inclusive Community EC Program           <input type="checkbox"/> EC Program - Children with Disabilities         </div> <div> <input type="checkbox"/> Hospital (Inpatient)           <input type="checkbox"/> Residential Facility           <input type="checkbox"/> Service Provider Clinic/Center/Office         </div> <div> <input type="checkbox"/> Paperwork           <input checked="" type="checkbox"/> Telephone         </div>			
<b>Today's Progress/Highlights/Overall Comments</b> Training			

**Save**

- The Confirm Log Entry page will appear. Confirm that all information entered is correct. Click on **Edit** to update information entered. Click on **Delete** to delete the log entry. Click on **Confirm log(s)**, then return to the top of the logging wizard, **Confirm log(s)**, then enter more logs for this Child, or **Confirm log(s)**, then return to the Child selection page.

### Confirm Log Entry

Provider	SPOE SC	Service Date	11/30/2017
Service Type	Service Coordination	Duration of Service	15 mins
Service Times (Start)	06:00 AM	Service Times (End)	06:15 AM
Group Size/EI Procedure	Direct Child Service	Location	Phone/Video Conferencing
		Agency	SPOE Mid Jersey Cares

#### Service Location Codes

- Telephone

#### Today's Progress/Highlights/Overall Comments

Training

Delete




Edit

Confirm log(s), then return to the top of the logging wizard

Confirm log(s), then enter more logs for this Child

Confirm log(s), then return to the Child selection page

The confirmed log will be listed in the **Previous Log Entries** section.

Previous Log Entries					
Show 5 entries		Filter: <input type="text"/>			
Details	Date	Service Type	Duration of Service	Today's Progress/Highlights/Overall Comments	Prefill
+	11/30/2017	Service Coordination	06:00 AM - 06:15 AM	Training	
+	10/23/2017	First Two Months Service Coordination	11:17 AM - 11:49 AM	Completed phone referral.	
+	10/23/2017	First Two Months Service Coordination	10:17 AM - 11:49 AM	Completed phone referral.	
Showing 1 to 3 of 3 entries					
		Previous 1 Next			

## IFSP Authorized Services

1. Click on **Early Intervention**.
2. Click on **Service Logging**.

The screenshot shows the top navigation bar with tabs: Demographics, Contact Log, EI Team, Early Intervention (highlighted with a red box), Documents, and Admin. Below the navigation bar is the 'Personal Information' section with a 'View: Workspace' dropdown. A table of personal information is displayed, including Name, Gender, Race, Date of Birth, Child ID, County, Prim. Language, Language of Instruction, and School District. A dropdown menu is open under 'Early Intervention', listing options: Child Overview, Referral Process, Evaluation Process, FIM Process, FCP Process, IFSP Process, Compensatory Services, and Service Logging (highlighted with a red box).

Field	Value
Name:	L
Gender:	F
Race:	B
Date of Birth:	0
Child ID:	6
County:	Ocean
Prim. Language:	English
Language of Instruction:	English
School District	Ocean City School District

3. Click on **Log** on the correct service for log entry.

The screenshot shows the 'Service Logging' page. It features a table of child information and a table of services authorized on the most recent IFSP. The 'Log' button is highlighted with a red box.

Field	Value
Child Name:	
Date of Birth:	06/01/2016
REIC:	Mid- Jersey CARES REIC
County:	Ocean
SCU:	AHS Hospital Corp, Morristown M.H.
Age:	1 Year 6 Months
Third Birthday:	06/01/2019
Last IFSP Meeting Date:	10/19/2017

Services Authorized on Most Recent IFSP:					
Service	Begin Date	End Date	Length of service time (minutes)	Frequency (# sessions)	
Speech Therapy	10/24/2017	03/19/2018	60	2 per Week	<b>Log</b>



4. Enter information in the **New Log Entry** section. The **Service Date, Service Type, Service Times, Group Size/EI Procedure, Location, Agency, Who Was Present?, Successes and Concerns Since Last Visit, Intervention Techniques (Routines and Strategies), Goals, and Today's Highlights/Overall Comments** are required fields.
5. Click **Save**.

New Log Entry

Save

Clear Form

Service Date

(Required)

Service Type

(Required)

Service Times

Start

End

Group Size/EI Procedure

Location

Agency

Who Was Present?

Successes and Concerns Since Last Visit

Intervention Techniques (Routines and Strategies)

Goals

☐ Speak better

Today's Progress/Highlights/Overall Comments

Save

- The Confirm Log Entry page will appear. Confirm that all information entered is correct. Click on **Edit** to update information entered. Click on **Delete** to delete the log entry. Click on **Confirm log(s)**, then return to the top of the logging wizard, **Confirm log(s)**, or **Confirm log(s)**, then return to the Child selection page.

### Confirm Log Entry

Provider		Service Date	11/30/2017
Service Type	Direct Child Service	Duration of Service	45 mins
Service Times (Start)	09:00 AM	Service Times (End)	09:45 AM
Group Size/EI Procedure	Direct Child Service	Location	Home
		Agency	AHS Hospital Corp, Morristown M.H.
Who Was Present?	Training	Successes and Concerns Since Last Visit	Training
Intervention Techniques (Routines and Strategies)	Training		

Today's Progress/Highlights/Overall Comments

Training

Delete

Edit

Confirm log(s), then return to the top of the logging wizard

Confirm log(s), then enter more logs for this Child

The confirmed log will appear in the **Previous Log Entries** section.

Previous Log Entries

Show 5 entries

Filter:

Details	Date	Service Type	Duration of Service	Today's Progress/Highlights/Overall Comments	Prefill
+	11/30/2017	Direct Child Service	09:00 AM - 09:45 AM	Training	
+	11/17/2017	Makeup Direct Child Service	09:00 AM - 09:30 AM	test	
+	11/07/2017	Practitioner Missed/Cancelled (inc weather related)	-		
+	11/06/2017	Direct Child Service	08:05 AM - 08:40 AM	progress superb	
+	10/31/2017	Makeup Direct Child Service	07:00 AM - 07:45 AM	test	

Showing 1 to 5 of 13 entries

Previous123Next

## Evaluation and Assessment Service Logging

1. Click on the **Early Intervention**.
2. Select **Evaluation** from the drop down list.

The screenshot shows a web application interface with a top navigation bar containing links: Demographics, Contact Log, EI Team, Early Intervention, Documents, and Admin. The 'Early Intervention' link is highlighted with a red box. Below the navigation bar is a form titled 'Personal Information' with a 'View: Workspace' dropdown. The form contains several input fields: Name, Gender, Race, Date of Birth, Child ID, County, Prim. Language, Language of Instruction, and School District. A dropdown menu is open from the 'Early Intervention' link, showing options: Child Overview, Referral Process, Evaluation Process (highlighted with a red box), FIM Process, FCP Process, IF SP Process, Compensatory Services, and Service Logging. The form fields are partially filled with data: Name (L), Gender (F), Race (B), Date of Birth (0), Child ID (6), County (Ocean), Prim. Language (English), Language of Instruction (English), and School District (Ocean City School District).

3. Click on the **Evaluation and Assessment Service Logging** tab.

The screenshot shows the 'Evaluation Process' section of the web application. It features several tabs: Parent Consent, Eligibility, BDI Evaluation, Documents, Evaluation Summary, and Evaluation & Assessment Service Logging (highlighted with a red box). Each tab has a green checkmark icon. Below the tabs, there is a legend: a red X icon for 'One or more errors exists in this section', a green checkmark icon for 'At least one team member has entered information in this section that is error free', and a grey checkmark icon for 'This section has yet to be addressed'.

4. Click on **Log**.

The screenshot shows the 'EvalServiceLog' form. It has a table with two columns: 'Service' and 'Log'. The 'Service' column contains the text 'Evaluation Service'. The 'Log' column contains a green button labeled 'Log', which is highlighted with a red box.

- Enter information in the New Log Entry section. The **Service Date, Service Type, Service Times, Group Size/EI Procedure, Location, Agency, and Today's Highlights/Overall Comments** are required fields.
- Click **Save**.

New Log Entry

Service Date (Required)

Service Type (Required)

Service Times Start End

Group Size/EI Procedure Evaluation/Assessment

Location

Agency

Today's Progress/Highlights/Overall Comments

Save

- The **Confirm Log Entry** page will appear. Confirm that all information entered is correct. Click on **Edit** to update information entered. Click on **Delete** to delete the log entry. Click on **Confirm log(s), then return to the top of the logging wizard, Confirm log(s), or Confirm log(s), then return to the Child selection page.**

Confirm Log Entry

Provider		Service Date	11/09/2017
Service Type	Initial Evaluation	Duration of Service	1:00 hrs
Service Times (Start)	07:00 AM	Service Times (End)	08:00 AM
Group Size/EI Procedure	Evaluation/Assessment	Location	Home
		Agency	Sunny Days

Today's Progress/Highlights/Overall Comments

Delete Edit

Confirm log(s), then return to the top of the logging wizard

Confirm log(s), then enter more logs for this Child


The confirmed log will be listed in the **Previous Log Entries** section.

Previous Log Entries

Show5entries

Filter:

Search

Details	Date	Service Type	Duration of Service	Today's Progress/Highlights/Overall Comments	Prefill
+	11/09/2017	Initial Evaluation	07:00 AM - 08:00 AM	training	

Previous

1

Next

## Interpreter Service Logging

Interpreters should only have the following services in their user profile that they can provide:

- Foreign Language Interpretation Non IFSP
  - Evaluation/Assessment
- Foreign Language Interpreter
  - Bilingual Interpretation for Direct Child Services
- Team Meetings
  - IFSP
  - FIM
  - Transition

### **Services that require a completed entry log for Interpreters:**

Interpreting for Evaluation/Assessment

- Evaluation and Assessment (Initial, Periodic, and Annual)

Interpreting for Team Meetings

- Team Meeting IFSP
- Transition Planning Conference (TPC)
- FIM

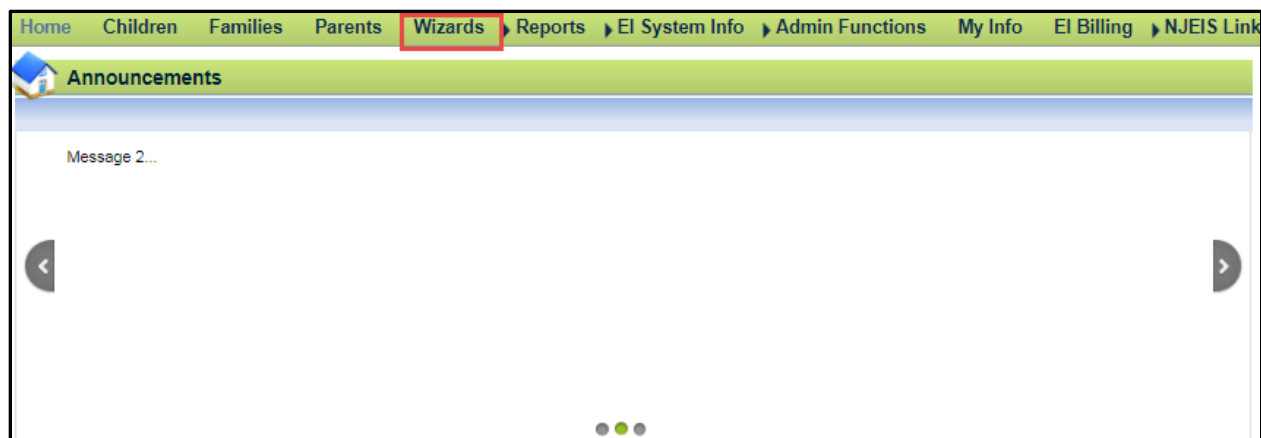
IFSP Authorized Services

- IFSP services

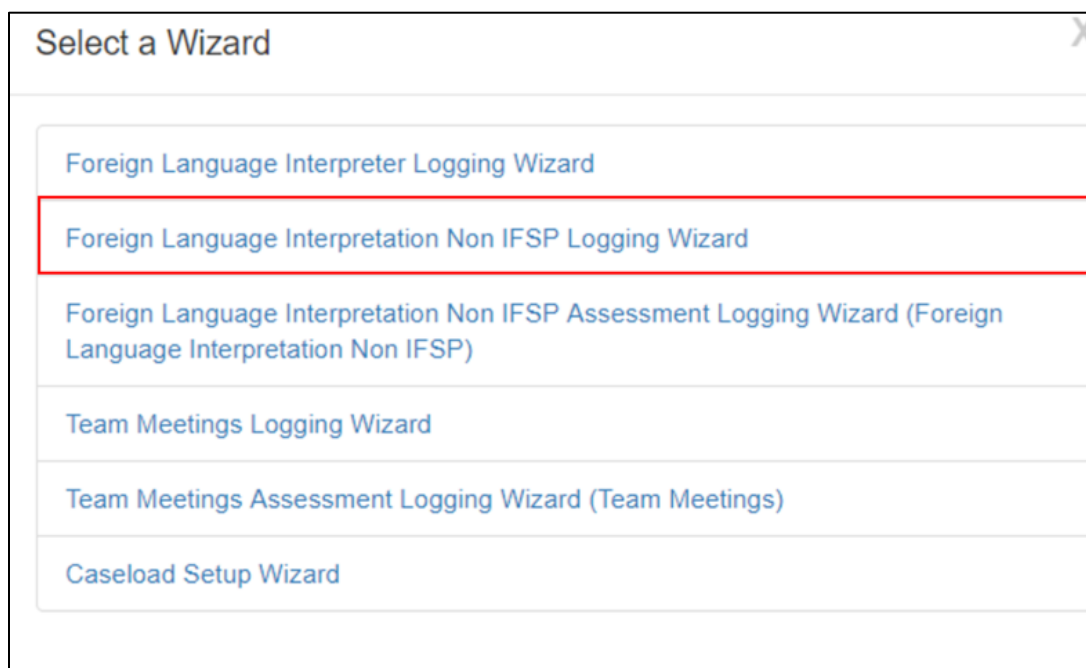
## Non IFSP Service Logging

### Foreign Language Interpretation Non IFSP

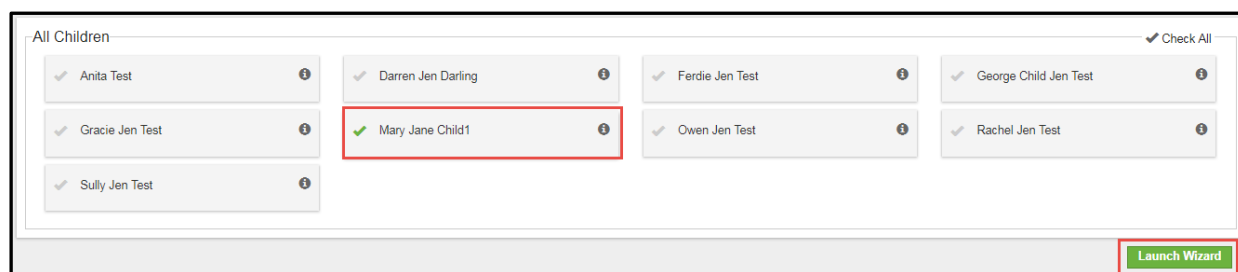
1. Click on **Wizards**.



2. Select **Foreign Language Interpretation Non IFSP Logging Wizard**.



3. Select a Child.
4. Click on **Launch Wizard**.



- Enter data in the New Log Entry section. **Service Date, Service Type (Choose Bilingual Interpretation), Service Times, Group Size (Select Evaluation/Assessment), Location, Agency, Service Location, and Today's Progress/Highlights/Overall Comments** fields require data entry. The Foreign Language Interpreter can enter N/A in the section **"Today's Progress/Highlights/Overall Comments"**.
- Click on **Save**.

**New Log Entry** Save Clear Form

Service Date  (Required)

Service Type

Service Times   (Required)

Group Size

Location  (Required)

Agency  (Required)

Today's Progress/Highlights/Overall Comments

(Required)

**Save**

- The Confirm Log Entry page will appear. Confirm that all information entered is correct. Click on **Edit** to update information entered. Click on **Delete** to delete the log entry. Click on **Confirm log(s), then return to the top of the logging wizard, Confirm log(s), then enter more logs for this Child, or Confirm log(s), then return to the Child selection page**.

**Delete** **Edit**

**Confirm log(s), then return to the top of the logging wizard**

**Confirm log(s), then enter more logs for this Child**

**Confirm log(s), then return to the Child selection page**

The confirmed log will be listed in the **Previous Log Entries** section.

**Previous Log Entries** Search

Show  entries Filter:

Details	Date	Service Type	Duration of Service	Today's Progress/Highlights/Overall Comments	Prefill
<input type="checkbox"/>	01/18/2018	Bilingual Interpretation	03:30 PM - 05:30 PM	The family was provided with Spanish interpreter	<input type="checkbox"/>

Showing 1 to 1 of 1 entries Previous 1 Next



If you are logging a Non IFSP service on a child for the first time and the child's name did not appear when selecting **Foreign Language Interpretation Non IFSP Logging Wizard**:

1. Select **Foreign Language Interpretation Non IFSP Assessment Logging Wizard (Foreign Language Interpretation Non IFSP)**.

Select a Wizard

X

Foreign Language Interpreter Logging Wizard

Foreign Language Interpretation Non IFSP Logging Wizard

Foreign Language Interpretation Non IFSP Assessment Logging Wizard (Foreign Language Interpretation Non IFSP)

Team Meetings Logging Wizard

Team Meetings Assessment Logging Wizard (Team Meetings)

Caseload Setup Wizard

2. Click on View Children.

Search for Children to Log

County:

All Counties

Child Last Name:

Child First Name:

Child Middle Name:

Child ID:

Sort List By:

Child's Last Name

View Children

3. Select a Child.

All Children

Check All

✓ Anita Test

✓ Darren Jen Darling

✓ Ferdie Jen Test

✓ George Child Jen Test

✓ Gracie Jen Test

✓ Mary Jane Child1

✓ Owen Jen Test

✓ Rachel Jen Test

✓ Sully Jen Test

4. Click in **bubble** beside **Foreign Language Interpretation Non IFSP** and click **Submit**.

Select a Service to Log X

Select an existing Service that was provided to the Child: \_\_\_\_\_


Or, select the Service that should be added to the Child's records for logging: \_\_\_\_\_

☒ Foreign Language Interpretation Non IFSP



Cancel Submit

5. Enter data in the New Log Entry section. **Service Date, Service Type (Choose Bilingual Interpretation), Service Times, Group Size (Select Evaluation/Assessment), Location, Agency, and Today's Progress/Highlights/Overall Comments** fields require data entry. The Foreign Language Interpreter can enter N/A in the section **"Today's Progress/Highlights/Overall Comments"**.

New Log Entry Save Clear Form

Service Date   (Required)

Service Type  (Required)

Service Times     (Required)

Group Size  (Required)

Location  (Required)

Agency  (Required)

Today's Progress/Highlights/Overall Comments   
    
 (Required)

Save

6. Click on **Save**.
7. The Confirm Log Entry page will appear. Confirm that all information entered is correct. Click on **Edit** to update information entered. Click on **Delete** to delete the log entry. Click on **Confirm log(s)**, then return to the top of the logging wizard, **Confirm log(s)**, then enter more logs for this Child, or **Confirm log(s)**, then return to the Child selection page.

Delete Edit

Confirm log(s), then return to the top of the logging wizard


Confirm log(s), then enter more logs for this Child

Confirm log(s), then return to the Child selection page

The confirmed log will be listed in the **Previous Log Entries** section.

Previous Log Entries Search

Show 5 entries Filter:

Details	Date	Service Type	Duration of Service	Today's Progress/Highlights/Overall Comments	Prefill
+	01/18/2018	Bilingual Interpretation	03:30 PM - 05:30 PM	The family was provided with Spanish interpreter	

Showing 1 to 1 of 1 entries Previous 1 Next

## IFSP Authorized Services

8. Go to the **Child's record**.
9. Click on **Early Intervention**.
10. Click on **Service Logging**.

Demographics
Contact Log
EI Team
Early Intervention
Documents
Admin

### Personal Information

View: Workspace

Name:	L
Gender:	F
Race:	B
Date of Birth:	0
Child ID:	6
County:	Ocean
Prim. Language:	English
Language of Instruction:	English
School District	Ocean City School District

Child Overview  
Referral Process  
Evaluation Process  
FIM Process  
FCP Process  
IFSP Process  
Compensatory Services  
**Service Logging**

11. Click on **Log** on the correct service for log entry.

Services Authorized on IFSP: 12/21/2016					
Service	Begin Date	End Date	Length of service time (minutes)	Frequency (# sessions)	
Foreign Language Interpreter	12/28/2016	06/20/2017	60	1 per Month	<b>Log</b>

12. Enter information in the **New Log Entry** section. The **Service Date, Service Type, Service Times, Group Size/El Procedure, Location, Agency, Who Was Present?, Successes and Concerns Since Last Visit, Intervention Techniques (Routines and Strategies), Goals, and Today's Highlights/Overall Comments** are required fields. The Foreign Language Interpreter should enter in the "Who was present" the practitioner that required the interpreter services and enter N/A for the other text boxes.
13. Click **Save**.

New Log Entry Save Clear Form

<b>Service Date</b> (Required)	<input type="text"/>	<b>Service Type</b>	Bilingual Interpretation
<b>Service Times</b> (Required)	Start <input type="text"/> End <input type="text"/>	<b>Group Size</b>	Direct Child Service - Individual
<b>Location</b> (Required)	<input type="text"/>	<b>Agency</b>	Educational Translation Services, Inc.

**Who Was Present?**  
(Required)

**Successes and Concerns Since Last Visit**  
(Required)

**Intervention Techniques (Routines and Strategies)**  
(Required)

**Today's Progress/Highlights/Overall Comments**  
(Required)

**Save**

14. The Confirm Log Entry page will appear. Confirm that all information entered is correct. Click on **Edit** to update information entered. Click on **Delete** to delete the log entry. Click on **Confirm log(s), then return to the top of the logging wizard, Confirm log(s), then enter more logs for this Child, or Confirm log(s), then return to the Child selection page.**

Delete
Edit

Confirm log(s), then return to the top of the logging wizard
  
Confirm log(s), then enter more logs for this Child
  
Confirm log(s), then return to the Child selection page

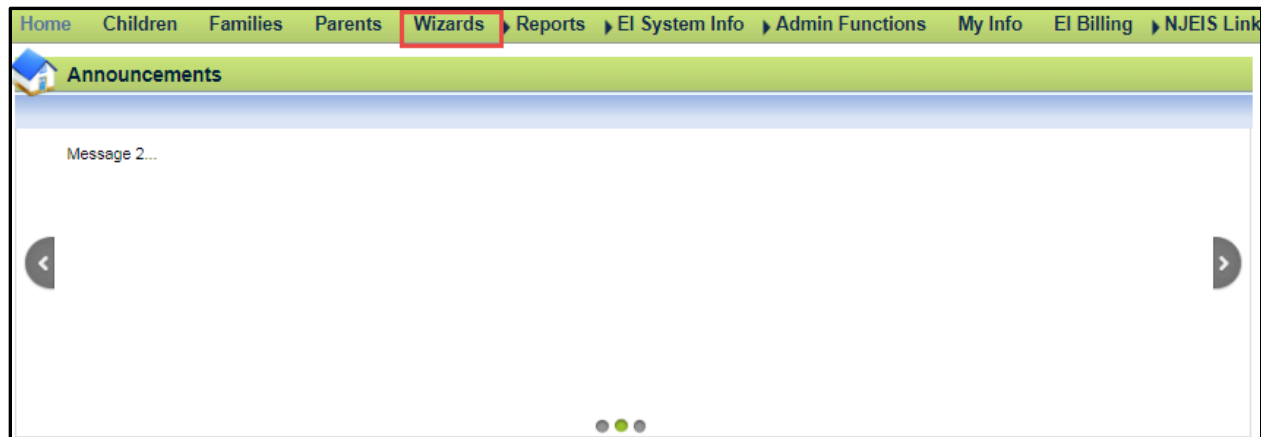
The confirmed log will be listed in the **Previous Log Entries** section.

Previous Log Entries						Search
Show	5	entries	Filter:			
Details	Date	Service Type	Duration of Service	Today's Progress/Highlights/Overall Comments	Prefill	
+	11/30/2017	Direct Child Service	09:00 AM - 09:45 AM	Training		
+	11/17/2017	Makeup Direct Child Service	09:00 AM - 09:30 AM	test		
+	11/07/2017	Practitioner Missed/Cancelled (inc weather related)	-			
+	11/06/2017	Direct Child Service	08:05 AM - 08:40 AM	progress superb		
+	10/31/2017	Makeup Direct Child Service	07:00 AM - 07:45 AM	test		
Showing 1 to 5 of 13 entries						Previous 1 2 3 Next

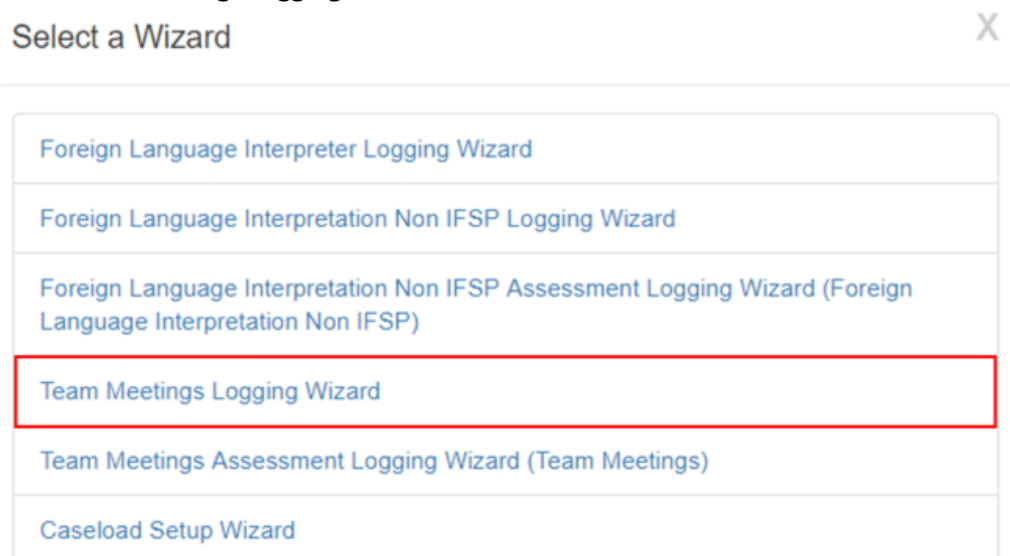
Previous Log Entries						Search
Show	5	entries	Filter:			
Details	Date	Service Type	Duration of Service	Today's Progress/Highlights/Overall Comments	Prefill	
+	01/18/2018	Bilingual Interpretation	03:30 PM - 05:30 PM	The family was provided with Spanish interpreter		
Showing 1 to 1 of 1 entries						Previous 1 Next

## Team Meeting Service Logging

1. Click on **Wizards**.

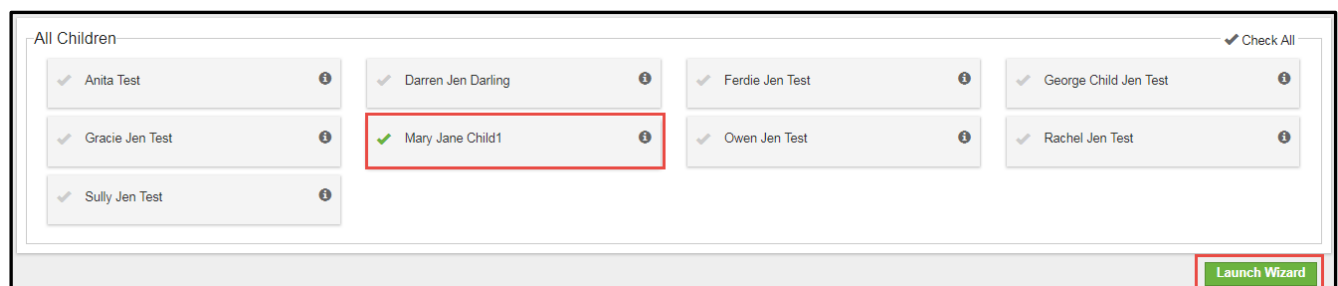


2. Select **Team Meetings Logging Wizard**.



3. Select a Child.

4. Click on **Launch Wizard**.



5. Enter data in the New Log Entry section. **Service Date, Service Type (Choose Type of Team Meeting), Service Times, Group Size (Consultation/Facilitation with Others), Location, Agency, and Today's Progress/Highlights/Overall Comments** fields require data entry.

**New Log Entry** Save Clear Form

Service Date  (Required)

Service Type  (Required)

Service Times   (Required)

Group Size  (Required)

Location  (Required)

Agency  (Required)

Today's Progress/Highlights/Overall Comments

(Required)

Save

6. Click on **Save**.
7. The Confirm Log Entry page will appear. Confirm that all information entered is correct. Click on **Edit** to update information entered. Click on **Delete** to delete the log entry. Click on **Confirm log(s), then return to the top of the logging wizard, Confirm log(s), then enter more logs for this Child, or Confirm log(s), then return to the Child selection page**.

Delete Edit

Confirm log(s), then return to the top of the logging wizard

Confirm log(s), then enter more logs for this Child

Confirm log(s), then return to the Child selection page

The confirmed logs will be listed in the **Previous Log Entries** section.

**Previous Log Entries** Search

Show  entries

Filter:

Details	Date	Service Type	Duration of Service	Today's Progress/Highlights/Overall Comments	Prefill
+	12/13/2017	Transition Planning Conference	01:00 PM - 01:15 PM	TPC	
+	12/13/2017	Team Mtg – IFSP	12:00 PM - 01:00 PM	IFSP	



If you are logging a Team Meeting service on a child for the first time and the child's name did not appear when selecting **Team Meetings Logging Wizard**:

8. Select **Team Meetings Assessment Logging Wizard (Team Meetings)**.

Select a Wizard X

Foreign Language Interpreter Logging Wizard
Foreign Language Interpretation Non IFSP Logging Wizard
Foreign Language Interpretation Non IFSP Assessment Logging Wizard (Foreign Language Interpretation Non IFSP)
Team Meetings Logging Wizard
<b>Team Meetings Assessment Logging Wizard (Team Meetings)</b>
Caseload Setup Wizard

9. Click on View Children.

Search for Children to Log

County:

Child Last Name:

Child First Name:

Child Middle Name:

Child ID:

Sort List By:

**View Children**

10. Select a Child.

All Children ✓ Check All

✓ Anita Test	✓ Darren Jen Darling	✓ Ferdie Jen Test	✓ George Child Jen Test
✓ Gracie Jen Test	<b>✓ Mary Jane Child1</b>	✓ Owen Jen Test	✓ Rachel Jen Test
✓ Sully Jen Test			

11. Click in **bubble beside Team Meetings** and click **Submit**.

Select a Service to Log

X

Select an existing Service that was provided to the Child:

☒ Team Meetings

Or, select the Service that should be added to the Child's records for logging:

Cancel

Submit

12. Enter data in the New Log Entry section. **Service Date, Service Type (Choose Type of Meeting), Service Times, Group Size (Select Consultation/Facilitation with Others), Location, Agency, and Today's Progress/Highlights/Overall Comments** fields require data entry. The Foreign Language Interpreter can enter N/A in the section **"Today's Progress/Highlights/Overall Comments"**.

13. Click on **Save**.

New Log Entry Save Clear Form

Service Date (Required)	<input type="text"/>	Service Type	Team Mtg - IFSP
Service Times (Required)	Start <input type="text"/> End <input type="text"/>	Group Size	Consultation/Facilitation with Others
Location (Required)	<input type="text"/>	Agency (Required)	<input type="text"/>

Today's Progress/Highlights/Overall Comments  
(Required)

Save

14. The Confirm Log Entry page will appear. Confirm that all information entered is correct. Click on **Edit** to update information entered. Click on **Delete** to delete the log entry. Click on **Confirm log(s), then return to the top of the logging wizard, Confirm log(s), then enter more logs for this Child, or Confirm log(s), then return to the Child selection page.**

Delete

Edit

Confirm log(s), then return to the top of the logging wizard

Confirm log(s), then enter more logs for this Child

Confirm log(s), then return to the Child selection page

The confirmed log will be listed in the **Previous Log Entries** section.

Previous Log Entries						Search
Show	5	entries				Filter:
Details	Date	Service Type	Duration of Service	Today's Progress/Highlights/Overall Comments	Prefill	
+	12/13/2017	Transition Planning Conference	01:00 PM - 01:15 PM	TPC		
+	12/13/2017	Team Mtg – IFSP	12:00 PM - 01:00 PM	IFSP		

## Request to Remove a Service Log

1. Click on the (+) icon on the service log entry.

Previous Log Entries

Search

Show 5 entries

Filter:

Details	Date	Service Type	Duration of Service	Today's Progress/Highlights/Overall Comments	Prefill
<div>+</div>	12/01/2017	Direct Child Service	09:00 AM - 09:35 AM	User Manual	

Showing 1 to 4 of 4 entries

Previous 1 Next

2. Click on **Request Removal**.

12/01/2017 Direct Child Service 09:00 AM - 09:35 AM User Manual

Log ID 228

Group Size/EI Procedure Direct Child Service

Agency

Successes and Concerns Since Last Visit User Manual

Provider Sally Speech

Location Home

Who Was Present? User Manual

Intervention Techniques (Routines and Strategies) User Manual

Today's Progress/Highlights/Overall Comments

User Manual

Request Removal

3. Indicate **Why does this log need to be removed?**
4. Click on **Request Removal**

Request Log Removal

Log ID

228

Service Type

Direct Child Service

Duration

35 mins

Start / End

09:00 AM - 09:35 AM

Why does this log need to be removed?

Cancel

Request Removal

The request for removal will be sent for approval.

## EI Team Assignment

1. Click on **EI Team**.

Demographics Contact Log **EI Team** Early Intervention Documents Admin

**Personal Information**

Name:	First	Middle	Last	Suffix	
	<input type="text" value="Troy"/>	<input type="text"/>	<input type="text" value="Testing"/>	<input type="text"/>	*
Child ID:	<input type="text" value="600000373"/>				
Primary Family:	<input type="text" value="00000133"/>				
	Other Families: <input type="text"/>				
	Medicaid Number: <input type="text"/>				
Date of Birth:	<input type="text" value="06/29/2016"/> (Age: 17 Months)				
	Place of Birth: <input type="text"/>				
Gender:	Male * <input type="text"/>				
	Prim. Language: <input type="text"/>				
Child's Nickname:	<input type="text"/>				
	Language of Instruction: <input type="text"/>				

2. Click on **Select EI Team**.

**EI Team**

Service Coordinator: --none--

Name	Relationship	SPOE Service Coordinator	SCU Unit Coordinator	Ongoing Service Coordinator
<input type="text"/>				

**Select EI Team**

**Update the Database**

3. Select an **EI user**. All users are categorized by their role in the New Jersey Early Intervention System.
4. Click on **Update the Database**.

EIP Admin	
User Name	View Only?
<input type="checkbox"/>	<input type="checkbox"/>

EIP with Caseload	
User Name	View Only?
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Ongoing Service Coordinator	
User Name	View Only?
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SCU Admin	
User Name	View Only?
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SPOE - Edit Caseload	
User Name	View Only?
<input type="checkbox"/>	<input type="checkbox"/>

SPOE Admin	
User Name	View Only?
<input type="checkbox"/>	<input type="checkbox"/>

Update the Database

## Agency Assignment

1. Click on **Admin**.
2. Select **Child Service Agencies**.

Demographics Contact Log EI Team Early Intervention Documents **Admin**

### Personal Information

Name:	First: Troy	Middle:	Last: Testing
Child ID:	600000373		
Primary Family:	00000133		
Date of Birth:	06/29/2016 * (Age: 17 Months)		
Gender:	Male *		
Child's Nickname:			
Other Families:			
Medicaid Number:			
Place of Birth:			
Prim. Language:			
Language of Instruction:			

Current Events  
 Assessments  
**Child Service Agencies**  
 Child History

3. Select an **Agency** for each **Service Name** listed.

Demographics Contact Log EI Team Early Intervention Documents Admin

### Assigned Agencies

Service Name:	Evaluation Service
Begin Date:	
End Date:	
Agencies: (Select up to 3)	<input type="checkbox"/> Sunny Days

Service Name:	FIM Service
Begin Date:	09/08/2017
End Date:	09/08/2018
Agencies: (Select up to 3)	<input type="checkbox"/> Visiting Nurse Association of Central Jersey <input type="checkbox"/> Sunny Days

Service Name:	Speech Therapy
Begin Date:	11/15/2017
End Date:	04/25/2018
Agencies: (Select up to 3)	<input type="checkbox"/> AHS Hospital Corp, Morristown M.H. <input type="checkbox"/> Sunny Days



4. Click **Update the Database**.

Service Name:	Physical Therapy
Begin Date:	10/25/2017
End Date:	11/15/2017
Agencies: (Select up to 3)	<input checked="" type="checkbox"/> AHS Hospital Corp, Morristown M.H. <input type="checkbox"/> Sunny Days

**Update the Database**

## Referral

1. Click on **Early Intervention**.
2. Select **Referral Process**.

The screenshot shows a web application interface. At the top, there is a navigation bar with tabs: Demographics, Contact Log, EI Team, Early Intervention (highlighted with a red box), Documents, and Admin. Below the navigation bar, the 'Personal Information' section is visible. On the left, there is a 'View:' dropdown menu set to 'Workspace'. On the right, a dropdown menu is open, showing options: Child Overview, Referral Process (highlighted with a red box), Evaluation Process, FIM Process, FCP Process, IFSP Process, Compensatory Services, and Service Logging. Below the dropdown, a table of personal information is displayed:

Name:	
Gender:	
Race:	
Date of Birth:	
Child ID:	
County:	Ocean
Prim. Language:	English
Language of Instruction:	English
School District	Ocean City School District

3. Click on **Referral Details**.

The screenshot shows the 'Referral Process' section of the web application. It contains three main buttons on the left: 'Referral Details' (highlighted with a red box and a checkmark icon), 'Child Health and Medical Info' (with a checkmark icon), and 'Evaluation and Assessment Preparation' (with a checkmark icon). On the right, there are two buttons: 'Create Closed Referral Letter' and 'Create Referral Welcome Packet'. At the bottom, there is a legend:

- ❌ - One or more errors exists in this section
- ✅ - At least one team member has entered information in this section that is error free
- 👤 - This section has yet to be addressed

4. Enter information in the required fields of the **Referral Details** section.

**Referral Details**

* Method of Contact:	<input type="text"/>
* Date Received:	<input type="text"/>
* Time Received:	<input type="text"/> <input type="text"/> <input type="radio"/> am <input type="radio"/> pm
Receiving SPOE Staff:	<input type="text"/>
* Caller Name:	<input type="text"/>
* Relationship to Family:	<input type="text"/>
* Is the Parent/Guardian aware that the call is being made on their behalf?	<input type="text"/>
* Caller Home Phone:	<input type="text"/>
Caller Work Phone:	<input type="text"/>
Caller Cell Phone:	<input type="text"/>
Caller Email:	<input type="text"/>
* What is the concern/reason for the call?	<input type="checkbox"/> Motor <input type="checkbox"/> Speech <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Behavior <input type="checkbox"/> Other

5. Click on **Details**, to add information to Parent's page. Click on **Add Parent** to enter another parent to a child's case.

**Parents**

Name	Relation	Home Phone	Work Phone	Cell Phone	
Mother Testing	Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Details</a>
Thomas Testing	Father	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Details</a>

[Add Parent](#)

- Enter information in the required fields of the **SPOE Follow-Up with Initial Contact** section.  
Click on **Add a Contact** to enter contact information.

SPOE Follow Up with Initial Contact	
SPOE Service Coordinator:	<input type="text"/>
* Date confirmed Proceeding as Referral:	<input type="text"/>
* Primary Referral Source:	<input type="text"/>
* Primary Referral Person:	<input type="text"/>
* Has the family ever received SCHS-CM or NJEIS services?	<input type="text"/>
Is the child registered with a State Registry?	Birth Defects: <input type="text"/> Special Needs: <input type="text"/>
Birth Hospital:	<input type="text"/>
Birth Hospital State:	<input type="text"/>
<input type="button" value="Add a Contact"/>	

- Enter information in the required fields of the **Child Information** section.
- Click on **Save and Continue** to save data entered and to continue the Referral process. The **Back** button will return the user to the Referral Process page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

Child Information	
* Migrant/Homeless:	<input type="text"/>
* Ethnicity:	No
Race:	To be determined
* Primary Language:	<input type="text"/>
School District:	<input type="text"/>
If the child is greater than 31 months old, has the family contacted the LEA?	<input type="text"/>
<input type="button" value="Back"/> <input type="button" value="Save"/> <input type="button" value="Save and Continue"/>	

9. Answer required questions in the **Child Health History** section. *Follow-up questions may populate.*

Child's Health History	
* 1. Have you talked with your pediatrician/family physician about your concerns about your child's development?	<input type="text"/>
* 2. Do you or your child's doctor have any concerns about the child's general health, size (weight/height) or feeding?	<input type="text"/>
Is your child taking any medications? <input type="text"/>	
3. Tell me if there is anything significant about your child's medical or birth history that you think may affect your child's development:	Weeks of Gestation: <input type="text"/>
	Complications: <input type="text"/>
	NICU Stay: <input type="text"/>
	Other: <input type="text"/>

10. Answer required questions in the **Hearing and Vision** section. *Follow-up questions may populate.*
11. Click on **Save and Continue** to save data entered and to continue the Referral process. The **Back** button will return the user to the Referral Details page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

Hearing and Vision	
* Do you have any concerns about your child's hearing?	<input type="text"/>
* Did your child pass the newborn hearing screening?	<input type="text"/>
* Has your child had any hearing testing?	<input type="text"/>
* Do you have any concerns about your child's vision?	<input type="text"/>
* Has your child had any vision testing?	<input type="text"/>
<div><input type="button" value="Back"/> <input type="button" value="Save"/> <input type="button" value="Save and Continue"/></div>	

12. Answer questions in the **Evaluation and Assessment Preparation** section. *Follow-up questions may populate.*
13. Click on **Save and Continue** to save data entered and to continue the Referral process. The **Back** button will return the user to the Child's Health and Medical Info page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

### Evaluation and Assessment Preparation

Evaluation and Assessment Preparation

\* 1. What day and time(s) are not available for you and your child to spend one or two hours with an evaluation/assessment team?

abc✓

\* 2. Who do you think might be helpful or supportive to include in the evaluation? This could be a child care worker, grandparent or other relative, friend of the family, another professional, etc.

abc✓

\* 3. Are there any animals in the home?

\* 4. Are there any specifics about the area in which you live that we should know about?

Back

Save

Save and Continue

## Create Closed Referral Letter

1. Click on **Create Closed Referral Letter**.

**Referral Process**

Referral Details ✓	Create Closed Referral Letter
Child Health and Medical Info ✓	Create Referral Welcome Packet
Evaluation and Assessment Preparation ✓	

✗ - One or more errors exists in this section  
✓ - At least one team member has entered information in this section that is error free  
✓ - This section has yet to be addressed

2. Enter information in the **Closed Referral Letter** section. Required fields are **Parent**, **Closed Referral Date**, and **Closed Referral Reason**.
3. Click on **Save and Continue** to save data entered and to complete the Referral process. The **Back** button will return the user to the Referral Process page without saving new data. The **Save** button updates the database with the information entered and remains on the current page.
4. Click on **Create Draft** to save a **Closed Referral Letter** as a draft. Click on **Create Final** to save a **Closed Referral Letter** as a finalized document.

**Closed Referral Letter**

Parent:	<input type="text"/>
Closed Referral Date:	<input type="text"/>
Closed Referral Reason:	<div><input type="radio"/> Referral Nonresponsive <input type="radio"/> Referral Withdrawn by Parent <input type="radio"/> Referral Ineligible <input type="radio"/> Referral Evaluated &amp; Eligible Withdrawn by Parent</div>

**Back** **Save** **Save and Continue**

**Create Draft** **Create Final**

## Create Referral Welcome Packet

1. Click on the **Create Referral Welcome Packet**.

**Referral Process**

Referral Details ✓

Child Health and Medical Info ✓

Evaluation and Assessment Preparation ✓

Create Closed Referral Letter

Create Referral Welcome Packet

✗ - One or more errors exists in this section

✓ - At least one team member has entered information in this section that is error free

✓ - This section has yet to be addressed

2. Enter information in all required fields of the **Welcome Packet** section.
3. Click on **Save and Continue** to save data entered and complete the Referral process. The **Back** button will return the user to the Referral Process page without saving new data. The **Save** button updates the database with the information entered and remains on the current page.
4. Click on **Create Draft** to save a **Referral Welcome Packet** as a draft. Click on **Create Final** to save a **Referral Welcome Packet** as a finalized document.

**Welcome Packet**

Documents to Include in Packet:

- ☐ Create All Welcome Documents
- ☐ Form 003 Parent Consent to Request Information
- ☐ NJEIS Family Rights
- ☐ Prior Written Notice and Consent Initial Evaluation/Assessment
- ☐ SPOE Referral Welcome Letter
- ☐ Universal Child Health Record
- ☐ Steps in the EI Process

\* Parent:

\* Referral Welcome Letter Date:

\* Universal Health Record Date:

Universal Health Record Provider:

Universal Health Record Provider Address:

Universal Health Record Provider City, State, and Zip Code:

Back Save Save and Continue

Create Draft Create Final



## Evaluation

1. Click on **Early Intervention**.
2. Select **Evaluation Process**.

The screenshot shows a web application interface. At the top, there is a navigation bar with tabs: Demographics, Contact Log, EI Team, Early Intervention (highlighted with a red box), Documents, and Admin. Below the navigation bar, the 'Personal Information' section is visible. On the left, there is a 'View:' dropdown menu set to 'Workspace'. On the right, a dropdown menu is open under the 'Early Intervention' tab, showing options: Child Overview, Referral Process, Evaluation Process (highlighted with a red box), FIM Process, FCP Process, IFSP Process, Compensatory Services, and Service Logging. Below the dropdown menu, there is a form with fields for: Name, Gender, Race, Date of Birth, Child ID, County (Ocean), Prim. Language (English), Language of Instruction (English), and School District (Ocean City School District).

3. Click on **Parent Consent**.

The screenshot shows the 'Evaluation Process' section of the web application. It contains five blue buttons with checkmarks: Parent Consent (highlighted with a red box), Eligibility, BDI Evaluation, Documents, and Evaluation Summary.

4. Select an answer to **consent for NJEIS to carry out the activity(s) described above**.

The screenshot shows the 'ParentConsent' section of the web application. It contains two fields: 'Meeting Type:' with the value 'Initial Evaluation' and 'Referral Date:' with the value '11/01/2017'. Below these fields, there is a dropdown menu (highlighted with a red box) and a text label: 'I do / do not give my informed consent for NJEIS to carry out the activity(s) described above'.

5. Click on **Create Draft** to save the **Consent for Initial Evaluation and Assessment** as a draft. Click on **Create Final** to save a **Closed Referral Letter** as a finalized document.

**ParentConsent**

Meeting Type: Initial Evaluation  
Referral Date: 11/01/2017

Yes ▼ I do / do not give my informed consent for NJEIS to carry out the activity(s) described above

Create Draft Create Final

6. Click on **Save and Continue** to save data entered and to continue the Evaluation process. The **Back** button returns the user to the Evaluation Process page. The **Save** button updates the database with the information entered and remains on the current page.

**ParentConsent**

Meeting Type: Initial Evaluation  
Referral Date: 11/01/2017

Yes ▼ I do / do not give my informed consent for NJEIS to carry out the activity(s) described above


Create Draft Create Final

Date Created	Created By	Document	Status
		<a href="#">Form 002 PWN Consent for Initial Evaluation and Assessment</a>	Final


Back Save Save and Continue

7. Enter information in all required fields of the **BDI Assessments Summary** section.

**BDI Assessments Summary**


**NOTE:** Please ensure Evaluation Date is accurate.

\* Evaluation Date:



\* BDI Evaluator:

\* Evaluators Agency:

\* Start Time

☐ am  
☐ pm

\* End Time

☐ am  
☐ pm

\* The BDI Summary was received at the evaluation:

☐ Yes  
☐ No

\* BDI Summary is agreed to be received by:

☐ Email  
☐ Mail

Email Addresses to Use:

8. Enter information in the **BDI Evaluation Information** section.

BDI Evaluation Information -			
Developmental Domain	Domain Score (100 is Average)	Z Score (0.0 is Average)	Raw Score (RS)
Adaptive	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal / Social	<input type="text"/>	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross Motor		<input type="text"/>	
Fine Motor		<input type="text"/>	
Cognitive	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Click on **Create Draft** to save the **BDI Annual Evaluation Summary** as a draft. Click on **Create Final** to save the **BDI Annual Evaluation Summary** as a finalized document.

BDI Evaluation Information -			
Developmental Domain	Domain Score (100 is Average)	Z Score (0.0 is Average)	Raw Score (RS)
Adaptive	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal / Social	<input type="text"/>	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross Motor		<input type="text"/>	
Fine Motor		<input type="text"/>	
Cognitive	<input type="text"/>	<input type="text"/>	<input type="text"/>

Create Draft
Create Final

10. Click on **Save and Continue** to save data entered and to continue the Evaluation process. The **Back** button will return the user to the Evaluation Process page. The **Save** button updates the database with the information entered and remains on the current page.

Date Created	Created By	Document	Status
		<a href="#">Form 011 BDI Annual Evaluation Summary</a>	Final

Back
Save
Save and Continue

11. Enter information in all required fields of the **Evaluation Summary** section.

<b>* Evaluation/Assessment Location</b>		<input type="text"/>
<b>* Start Time</b>		<input type="text"/> <input type="text"/> <input type="radio"/> am <input type="radio"/> pm
<b>* End Time</b>		<input type="text"/> <input type="text"/> <input type="radio"/> am <input type="radio"/> pm

Evaluation/Assessment Tools in addition to Parent Report and Clinical Observation		
<input type="checkbox"/> Battelle Developmental Inventory (BDI) Required Instrument	Evaluator:	<input type="text"/>
	Agency:	<input type="text"/>
<input type="checkbox"/> Discipline Specific Assessment Instruments	Specify:	<input type="text"/>
	Specify:	<input type="text"/>
	Specify:	<input type="text"/>
<input type="checkbox"/> Other Instruments/Records	Specify:	<input type="text"/>
	Specify:	<input type="text"/>
	Specify:	<input type="text"/>

12. Enter information in the **Reason for Referral/Concerns (Developmental, Medical, Health, Behavior, Vision, and Hearing)** text box.

Reason for Referral/Family Concerns (Developmental, Medical, Health, Behavior, Vision, Hearing)	
Developmental Delay	<div><input type="text"/></div> <div>abc ✓</div>



13. Enter information in the **Developmental Evaluation/Assessment Summary** section.
- a. Click one each **Developmental Evaluation/Assessment Summary** type (*Adaptive, Personal/Social, Communication, Gross Motor, Fine Motor and Cognitive*).

DEVELOPMENTAL EVALUATION/ASSESSMENT SUMMARY						
Adaptive	Personal / Social	Communication	Gross Motor	Fine Motor	Cognitive	

- b. Enter information in all required fields of **each Developmental Evaluation/Summary** type.
- c. Click on **Save and Continue** to save data entered and continue completing the Evaluation Summary page. The **Back** button returns the user to the Evaluation Summary page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

* Mastered Skills:	<input type="text"/>	abc ✓
* Emerging Skills:	<input type="text"/>	abc ✓
* Developmental Learning Skills Targeted for Next 6 Months:	<input type="text"/>	abc ✓
Clinical Comments:	<input type="text"/>	abc ✓
<div>Back Save Save and Continue</div>		

14. Enter information in all required fields of the **Vision & Hearing-Ability to use vision and hearing** section.

VISION & HEARING - Ability to use vision and hearing.	
* Vision Screening/Evaluation	<input type="checkbox"/> Medical/Vision Specialist <input type="checkbox"/> NJEIS TET
* Date of Screening/Evaluation	<input type="text"/> 
Vision Screening/Evaluation Results/Concerns:	
* Hearing Screening/Evaluation	<input type="checkbox"/> By Medical/Hearing Specialist <input type="checkbox"/> NJEIS TET
* Date of Screening/Evaluation	<input type="text"/> 
Hearing Screening/Evaluation Results/Concerns:	

15. Enter additional assessment information in the **Alternate Assessment** text box.
16. Answer all required questions in the **Parent/Guardian Feedback** section. *Follow-up questions may populate.*
17. Answer the required question in the **Next Steps** section.

Alternate Assessment	
<input type="text"/>	

PARENT/GUARDIAN FEEDBACK	
* Did this evaluation/assessment attend to the concerns you have about your child's development?	<input type="radio"/> Yes <input type="radio"/> No
* Do you think that the evaluation/assessment provided a good picture of your child's skills?	<input type="radio"/> Yes <input type="radio"/> No
* Has the evaluation/assessment raised any additional concerns or questions about your child's development?	<input type="radio"/> Yes <input type="radio"/> No

NEXT STEPS	
* Family Next Steps: Family support services, community resources and obtaining medical records as needed.	<input type="text"/>

18. Click on **Hearing Screening**.

The screenshot shows a top navigation bar with two buttons: 'Hearing Screening' and 'Vision Screening'. The 'Hearing Screening' button is highlighted with a red rectangular box. Below the navigation bar, there are five buttons arranged in two rows: 'Create Draft' and 'Create Final' in the first row, and 'Back', 'Save', and 'Save and Continue' in the second row.

19. Answer the required **Hearing Screening** questions. *Required questions are determined by a child's age.*

20. Select the person who completed the checklist.

21. Enter information in the **Concerns, notes, and suggested follow-up** text box.

22. Click on **Create Draft** to save the **Hearing Screening Checklist** as a draft. Click on **Create Final** to save the **Hearing Screening Checklist** as a finalized document

The screenshot shows the main form area. At the top, there is a dropdown menu labeled 'Checklist Completed By:'. Below it is a large text box for entering 'Concerns, notes, and suggested follow-up', which is highlighted with a red rectangular box. To the right of the text box is a small 'abc' icon with a checkmark. Below the text box, there are two buttons: 'Create Draft' and 'Create Final', which are also highlighted with a red rectangular box. At the bottom of the form area, there are three buttons: 'Back', 'Save', and 'Save and Continue'.

23. Click on **Save and Continue** to save data entered and continue completing the **Evaluation Summary** page. The **Back** button returns the user to the **BDI Assessment** page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

The screenshot shows the bottom section of the form. It contains a table with the following data:

Date Created	Created By	Document	Status
		<a href="#">Form 016 Hearing Screening Checklist</a>	Final

Below the table, there are three buttons: 'Back', 'Save', and 'Save and Continue'. The entire area containing these buttons is highlighted with a red rectangular box.



24. Click on **Vision Screening**.

Hearing Screening **Vision Screening**

Create Draft Create Final

Date Created	Created By	Document	Status
		<a href="#">Form 016 Hearing Screening Checklist</a>	Final

Back Save Save and Continue

25. Answer the required **Vision Screening** questions. *Required questions are determined by a child's age.*

26. Select the person who completed the checklist.

27. Enter information in the **Concerns, notes, and suggested follow-up** text box.

28. Click on **Create Draft** to save the **Vision Screening Checklist** as a draft. Click on **Create Final** to save the **Vision Screening Checklist** as a finalized document.

Checklist Completed By:

\* Concerns, notes, and suggested follow-up

Create Draft Create Final

Back Save Save and Continue

29. Click on **Save and Continue** to save data entered and continue completing the Evaluation Summary page. The **Back** button returns the user to the **BDI Assessments**. The **Save** button updates the database with the information entered and remains on the current page.

Date Created	Created By	Document	Status
		<a href="#">Form 017 Vision Screening Checklist</a>	Final
		<a href="#">Form 016 Hearing Screening Checklist</a>	Final

Back Save Save and Continue

30. Click on **Create Draft** to save the **Initial Evaluation Assessment Summary** document as a draft. Click on **Create Final** to save the **Initial Evaluation Assessment Summary** as a finalized document.

Date Created	Created By	Document	Status
		<a href="#">Form 017 Vision Screening Checklist</a>	Final
		<a href="#">Form 016 Hearing Screening Checklist</a>	Final

Back Save Save and Continue

31. Click on **Save and Continue** to save data entered and continue completing the Evaluation process. The **Back** button returns the user to the **BDI Assessments** page. The **Save** button updates the database with the information entered and remains on the current page

Date Created	Created By	Document	Status
		<a href="#">Form 004/16 Initial Evaluation Assessment Summary</a>	Final
		<a href="#">Form 017 Vision Screening Checklist</a>	Final
		<a href="#">Form 016 Hearing Screening Checklist</a>	Final

Back Save Save and Continue

32. Select an **Eligibility Determination**.

Eligibility Determination	
<input type="radio"/> Developmental Delay	<input type="radio"/> At least 1.5 standard deviations below the mean in two or more functional developmental areas <input type="radio"/> At least 2.0 standard deviations below the mean in one functional developmental area <input type="radio"/> Informed Clinical Opinion: Qualitative concerns and atypical behavior or developmental patterns identified below that are affecting the child's functioning in daily routines. (Only use if the child does not meet standard deviation definition.)
<input checked="" type="radio"/> High Probability Diagnosis <input type="text"/>	<input type="checkbox"/> NJEIS Presumptive Diagnosis - Down Syndrome <input type="checkbox"/> NJEIS Presumptive Diagnosis - Fetal Alcohol Syndrome <input type="checkbox"/> NJEIS Presumptive Diagnosis - Hearing Impairment <input type="checkbox"/> NJEIS Presumptive Diagnosis - Vision Impairment <input type="checkbox"/> NJEIS Presumptive Diagnosis - Autism/PDD <input type="checkbox"/> NJEIS Presumptive Diagnosis - Spina Bifida <input type="checkbox"/> NJEIS Presumptive Diagnosis - Cerebral Palsy <input type="checkbox"/> NJEIS Presumptive Diagnosis - Trisomy 13, 18, etc <input type="checkbox"/> NJEIS Presumptive Diagnosis - Fragile X <input type="checkbox"/> NJEIS Presumptive Diagnosis - Hydrocephalus <input type="checkbox"/> Other - Written documentation provided by a physician/psychologist confirming a diagnosis with a high probability of resulting in a developmental delay
<input type="radio"/> Ineligible	Child does not meet the New Jersey eligibility criteria.

33. Enter information in the **Informed Clinical Opinion** section.
34. Click on **Save and Continue** to save data entered and continue completing the Evaluation process. The **Back** button returns the user to the **Evaluation Summary** page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page

**INFORMED CLINICAL OPINION**

Domain(s)/Subdomain(s) of Concern	<input style="width: 90%;" type="text"/>	abc ✓
Describe qualitative concerns and atypical behavior or developmental patterns affecting the child's functioning in daily routines.	<input style="width: 90%;" type="text"/>	abc ✓
Describe the clinical observations that indicate subsequent development will likely be affected without intervention	<input style="width: 90%;" type="text"/>	abc ✓

Delete	Diagnosis Code	Begin Date	End Date	Description
<input type="checkbox"/>	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	
<input type="checkbox"/>	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	
<input type="checkbox"/>	<input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	

Does the child meet eligible criteria?

Designated TET Certifying Evaluator Name

Date Sent to SPOESC

Date Sent to OSC

SPOE SC Name

Back

Save

Save and Continue

35. Select **Eligibility** documents.

36. Click on **Create Draft** to save the selected **Eligibility** document(s) as a draft. Click on **Create Final** to save the **Eligibility** as a finalized document

**Create NJ EI Documents**

☐ Eligibility Determination Results  
☐ Eligibility Packet  
☐ Form 010 Prior Written Notice  
☐ Ineligibility Packet  
☐ Physician Eligibility Determination Notice  
☐ Referral Withdrawal Letter

Create Draft Document

Create Final Document

37. Click on **Save**.

**Create NJ EI Documents**

☐ Eligibility Determination Results  
☒ Eligibility Packet  
☐ Form 010 Prior Written Notice  
☐ Ineligibility Packet  
☐ Physician Eligibility Determination Notice  
☐ Referral Withdrawal Letter

Create Draft Document

Create Final Document

Date Generated	Created By	Document Type	Status
		<a href="#">Eligibility Packet</a>	Final

Save

## Family Information Meeting


1. Click on **Early Intervention**.
2. Select **FIM Process**.

The screenshot shows a web application interface for 'Personal Information'. At the top, there is a navigation bar with tabs: Demographics, Contact Log, EI Team, Early Intervention (highlighted with a red box), Documents, and Admin. Below the navigation bar, the 'Personal Information' section is visible, with a 'View: Workspace' dropdown. A dropdown menu is open under the 'Early Intervention' tab, listing several options: Child Overview, Referral Process, Evaluation Process, FIM Process (highlighted with a red box), FCP Process, IF SP Process, Compensatory Services, and Service Logging. Below the dropdown, a form is partially visible with fields for Name, Gender, Race, Date of Birth, Child ID, County, Prim. Language, Language of Instruction, and School District.

3. Click on **Child Information**.

The screenshot shows the 'FIM Process' section of the web application. It contains a grid of buttons, each with a checkmark icon. The 'Child Information' button is highlighted with a red box. The other buttons are 'Non-Required Services', 'Child Health/Medical Status Summary', 'IFSP Summary', 'Profile of Your Child', 'Create FIM Document', and 'Routines and Activities'.

4. Answer all required questions in the **Child Information** section.
5. Select and/or **Family and Other Family Invited Participants**.
6. Click on **Save and Continue** to save data entered and continue completing the FIM Process. The **Back** button returns the user to the **FIM Process** page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

Child Information	
First Name:	Troy
Last Name:	Testing
Date of Birth:	06/29/2016
Child Code:	600000373
Service Coordinator:	
County:	Hudson
* Meeting Purpose:	<input type="text"/>
Family Information Discussion Dates:	12/02/2017 
* a. Are there any changes to your child's name?	<input type="text"/>
* b. Are there any changes to your Address, telephone number, or email address?	<input type="text"/>
* c. Are there any changes to your child's legal guardian?	<input type="text"/>
* d. Are there any changes to your child's diagnosis (obtain written confirmation of diagnosis and ICD-10 code)?	<input type="text"/>

* Family and Other Family Invited Participants	
Mother Testing (Mother):	<input type="checkbox"/>
Thomas Testing (Father):	<input type="checkbox"/>
Other Family Participant:	<input type="text"/>

Back
Save
Save and Continue

7. Enter information in the **Child Health/Medical Status Summary** section.
8. Click on **Save and Continue** to save data entered and continue completing the FIM Process. The **Back** button returns the user to the **Child Information** page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

### Child Health/Medical Status Summary

Child Health/Medical Status Summary

Are there updates to your child's:

☐ (1) health status (including hearing/vision/physician),  
☐ (2) medical status, and  
☐ (3) diagnosis/ICD-10 code since referral, developmental evaluation, and/or last year?

2. Hearing Status

abc ✓

3. Vision Status

abc ✓

Back

Save

Save and Continue

9. Answer all required questions in the **Profile of Your Child** section.
10. Click on **Save and Continue** to save data entered and continue completing the FIM Process. The **Back** button returns the user to the **Child Health/Medical Status Summary** page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

### Profile of Your Child

Profile of Your Child

\* 1. What are some of the things your child enjoys doing (favorite toys, people, activities)?

abc ✓

\* 2. What have you noticed that Troy Testing doesn't like or avoids doing?

abc ✓

\* 3. Describe how your child gets along/interacts with others.

abc ✓

Back

Save

Save and Continue



11. Answer all required questions in **Routines and Activities** section.

Routines and Activities	
Part A: General Questions	
* 1. a. Tell me what your family and child do during the week (M-F).	<div></div> <div>abc ✓</div>
* 1. b. Tell me what your family and child do on weekends.	<div></div> <div>abc ✓</div>
* 1. c. Tell me what your family and child would like to do over the next six months.	<div></div> <div>abc ✓</div>
* 2. Are there activities at home or in the community your child and family would like to do that you currently are not doing?	<div></div> <div>abc ✓</div>
* 3. What do you hope the NJEIS will help with for your child, your family, and other caregivers?	<div></div> <div>abc ✓</div>

12. Complete a **Description of Routine and Concern for Routine: Start of Day (Wake-up, Diapering/Toileting, Dressing)**

- Answer the required question-*What is this routine for you and your family?*
- Select answer(s) to *What does the child do?* Each selected answer will expand a text box.
- Indicate no concerns have been identified by the family for this routine by selecting the checkbox. All concerns, for whom, priority and strategies must be entered.
- Enter information in the *Change(s) the family would like to see related to this routine text box.*

4B-Description of Routine			
<div>*What is this routine like for you and your family?</div> <div></div>			
What does the child do?		Comments	
<input type="checkbox"/> Shows interest in the routine <input type="checkbox"/> Able to do routine by him/herself <input type="checkbox"/> Requires assistance (Describe level) <input type="checkbox"/> Expresses needs and wants (Communication) <input type="checkbox"/> Interacts with others (Gets along)			
<div>Part 4C: Concerns</div> <div>No concerns have been identified by the family for this routine <input type="checkbox"/></div>			
Concerns and Description of Challenges during the Routine	For Whom?	Is this a priority?	Effective Strategies/Resources Used by the Family/Caregiver to Address the Priority
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	▼	
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	▼	
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	▼	
<div>*Change(s) the Family Would like to See Related to this Routine</div> <div></div>			
Comments			

13. Complete a **Description of Routine and Concern for the Routine: Mealtime/Eating.**
- Answer the required question-*What is this routine for you and your family?*
  - Select answer(s) to *What does the child do?* Each selected answer will expand a text box.
  - Indicate no concerns have been identified by the family for this routine by selecting the checkbox. All concerns, for whom, priority and strategies must be entered.
  - Enter information in the *Change(s) the family would like to see related to this routine text box.*

4B-Description of Routine			
*What is this routine like for you and your family? <div></div>			
What does the child do?		Comments	
<input type="checkbox"/> Shows interest in the routine <input type="checkbox"/> Able to do routine by him/herself <input type="checkbox"/> Requires assistance (Describe level) <input type="checkbox"/> Expresses needs and wants (Communication) <input type="checkbox"/> Interacts with others (Gets along)			
Part 4C: Concerns No concerns have been identified by the family for this routine <input type="checkbox"/>			
Concerns and Description of Challenges during the Routine	For Whom?	Is this a priority?	Effective Strategies/Resources Used by the Family/Caregiver to Address the Priority
<div></div>	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	<div></div>	<div></div>
<div></div>	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	<div></div>	<div></div>
<div></div>	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	<div></div>	<div></div>
*Change(s) the Family Would like to See Related to this Routine		<div></div>	
Comments		<div></div>	

14. Complete a **Description of Routine and Concern for Routine: Playing & Interactions with Others.**

- Answer the required question-*What is this routine for you and your family?*
- Select answer(s) to *What does the child do?* Each selected answer will expand a text box.
- Indicate no concerns have been identified by the family for this routine by selecting the checkbox. All concerns, for whom, priority and strategies must be entered.
- Enter information in the *Change(s) the family would like to see related to this routine text box.*

4B-Description of Routine			
<div>*What is this routine like for you and your family?</div> <div></div>			
What does the child do?		Comments	
<input type="checkbox"/> Shows interest in the routine <input type="checkbox"/> Able to do routine by him/herself <input type="checkbox"/> Requires assistance (Describe level) <input type="checkbox"/> Expresses needs and wants (Communication) <input type="checkbox"/> Interacts with others (Gets along)			
<div>Part 4C: Concerns</div> <div>No concerns have been identified by the family for this routine <input type="checkbox"/></div>			
Concerns and Description of Challenges during the Routine	For Whom?	Is this a priority?	Effective Strategies/Resources Used by the Family/Caregiver to Address the Priority
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver		
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver		
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver		
<div>*Change(s) the Family Would like to See Related to this Routine</div>			
Comments			

15. Complete a **Description of Routine and Concern for Routine: Moving From One Activity To Another.**

- Answer the required question-*What is this routine for you and your family?*
- Select answer(s) to *What does the child do?* Each selected answer will expand a text box.
- Indicate no concerns have been identified by the family for this routine by selecting the checkbox. All concerns, for whom, priority and strategies must be entered.
- Enter information in the *Change(s) the family would like to see related to this routine text box.*

4B-Description of Routine			
<div>*What is this routine like for you and your family?</div> <div></div>			
What does the child do?		Comments	
<input type="checkbox"/> Shows interest in the routine <input type="checkbox"/> Able to do routine by him/herself <input type="checkbox"/> Requires assistance (Describe level) <input type="checkbox"/> Expresses needs and wants (Communication) <input type="checkbox"/> Interacts with others (Gets along)			
<div>Part 4C: Concerns</div> <div>No concerns have been identified by the family for this routine <input type="checkbox"/></div>			
Concerns and Description of Challenges during the Routine	For Whom?	Is this a priority?	Effective Strategies/Resources Used by the Family/Caregiver to Address the Priority
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver		
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver		
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver		
<div>*Change(s) the Family Would like to See Related to this Routine</div>			
Comments			

16. Complete a **Description of Routine and Concern for Routine: Participating in Community Activities & Interactions with Others.**

- Answer the required question-*What is this routine for you and your family?*
- Select answer(s) to *What does the child do?* Each selected answer will expand a text box.
- Indicate no concerns have been identified by the family for this routine by selecting the checkbox. All concerns, for whom, priority and strategies must be entered.
- Enter information in the *Change(s) the family would like to see related to this routine text box.*

4B-Description of Routine			
<div>*What is this routine like for you and your family?</div> <div></div>			
What does the child do?		Comments	
<input type="checkbox"/> Shows interest in the routine <input type="checkbox"/> Able to do routine by him/herself <input type="checkbox"/> Requires assistance (Describe level) <input type="checkbox"/> Expresses needs and wants (Communication) <input type="checkbox"/> Interacts with others (Gets along)			
<div>Part 4C: Concerns</div> <div>No concerns have been identified by the family for this routine <input type="checkbox"/></div>			
Concerns and Description of Challenges during the Routine	For Whom?	Is this a priority?	Effective Strategies/Resources Used by the Family/Caregiver to Address the Priority
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver		
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver		
	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver		
<div>*Change(s) the Family Would like to See Related to this Routine</div>		<div></div>	
Comments		<div></div>	

17. Complete a **Description of Routine and Concern for Routine: Bath Time.**

- Answer the required question-*What is this routine for you and your family?*
- Select answer(s) to *What does the child do?* Each selected answer will expand a text box.
- Indicate no concerns have been identified by the family for this routine by selecting the checkbox. All concerns, for whom, priority and strategies must be entered.
- Enter information in the *Change(s) the family would like to see related to this routine text box.*

4B-Description of Routine			
<div>* What is this routine like for you and your family?</div> <div></div>			
What does the child do?		Comments	
<input type="checkbox"/> Shows interest in the routine <input type="checkbox"/> Able to do routine by him/herself <input type="checkbox"/> Requires assistance (Describe level) <input type="checkbox"/> Expresses needs and wants (Communication) <input type="checkbox"/> Interacts with others (Gets along)			
<div>Part 4C: Concerns</div> <div>No concerns have been identified by the family for this routine <input type="checkbox"/></div>			
Concerns and Description of Challenges during the Routine	For Whom?	Is this a priority?	Effective Strategies/Resources Used by the Family/Caregiver to Address the Priority
<div></div>	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	<div></div>	<div></div>
<div></div>	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	<div></div>	<div></div>
<div></div>	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	<div></div>	<div></div>
<div>* Change(s) the Family Would like to See Related to this Routine</div>		<div></div>	
Comments		<div></div>	

18. Complete a **Description of Routine and Concern for Routine: Bedtime/Napping**

- Answer the required question-*What is this routine for you and your family?*
- Select answer(s) to *What does the child do?* Each selected answer will expand a text box.
- Indicate no concerns have been identified by the family for this routine by selecting the checkbox. All concerns, for whom, priority and strategies must be entered.
- Enter information in the *Change(s) the family would like to see related to this routine text box.*

4B-Description of Routine			
<div>* What is this routine like for you and your family?</div> <div></div>			
What does the child do?		Comments	
<input type="checkbox"/> Shows interest in the routine <input type="checkbox"/> Able to do routine by him/herself <input type="checkbox"/> Requires assistance (Describe level) <input type="checkbox"/> Expresses needs and wants (Communication) <input type="checkbox"/> Interacts with others (Gets along)			
<div>Part 4C: Concerns</div> <div>No concerns have been identified by the family for this routine <input type="checkbox"/></div>			
Concerns and Description of Challenges during the Routine	For Whom?	Is this a priority?	Effective Strategies/Resources Used by the Family/Caregiver to Address the Priority
<div></div>	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	<div></div>	<div></div>
<div></div>	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	<div></div>	<div></div>
<div></div>	<input type="checkbox"/> Child <input type="checkbox"/> Caregiver	<div></div>	<div></div>
<div>* Change(s) the Family Would like to See Related to this Routine</div>		<div></div>	
Comments		<div></div>	



19. Click on **Save and Continue** to save data entered and continue completing the FIM Process. The **Back** button returns the user to the **Profile of Your Child** page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.
20. Select receiving or need **Non-Required Services** (*if applicable*).

Non-Required Services			
Click <a href="#">here</a> for more information about these services.			
Financial and Other Basic Assistance Services			
Service	Receiving	Need	Describe the steps the service coordinator or family may take to assist the child and family in securing these other services.
Catastrophic Children's Illness Relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Emergency Financial Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Food Banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Health Insurance - child, parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)

Medicaid (EPSDT, Health Check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
WIC Food & Nutrition Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Other Financial and Basic Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)

Health and Medical Services			
Service	Receiving	Need	Describe the steps the service coordinator or family may take to assist the child and family in securing these other services.
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
EHDI Program (referral, registration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Emergency Preparedness (related to child, family, medical, disability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Home Health Care/Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Immunizations (Baby Shots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Lead Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)

Medical (rehab, specialists, primary health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Migrant Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Pediatric Medical Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Post-Partum Depression Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Special Child Health Services (Birth registry, Case Management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)

Other Health & Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
<b>General Services</b>			
Service	Receiving	Need	Describe the steps the service coordinator or family may take to assist the child and family in securing these other services.
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Commission for the Blind & Visually Impaired (CBVI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Community Recreation Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Developmental Disabilities/Perform-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)

Head Start (including Early & Migrant Head Start)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Home Visiting Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Preschool Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Statewide PARENT Advocacy Network (SPAN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Support Groups (e.g., Parent to Parent Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Other General Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)

21. Click on **Save and Continue** to save data entered and continue completing the FIM Process. The **Back** button returns the user to the **Routines and Activities** page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

Support Groups (e.g., Parent to Parent Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Other General Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
<div>BackSaveSave and Continue</div>			

22. Enter information in all required fields of the **IFSP Summary** section. *Follow-up questions may populate.*
23. Indicate a means to address priority for each priority entered in the Routines and Activities section.

### IFSP Summary

IFSP Start Date:

FDA Completion Date:

Family Concerns, Priorities, Resources				
Routine Challenge	Family's Concerns Identified as Priority	Effective Strategies/Resources Used by the Family Caregiver to Address the Priority	Change the Family Would Like to See Related to Routine	Means to Address Priority
Start of the Day (Wake-up, Diapering/Toileting, Dressing)	User Manual	User Manual	User Manual	<input type="radio"/> NJEIS <input type="radio"/> Other
Mealtimes/Eating	User Manual	User Manual	User Manual	<input type="radio"/> NJEIS <input type="radio"/> Other

Is there anything on your mind about the evaluation that you would like to talk about with me or the IFSP Team?

In preparation for the IFSP meeting, do you have any questions about the meeting?

Who do you think might be helpful or supportive to include in the IFSP meeting? This could be a child care provider, grandparent or other relative, friend of the family, a professional from outside the early intervention system, etc.

If your family/child is preparing to transition from NJEIS, do you have any additional thoughts, questions, or topics you would like discussed/addressed at the IFSP meeting?

abc

abc

abc

abc

\* I agree that the information on the IFSP Summary that identifies my family's concerns, priorities, and resources can be shared with the other members of the IFSP team.

☐ Yes
 ☐ No

Back

Save

Save and Continue



24. Click on **Save and Continue** to save data entered and continue completing the FIM Process. The **Back** button returns the user to the **Non-Required Services** page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

Is there anything on your mind about the evaluation that you would like to talk about with me or the IFSP Team?	<input type="text"/>
In preparation for the IFSP meeting, do you have any questions about the meeting?	<input type="text"/>
Who do you think might be helpful or supportive to include in the IFSP meeting? This could be a child care provider, grandparent or other relative, friend of the family, a professional from outside the early intervention system, etc.	<input type="text"/>
If your family/child is preparing to transition from NJEIS, do you have any additional thoughts, questions, or topics you would like discussed/addressed at the IFSP meeting?	<input type="text"/>
<input checked="" type="checkbox"/> I agree that the information on the IFSP Summary that identifies my family's concerns, priorities, and resources can be shared with the other members of the IFSP team.	<input type="radio"/> Yes <input type="radio"/> No
<div>Back Save Save and Continue</div>	

25. Click on **Create FIM Document**.

### FIM Process

Child Information ✓	Non-Required Services ✓
Child Health/Medical Status Summary ✓	IFSP Summary ✓
Profile of Your Child ✓	Create FIM Document
Routines and Activities ✓	

✗ - One or more errors exists in this section

✓ - At least one team member has entered information in this section that is error free

☐ - This section has yet to be addressed

26. Click on **Create Draft** to save the **Initial FIM and Family Directed Assessment** as a draft. Click on **Create Final** to save the **Initial FIM and Family Directed Assessment** as a finalized document.

**FIM Document**

Create Draft

Create Final

## Family Cost Participation

1. Click on **Early Intervention**.
2. Select **FCP Process**.

The screenshot shows a web application interface. At the top, there is a navigation bar with tabs: Demographics, Contact Log, EI Team, Early Intervention (highlighted with a red box), Documents, and Admin. Below the navigation bar, the main content area is titled 'Personal Information'. On the left, there is a 'View:' dropdown menu set to 'Workspace'. To the right of this, there is a list of personal information fields: Name, Gender, Race, Date of Birth, Child ID, County, Prim. Language, Language of Instruction, and School District. A dropdown menu is open from the 'Early Intervention' tab, showing options: Child Overview, Referral Process, Evaluation Process, FIM Process, FCP Process (highlighted with a red box), IFSP Process, Compensatory Services, and Service Logging. The 'FCP Process' option is selected.

3. Click on **Family Information**.

The screenshot shows the 'FCP Process' form. At the top, there is a title 'FCP Process'. Below the title, there are two buttons: 'Family Information' (highlighted with a red box) and 'FCP Payment Options' (which has a checkmark icon). Below the buttons, there is a legend with three items: a red X icon followed by '- One or more errors exists in this section', a green checkmark icon followed by '- At least one team member has entered information in this section that is error free', and a grey checkmark icon followed by '- This section has yet to be addressed'.

4. Select the child's **Primary Family** check box.
5. Click on **Update the Database**.

Family ID: 00000144

Parents									
Pos	New Pos	Name	Parent Code	Relationship	Family Role	Begin Date	End Date	End Reason	
	<input type="checkbox"/>	Mother Testing		Mother		12/03/2017			<a href="#">Details</a>

[Add New Parent/Guardian](#)
[Associate existing Parent/Guardian](#)

Children							
Pos	New Pos	Name	Primary Family?	Child ID	Begin Date	End Date	End Reason
	<input type="checkbox"/>	Troy Testing	<input type="checkbox"/>	600000373	12/03/2017		

[Associate Child to Family](#)

There are no Siblings for this Family.


[Add New Sibling](#)
[Associate existing Sibling](#)




[Update the Database](#)

6. Click on **FCP Payment Options**.

**FCP Process**

Family Information

FCP Payment Options


 - One or more errors exists in this section  
 - At least one team member has entered information in this section that is error free  
 - This section has yet to be addressed

7. Select answers to all required questions in the **Payment Options** section.
8. Click on **Save and Continue** to save data entered and continue completing the FCP Process. The **Back** button returns the user to the FCP Process page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

### Payment Options

\* Begin Date:

Current Option Type:

Current Option:

Current Begin Date:

Current End Date:

Family Cost Participation - Options

\* Payment Option Type:

☐ New
 ☐ Annual Renewal
 ☐ Modification

\* Please check your choice regarding your family's interest in participating in the NJEIS system of payment for early intervention services. I understand that my signature (consent) is required on an Individualized Family Service Plan (IFSP) to initiate acceptance of a family cost participation and that I must accept or decline early intervention services, subject to cost participation, at the IFSP meeting.

☐ **Full Fee** I choose not to release or update my financial information and understand that I will be billed for the actual cost of early intervention services agreed to and provided in accordance with my Individualized Family Service Plan (IFSP).
 ☐ **Public Expense Services** I choose not to release my financial information and understand that I will participate in the IFSP process and receive service coordination, evaluation/assessment, IFSP development/review and procedural safeguards at public expense. I understand that by choosing this option, services subject to a family cost participation will not be provided through the NJEIS.
 ☐ **NJEIS Family Cost Participation** I am interested in a family cost participation in accordance with the NJEIS System of Payment & Family Cost Participation Handbook. I agree to provide income documentation for my family as needed to determine my family's cost participation. I understand that the information provided may be verified with the Department of Labor & Workforce Development and Department of Treasury. I understand that:
 

- If a change occurs in my financial position, it is my responsibility to notify my service coordinator to request a review to determine a new family cost participation and that adjustments in family income are not retroactive. Outstanding balances prior to the adjustment will not be affected.
- My family's cost participation payments over 60 days past due will result in the suspension of the direct early intervention services subject to family cost participation which does not include the services provided at public expense (service coordination, evaluation/assessment, IFSP review/development and procedural safeguards).
- May request an adjustment in my family income if I feel that my family has extraordinary expenses by submitting an "Application for Income Adjustment" to the DOH-NJEIS.
- If my child has Medicaid, the NJEIS will use the public insurance to submit claims for reimbursement of allowable early intervention services.
- If there is a household member that is self-employed, I may be subject to an interim family cost participation determination to initiate early intervention direct services. However, upon review by the DOH-NJEIS of the self-employed family member(s)' income documentation, including his/her/their most current tax return, my family cost participation is subject to change.

Back Save Save and Continue

Create Draft Create Final

9. Click on **Create Draft** to save the **FCP-Payment Options** document as a draft. Click on **Create Final** to save the **FCP-Payment Options** document as a finalized document.

**\* Please check your choice regarding your family's interest in participating in the NJEIS system of payment for early intervention services. I understand that my signature (consent) is required on an Individualized Family Service Plan (IFSP) to initiate acceptance of a family cost participation and that I must accept or decline early intervention services, subject to cost participation, at the IFSP meeting.**

<input type="radio"/>	<b>Full Fee</b> I choose not to release or update my financial information and understand that I will be billed for the actual cost of early intervention services agreed to and provided in accordance with my Individualized Family Service Plan (IFSP).
<input type="radio"/>	<b>Public Expense Services</b> I choose not to release my financial information and understand that I will participate in the IFSP process and receive service coordination, evaluation/assessment, IFSP development/review and procedural safeguards at public expense. I understand that by choosing this option, services subject to a family cost participation will not be provided through the NJEIS.
<input type="radio"/>	<b>NJEIS Family Cost Participation</b> I am interested in a family cost participation in accordance with the NJEIS System of Payment & Family Cost Participation Handbook. I agree to provide income documentation for my family as needed to determine my family's cost participation. I understand that the information provided may be verified with the Department of Labor & Workforce Development and Department of Treasury. I understand that: <ul style="list-style-type: none"><li>• If a change occurs in my financial position, it is my responsibility to notify my service coordinator to request a review to determine a new family cost participation and that adjustments in family income are not retroactive. Outstanding balances prior to the adjustment will not be affected.</li><li>• My family's cost participation payments over 60 days past due will result in the suspension of the direct early intervention services subject to family cost participation which does not include the services provided at public expense (service coordination, evaluation/assessment, IFSP review/development and procedural safeguards).</li><li>• May request an adjustment in my family income if I feel that my family has extraordinary expenses by submitting an "Application for Income Adjustment" to the DOH-NJEIS.</li><li>• If my child has Medicaid, the NJEIS will use the public insurance to submit claims for reimbursement of allowable early intervention services.</li><li>• If there is a household member that is self-employed, I may be subject to an interim family cost participation determination to initiate early intervention direct services. However, upon review by the DOH-NJEIS of the self-employed family member(s)' income documentation, including his/her/their most current tax return, my family cost participation is subject to change.</li></ul>

Back

Save

Save and Continue

Create Draft

Create Final

## IFSP

1. Click on **Early Intervention**.
2. Select **IFSP Process**.

The screenshot shows the top navigation bar with tabs: Demographics, Contact Log, EI Team, Early Intervention (highlighted with a red box), Documents, and Admin. Below the navigation bar is the 'Personal Information' section with a 'View: Workspace' dropdown. A table of personal information is displayed, including Name, Gender, Race, Date of Birth, Child ID, County, Prim. Language, Language of Instruction, and School District. A dropdown menu is open under the 'Early Intervention' tab, listing options: Child Overview, Referral Process, Evaluation Process, FIM Process, FCP Process, IFSP Process (highlighted with a red box), Compensatory Services, and Service Logging.

3. Click on **Meeting Purpose and Demographic Information**.

The screenshot shows the 'IFSP Process' section. It contains a grid of blue buttons, each with a checkmark icon. The buttons are: Meeting Purpose and Demographic Information (highlighted with a red box), Non-Required Services, Present Developmental Status, Early Intervention Services, IFSP Summary: Family Concerns, Priorities, & Resources, Transition Planning, Child Outcomes, IFSP Team & Parent Consent, and Family Outcomes. Below the grid is a legend explaining the icons: a red X icon for 'One or more errors exists in this section', a green checkmark icon for 'At least one team member has entered information in this section that is error free', and a grey checkmark icon for 'This section has yet to be addressed'.

4. Enter information in the **Meeting Purpose and Demographic Information** section.
  - a. Select the **Type of IFSP**.
  - b. Enter an **IFSP Start Date**.
  - c. Enter an **Activity Date**.
  - d. Select a **School District**.
  - e. Select the parent(s) to include.

Meeting Purpose and Demographic Information									
Child Information									
Child:	First	Middle	Last	Suffix	Date of Birth:	04/01/2015 (Age: 2)	Gender:	F	
	Peppa Pig								
Child ID	600000183				* IFSP Start Date:	<input type="text"/>	Referral Date:	09/07/2017	
Type of IFSP:	Initial IFSP				* Activity Date:	<input type="text"/>			
Service Coordinator:	Thomas Jefferson			County:	Essex	Telephone #:		E-Mail Address:	tj@email.com
* School District:	<input type="text"/>				* Primary Language:	English			
Parental Information									
Include	First Name	Last Name	Relationship	Family Role	Address	Phone	Email		
<input type="checkbox"/>	Papa	Pig	Father		123 Farm Drive Iselin, NJ 08830	Work Phone: 732-999-0000			

Back
Save
Save and Continue
Print Preview



- Click on **Save and Continue** to save data entered and continue completing the IFSP Process. The **Back** button returns the user to the IFSP Process page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page. The **Print Preview** button creates a pdf version of Meeting Purpose and Demographic information for viewing purposes only.

Meeting Purpose and Demographic Information									
Child Information									
Child:	First	Middle	Last	Suffix	Date of Birth:	04/01/2015 (Age: 2)	Gender:	F	
	Peppa Pig								
Child ID	600000183				* IFSP Start Date:	<input type="text"/>	Referral Date:	09/07/2017	
Type of IFSP:	Initial IFSP				* Activity Date	<input type="text"/>			
Service Coordinator:	Thomas Jefferson			County:	Essex	Telephone #:		Email Address:	tj@email.com
* School District:	<input type="text"/>			* Primary Language:	English				
Parental Information									
Include	First Name	Last Name	Relationship	Family Role	Address	Phone		Email	
<input checked="" type="checkbox"/>	Papa	Pig	Father		123 Farm Drive Iselin, NJ 08830	Work Phone: 732-999-0000			
<div> <input type="button" value="Back"/> <input type="button" value="Save"/> <input type="button" value="Save and Continue"/> <input type="button" value="Print Preview"/> </div>									

6. Enter information each Developmental Domain (*Adaptive, Personal/Social, Communication, Gross Motor, Fine Motor, and Cognitive*) **Other Comments** field.

Present Developmental Status	
Developmental Status	
Developmental Domain	Present Developmental Status
Adaptive	<b>Mastered Skills:</b> help dress herself
	<b>Emerging Skills:</b> put shoes on
	<b>Developmental Learning Skills Targeted for Next 6 Months:</b> potty training
	<b>Clinical Comments:</b>
	<b>* Other Comments:</b> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>
Personal / Social	<b>Mastered Skills:</b> plays peek a boo
	<b>Emerging Skills:</b> pretend play
	<b>Developmental Learning Skills Targeted for Next 6 Months:</b> following easy rules
	<b>Clinical Comments:</b>
	<b>* Other Comments:</b> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>
Communication	<b>Mastered Skills:</b> imitating sounds and words
	<b>Emerging Skills:</b> attends to speaker
	<b>Developmental Learning Skills Targeted for Next 6 Months:</b> responds to name consistently
	<b>Clinical Comments:</b>
	<b>* Other Comments:</b> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>
Gross Motor	<b>Mastered Skills:</b> walks safely on all surfaces
	<b>Emerging Skills:</b> jumps
	<b>Developmental Learning Skills Targeted for Next 6 Months:</b> climbing stairs and running
	<b>Clinical Comments:</b>
	<b>* Other Comments:</b> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>

Fine Motor	<b>Mastered Skills:</b> uses both hands evenly
	<b>Emerging Skills:</b> right hand preference
	<b>Developmental Learning Skills Targeted for Next 6 Months:</b> pointing to desired objects
	<b>Clinical Comments:</b>
	<b>* Other Comments:</b> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>
Cognitive	<b>Mastered Skills:</b> pays attention for 3 mins
	<b>Emerging Skills:</b> plays with 3 piece puzzles
	<b>Developmental Learning Skills Targeted for Next 6 Months:</b> matches circle, squares and triangles
	<b>Clinical Comments:</b>
	<b>* Other Comments:</b> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>

7. Enter information in the required fields of the **Child Health Information** section.

**Child Health Information**

**\* Vision Status**

**\* Hearing Status**

**\* Health and Medical Status**

8. Click on **Save and Continue** to save data entered and continue completing the IFSP Process. The **Back** button will return the user to the Meeting Purpose and Demographic Information page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page.

The screenshot shows a web form with two main sections: "Hearing Status" and "Health and Medical Status". Each section has a large text area for input. At the bottom of the form, there is a row of four buttons: "Back", "Save", "Save and Continue", and "Print Preview". These buttons are highlighted with a red rectangular box.

9. Select a means to address each priority listed.
10. Click on **Save and Continue** to save data entered and continue completing the IFSP Process. The **Back** button returns the user to the Present Developmental Status page without saving new data entered. The **Save** button updates the database with the information entered and remains on the current page. The **Print Preview** button creates a pdf version of the ISFP Summary: Family Concerns, Priorities, & Resources information entered for viewing purposes only.

The screenshot displays the "IFSP Summary: Family Concerns, Priorities, & Resources" form. At the top, there is a header section with three fields: "Service Coordinator Name", "IFSP Start Date" (11/22/2017), and "Family Information Meeting Date" (10/26/2017). Below this is a table with five columns: "Routine Challenge", "Family's Concerns Identified as Priority", "Effective Strategies/Resources Used by the Family Caregiver to Address the Priority", "Change the Family Would Like to See Related to Routine", and "Means to Address Priority". The table contains three rows of data. The "Means to Address Priority" column has radio buttons for "NJEIS" and "Other". At the bottom of the form, there is a row of four buttons: "Back", "Save", "Save and Continue", and "Print Preview". These buttons are highlighted with a red rectangular box.

Routine Challenge	Family's Concerns Identified as Priority	Effective Strategies/Resources Used by the Family Caregiver to Address the Priority	Change the Family Would Like to See Related to Routine	Means to Address Priority
Playing & Interactions with Others				<input type="radio"/> NJEIS <input type="radio"/> Other
Participating in Community Activities & Interactions with Others	testing testing testing testing	Testing testing testing		<input type="radio"/> NJEIS <input type="radio"/> Other
Bath Time				<input type="radio"/> NJEIS <input type="radio"/> Other

11. Answer all required questions and enter information in the **Child Outcomes** section.
12. Click on **Add a Strategy**.

### Child Outcomes

A Child Measurable/Functional Outcome must identify the skill or behavior we want a child to demonstrate; during routines in their day; and include how it will be known when the child has successfully developed the skill or behavior.

#### Child Outcome Statement

Del	* What skill or behavior do we want your child to demonstrate; during what routine(s) in their day; and how will we know when your child has successfully developed this skill or behavior?	
<input type="checkbox"/>		
* What is happening now?		
During what typically occurring routines are there opportunities for NJEIS & your family to work together on this new skill or behavior?		
Del	During What Routines	Strategies (Result in progress toward the outcome)
<input type="checkbox"/>		

Add a Strategy

13. Enter strategy related information in the **Add Child Strategy** section. More than one strategy for a Child Outcome can be entered.
14. Click on **Save and Continue** to save data entered and continue completing the IFSP Process.  
The **Back** button returns the user to the Child Outcome page without saving newly entered data.

### Add Child Strategy

Add a Strategy for a Measurable Child Outcome

Child Outcome:

During what typically occurring routines are there opportunities for NJEIS & your family to work together on this new skill or behavior?

Responsible	During What Routines	* Strategies (Result in progress toward the outcome)
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

Back Save and Continue

15. Select an answer to *Are there supports that are needed for the child to achieve this skill or behavior that are solely within the scope of practice of a licensed therapist (OT, PT, SLP)? If yes, explain below.*
16. Click on **Save and Continue** to continue the IFSP process. The **Back** button returns the user to the IFSP Summary: Family Concerns, Priorities, & Resources page. The **Save** button updates the database with the information entered and remains on the current page. The **Print Preview** button creates a pdf version of the Measurable Child Outcome(s) information entered for viewing purposes only. The **Add a Child Outcome** button continues the Child Outcome process.

\* Are there supports that are needed for the child to achieve this skill or behavior that are solely within the scope of practice of a licensed therapist (OT, PT, SLP)? If yes, explain below.

**Add a Child Outcome**

**Back** **Save** **Save and Continue** **Print Preview**

17. Answer all **Family Outcome** related questions.
18. Click on **Add a Strategy**.

**Family Outcomes**

**Family Outcome Statement**

Del

☐

How will we know when we are successful?

What is happening now?

What is your family currently doing to address this outcome?

Identify any opportunities within your family routines that could address this outcome.

**Add a Strategy**

19. Enter **Family Strategy** information. More than one Family Strategy can be entered.
20. Click on **Save and Continue** to save data entered and continue completing the IFSP Process. The **Back** button returns the user to the Family Outcome page.

**Add Family Strategy**

Add a Strategy for a Measurable Family Outcome

Family Outcome:

What are the ways your family, NJEIS, and others will work on achieving this outcome?	Who may be able to assist?
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

21. Click on **Save and Continue** to save data entered and continue completing the IFSP Process. The **Back** button returns the user to the Child Outcome page. The **Save** button updates the database with the information entered and remains on the current page. The **Print Preview** button creates a pdf version of the Measurable Family Outcome(s) information entered for viewing purposes only. The **Add a Family Outcome** button continues the Child Outcome process.

22. Select receiving or need **Non-Required Services** (if applicable).

Non-Required Services			
Click <a href="#">here</a> for more information about these services.			
Financial and Other Basic Assistance Services			
Service	Receiving	Need	Describe the steps the service coordinator or family may take to assist the child and family in securing these other services.
Catastrophic Children's Illness Relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Emergency Financial Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Food Banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Health Insurance - child, parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)

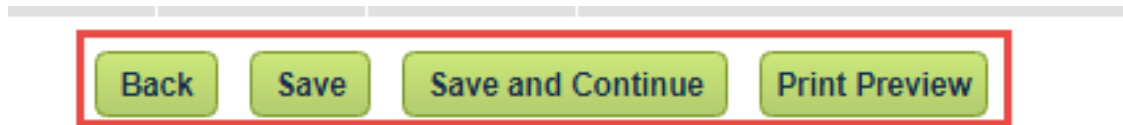


Medicaid (EPSDT, Health Check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
SSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
WIC Food & Nutrition Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Other Financial and Basic Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)

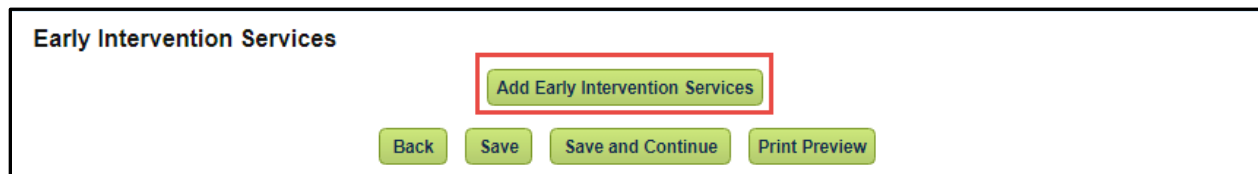
Health and Medical Services			
Service	Receiving	Need	Describe the steps the service coordinator or family may take to assist the child and family in securing these other services.
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
EHDI Program (referral, registration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Emergency Preparedness (related to child, family, medical, disability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Home Health Care/Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Immunizations (Baby Shots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Lead Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)

Medical (rehab, specialists, primary health care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Migrant Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Pediatric Medical Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Post-Partum Depression Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)
Special Child Health Services (Birth registry, Case Management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide internet link/contact information <input type="checkbox"/> Provide written resource information <input type="checkbox"/> Refer to County Central Intake Hub <input type="checkbox"/> Facilitated family's first contact <input type="checkbox"/> Other (Describe)

23. Click on **Save and Continue** to continue the IFSP process. The **Back** button returns the user to the Family Outcome page. The **Save** button updates the database with the information entered and remains on the current page. The **Print Preview** button creates a pdf version of the Non-Required Services information selected for viewing purposes only.

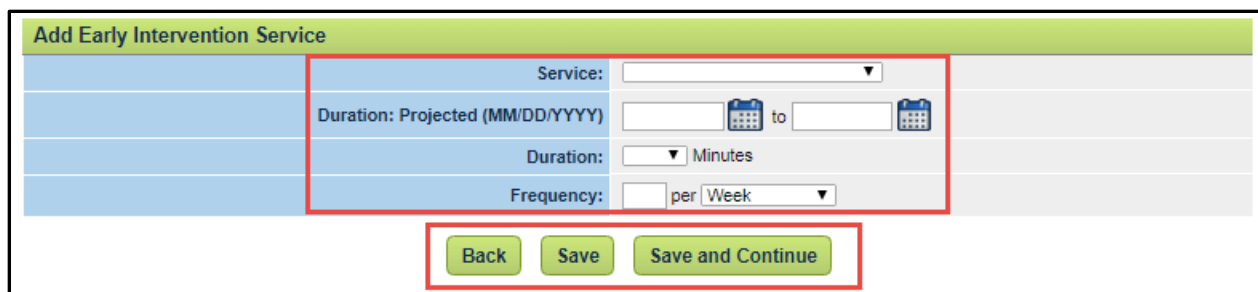


24. Click on **Add Early Intervention Services**.

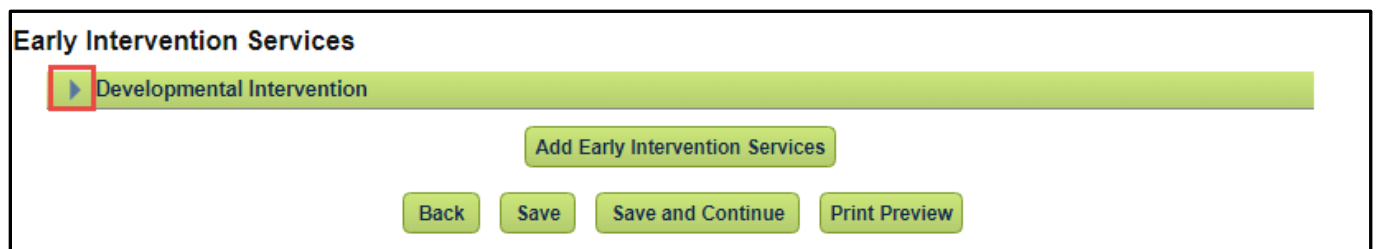


25. Enter Early Intervention Service(s) information.

26. Click on **Save and Continue** to continue the IFSP process. The **Back** button returns the user to the Non-Required Services page. The **Save** button updates the database with the information entered and remains on the current page.



27. Click on the icon to expand the Early Intervention Service.



28. Click on **Attach Outcome(s)**.

The screenshot shows a web form titled "Developmental Intervention". At the top, there is a header bar with a dropdown arrow and the text "Developmental Intervention". Below this, there is a table-like structure. The first row has columns for "Del", "Pos", and "Early Intervention Service". The "Early Intervention Service" column contains a green button labeled "Attach Outcome(s)", which is highlighted with a red rectangle. Below this, there is a section for "Other Supports:" with checkboxes for "Escort" and "Translation". Further down, there are fields for "Duration: Projected (MM/DD/YYYY)", "Start Date", "End Date", "\* Method", "\* Intensity", "\* Payment Arrangements", "\* Length of service time (minutes)" (set to 60), and "\* Frequency (# sessions)" (set to 2 per Week). At the bottom, there are sections for "\* Location - Inclusive Natural Environment" and "Location - Not a Natural Environment" with a dropdown menu for "Requires justification provided below".

29. Select all outcomes associated with the Early Intervention services.

30. Click on **Save and Continue** to continue the IFSP process. The **Back** button returns the user to the Early Intervention Services page. The **Save** button updates the database with the information entered and remains on the current page.

The screenshot shows a web form titled "Associate Outcomes". At the top, there is a header bar with the text "Associated Outcomes". Below this, there is a section with two buttons: "Check All" and "Check None", both highlighted with a red rectangle. Below these buttons is a checkbox labeled "User manual". At the bottom of the form, there are three buttons: "Back", "Save", and "Save and Continue", all highlighted with a red rectangle.

31. Enter information in all Early Intervention Services required fields.
32. Click on **Save and Continue** to continue the IFSP process. The **Back** button returns the user to the Non-Required Services page. The **Save** button updates the database with the information entered and remains on the current page. The **Print Preview** button creates a pdf version of the Early Intervention Services information selected for viewing purposes only. The **Add Early Intervention** continues to the Early Intervention Services process.

Developmental Intervention

Del	Pos	Early Intervention Service	Attach Outcome(s)
<input type="checkbox"/>	<input type="checkbox"/>	Developmental Intervention	
Other Supports:		<input type="checkbox"/> Escort <input type="checkbox"/> Translation	
Duration: Projected (MM/DD/YYYY)		* Method	* Intensity
Start Date: <input type="text"/> End Date: <input type="text"/>		<input type="text"/>	<input type="text"/>
		* Payment Arrangements	<input type="text"/>
* Length of service time (minutes)		60	* Frequency (# sessions)
			2 per Week
* Location - Inclusive Natural Environment		Location - Not a Natural Environment	
<input type="text"/>		Requires justification provided below	
Provide justification as to why the child outcome(s) related to this service cannot be achieved in a natural environment and the steps & timelines that will be implemented to move the service to a natural environment:			
<input type="text"/>			
<input type="checkbox"/> Decline Service: I choose to decline this service as described above from NJEIS and acknowledge agreement as a team member that it is identified as a needed service. I understand that I am: (1) refusing this service as described above for reason(s) chosen below; (2) able to contact my service coordinator should I change my mind; and (3) not jeopardizing any other NJEIS early intervention services by declining this service as described above.			
<input type="checkbox"/> Discontinue Service: I choose to discontinue this current service from the NJEIS for the reason(s) listed below effective on <input type="text"/>			
REASONS:		<input type="checkbox"/> Insurance Access <input type="checkbox"/> Family Co-pay <input type="checkbox"/> Family Circumstances <input type="checkbox"/> Disagreement w/ Service <input type="checkbox"/> Modified Service	
Additional Information:			
<input type="text"/>			
<input type="text"/>			
<div> Add Early Intervention Services </div> <div> Back   Save   Save and Continue   Print Preview </div>			

33. Enter information in all required fields of the **IFSP Team & Parent Consent** section.

- Enter an **IFSP Start Date**.
- Enter an **IFSP End Date**.
- Select a **Team Activity**.
- Indicate the **Location of Team Meeting**.
- Select **Print** for team contributor to appear on the ISFP Summary document.
- Select a **Participation Code** for every team contributor.
- Indicate the **Time In/Time Out** for every team contributor.

### IFSP Team & Parent Consent

\* IFSP Start Date:

\* IFSP End Date:

\* Team Activity (Check all that apply)

☐ Interim IFSP   ☐ IFSP Review   ☐ Transition Planning Conference (TPC)  
☐ Initial IFSP   ☐ Annual IFSP

\* Activity Date:

Participation Codes

A = Attended & authorized for billing by the location of the activity

T = Telephone conference call authorized for billing at service provider location

R = Submitted written report/recommendations-Not authorized for billing

V = Video conference authorized for billing at service provider location

P = Participated in meeting-Not authorized for billing

\* Location of Team Meeting

☐ Home  
☐ Provider  
☐ Hospital  
☐ Residential  
☐ Community

IFSP Team Contributors: IFSP Meetings must include the parent(s), other family members as requested by the parent, an advocate or person outside the family if requested by the parent, the service coordinator, person(s) directly involved in conducting evaluations and assessments, and persons who will be providing services to the child or family.

Print	Participant	Role	Agency	* Code	* Time In/out
<input type="checkbox"/>			AHS, APSBS, ARC, BATAEIP, BCDHS, BCSSSD, BNH, CCT, CFCS, CFCSEIP, CJFHC, CMCDH, CPLUCKEI, CPNJBB, CREIP, CSH, DAWN, ESX DOHR, HMC, INGTEST, ITS, JCMC, OCDH, SD, SNJPC, SPOEMJC, TA, VNACJ	<input type="text"/>	In: 6:00 am Out: 6:00 am 6a Duration: 8h
<input type="checkbox"/>			AHS, APSBS, ARC, BATAEIP, BCDHS, BCSSSD, BNH, CCT, CFCS, CFCSEIP, CJFHC, CMCDH, CPLUCKEI, CPNJBB, CREIP, CSH, DAWN, ESX DOHR, HMC, INGTEST, ITS, JCMC, OCDH, SD, SNJPC, VNACJ	<input type="text"/>	In: 6:00 am Out: 6:00 am 6a Duration: 8h
<input type="checkbox"/>		SCU Unit Coordinator	AHS, APSBS, ARC, BATAEIP, BCDHS, BCSSSD, BNH, CCT, CFCS, CFCSEIP, CJFHC, CMCDH, CPLUCKEI, CPNJBB, CREIP, CSH, DAWN, ESX DOHR, HMC, JCMC, OCDH, SD, SNJPC, VNACJ	<input type="text"/>	In: 6:00 am Out: 6:00 am 6a Duration: 8h
<input type="checkbox"/>			-none-	<input type="text"/>	In: 6:00 am Out: 6:00 am 6a Duration: 8h

34. Enter **Additional Meeting Participant** information.

Additional Meeting Participants					
Print	Participant	Role	Agency	Code	Time In/Out
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	In: 6:00 am Out: 6:00 am 6a Duration: 8p

[Add Additional Participants](#)

35. Click on **Create Draft IFSP Document** to save the **IFSP** as a draft. Click on **Create Final** to save the **IFSP** as a finalized document.

[Add Additional Participants](#)

[Create Draft IFSP Document](#) [Create Final IFSP Document](#)

[Back](#) [Save](#) [Save and Continue](#) [Print Preview](#)



## Transition Planning

1. Click on **Early Intervention**.
2. Select **IFSP Process**.


The screenshot shows a software interface with a top navigation bar containing links: Demographics, Contact Log, EI Team, Early Intervention, Documents, and Admin. The 'Early Intervention' link is highlighted with a red box. A dropdown menu is open from this link, showing options: Child Overview, Referral Process, Evaluation Process, FIM Process, FCP Process, IFSP Process (highlighted with a red box), Compensatory Services, and Service Logging. On the left, a 'Personal Information' section is visible with a 'View: Workspace' dropdown and a table of fields: Name, Gender, Race, Date of Birth, Child ID, County, Prim. Language, Language of Instruction, and School District.

3. Click on **Transition Planning**.

The screenshot shows the 'IFSP Process' section of a software interface. It contains two columns of blue rounded rectangular buttons, each with a status icon (checkmark or error X) on the right. The buttons are: Meeting Purpose and Demographic Information (checkmark), Present Developmental Status (checkmark), IFSP Summary: Family Concerns, Priorities, & Resources (checkmark), Child Outcomes (checkmark), Family Outcomes (checkmark), Non-Required Services (checkmark), Early Intervention Services (checkmark), Transition Planning (error X, highlighted with a red box), and IFSP Team & Parent Consent (checkmark). At the bottom, a legend explains the icons: a red X for 'One or more errors exists in this section', a green checkmark for 'At least one team member has entered information in this section that is error free', and a grey checkmark for 'This section has yet to be addressed'.

4. Answer all required **Transition Planning** questions. *Follow-up questions may populate.*

### Transition Planning

 A Transition Plan is required for this child.

Transition Steps from Part C Early Intervention Services: The IFSP must include the steps to be taken to support smooth transition of your child from early intervention to preschool services under Part B of IDEA and/or other appropriate services. Transition Steps/Discussion occur at the IFSP Meeting (Closest to when the child is 24 months of age) The steps include:

**\* I. How would your family like to discuss and receive training/information regarding future options and other matters related to your child's transition?**

☐ Attend a transition workshop offered by the Early Intervention System.

☐ Meet with the service coordinator or a designee to review the NJEIS Transition Handbook.


☐ Telephone contact to discuss the NJEIS Transition Handbook with a service coordinator, service coordinate associate or Family Support Coordinator.

☐ Receive the NJEIS Transition Handbook through the mail.

☐ Obtain the NJEIS Transition Handbook through the Internet.



☐ Other

**\* Date Discussed**



**\* Person Responsible**

Comments/Discussion

**\* II. What are the potential options you would like to consider/explore for when your child turns age three? (check all that may apply)**

☐ Private/Community Preschool Program

☐ Part B Preschool Special Education

☐ Head Start

☐ School District Early Childhood Program

☐ Community Programs (YMCA, Library)


☐ County SCHS Case Management

☐ Child Care Program

☐ Private Therapy (OT, PT, ST)



☐ Other Specify

**\* Date Discussed**



**\* Person Responsible**

Comments/Discussion

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III. Opt-Out Discussion - LEA Notification/Referral	
<p><input type="radio"/> Yes - Notify/Refer to School District &amp; Department of Education (Parent declined Opt-out)</p> <p><input type="radio"/> No - Do not Notify/Refer to School District &amp; Department of Education (Parent Chose Opt-Out &amp; signed NJEIS Form-D15)</p> <p><input type="radio"/> Other - Parent has 10 days to return this form to the service coordinator</p>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>* Date Discussed</b></p> <div style="border-bottom: 1px solid #ccc; width: 100%;"></div> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>* Person Responsible</b></p> <div style="border-bottom: 1px solid #ccc; width: 100%;"></div> </div> <div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Comments/Discussion</b></p> <div style="border-bottom: 1px solid #ccc; height: 40px;"></div> </div>
IV. Transition Planning Conference (TPC): A meeting to discuss any services your child may receive from your local school district under Part B of IDEA and/or other appropriate services that your child may receive after exiting the NJEIS.	
<p><b>A.</b> With your approval, a TPC will be convened at least 90 days before your child's third birthday with the NJEIS service coordinator and EIP practitioners, your family and the local school district and/or providers of other appropriate services for your child.</p> <p><input type="radio"/> Agree to TPC</p> <p><input type="radio"/> Declined TPC</p>	
<p><b>C.</b> Your informed written consent is required to send or share your family and child's early intervention information (recent evaluation, assessments and IFSP) to ensure continuity of services to the local school district or designated community program.</p> <p>Your Service Coordinator can assist you with requests to release early intervention records.</p>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>* Date Discussed</b></p> <div style="border-bottom: 1px solid #ccc; width: 100%;"></div> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>* Person Responsible</b></p> <div style="border-bottom: 1px solid #ccc; width: 100%;"></div> </div> <div style="border: 1px solid #ccc; padding: 5px;"> <p><input type="checkbox"/> Discussed with Parents</p> </div>
V. Identification of transition services and other activities that the IFSP team determines are necessary to support the transition of your child and family.	
<p><b>A.</b> What are your priorities and concerns related to transition for your child and family?</p> <div style="border: 1px solid #ccc; padding: 5px; height: 40px;"></div>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>* Date Discussed</b></p> <div style="border-bottom: 1px solid #ccc; width: 100%;"></div> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>* Person Responsible</b></p> <div style="border-bottom: 1px solid #ccc; width: 100%;"></div> </div> <div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Comments/Discussion</b></p> <div style="border-bottom: 1px solid #ccc; height: 40px;"></div> </div>
<p><b>B.</b> List below early intervention outcomes, strategies, activities or services that are needed to prepare and help your child and family to adjust to and function in a new program/setting.</p> <p>Things to think about include but not limited to: (a) visiting a new program, (b) meeting with program staff prior to the child's first day, (c) teaching your child about activities and routines that they may encounter in a new setting (peer interaction, circle time, snacks, table top activities, playground) and (d) discussing transportation arrangements (need for an aide, specialized transport, help getting on and off the bus/van).</p> <p><input type="checkbox"/> The IFSP Team identified no changes to the IFSP outcomes, strategies, activities or services were needed or requested by the family.</p>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>* Date Discussed</b></p> <div style="border-bottom: 1px solid #ccc; width: 100%;"></div> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><b>* Person Responsible</b></p> <div style="border-bottom: 1px solid #ccc; width: 100%;"></div> </div> <div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Comments/Discussion</b></p> <div style="border-bottom: 1px solid #ccc; height: 40px;"></div> </div>
<p>Please indicate why this Transition Plan was not completed 3-9 months before the child's 3rd Birthday: <div style="border-bottom: 1px solid #ccc; width: 100%;"></div></p>	

- Click on **Create Draft** to save the **Parental Opt Out Notification Referral** as a draft. Click on **Create Final** to save the **Parental Opt Out Notification Referral** as a finalized document.



- Click on **Save and Continue** to continue the Transition Planning/IFSP process. The **Back** button returns the user to the Early Intervention Services page. The **Save** button updates the database with the information entered and remains on the current page. The **Print Preview** button creates a pdf version of the Transition Planning information for viewing purposes only.