



Early Steps Statewide Service Coordinators Meeting Fall 2007

Conducting and Documenting First Contacts

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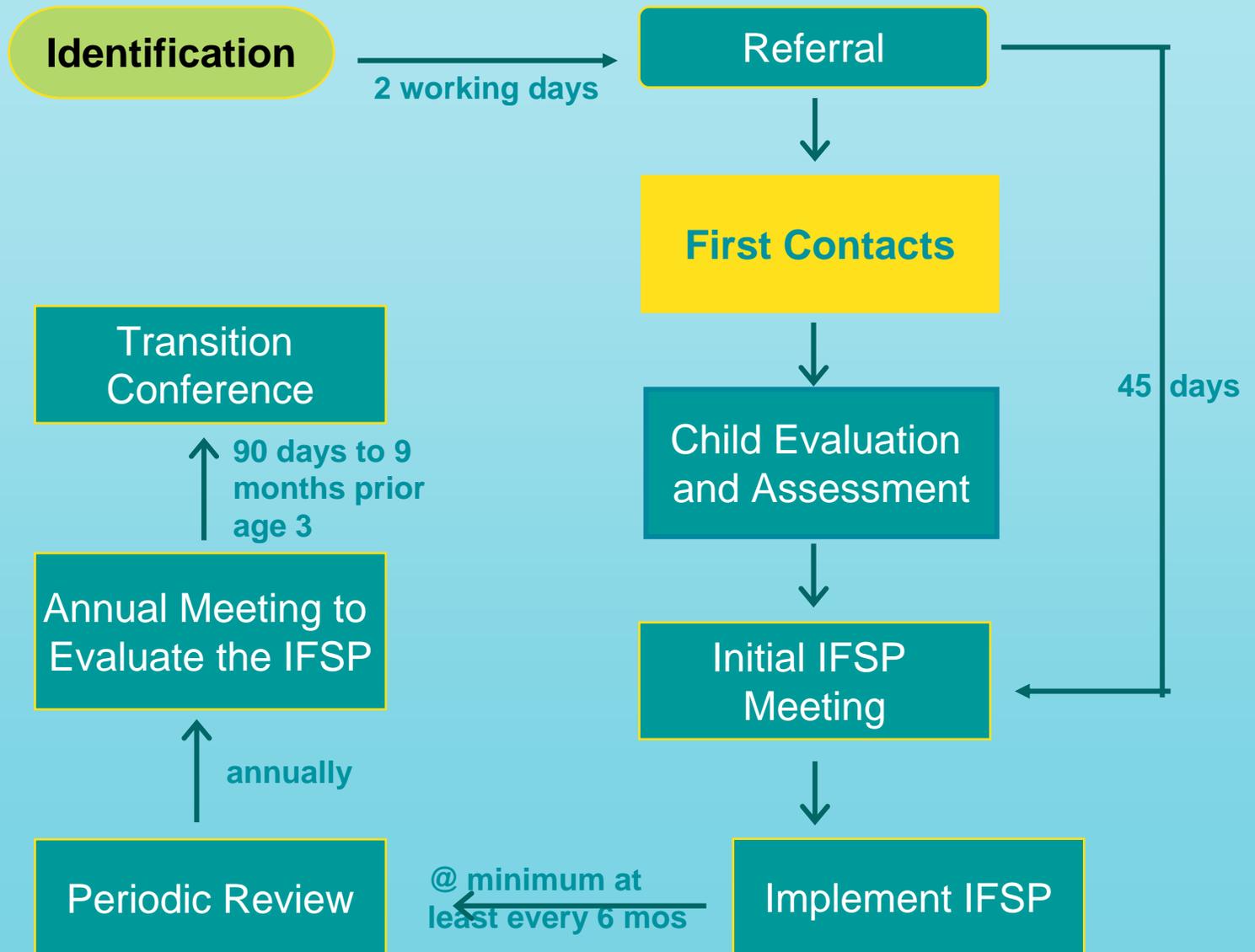
Arnetta M. Givens, Early Steps State Office

Susan Duwa, Early Steps State Office



First Contacts

Overview and Requirements



Purpose of First Contacts

- 
- ✿ Engage the family
 - ✿ Ensure the family understands the philosophy and purpose of early intervention
 - ✿ Define the specific and dynamic ecological framework that is unique to the individual child and family (At some point the child and family must be seen together)
 - ✿ Gather information to guide the evaluation and/or assessment process
 - ✿ Gather information that guides the development of functional outcomes

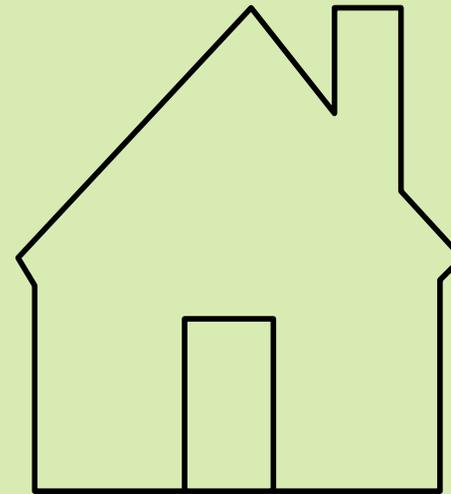
“Families tell us that their understanding of their child’s disability and the possibilities for their child’s future were very much influenced by the first person with whom they worked, which is often the service coordinator.”

Hello.....My Mom wants to talk to someone who will listen to her, ask her good questions, and help her figure out how to get me to walk!



Building a Relationship with the Family

- ✿ Be sensitive to cultural differences.
- ✿ Utilize deep listening.
- ✿ Ask open-ended questions and allow moments of silence for parents to process questions.

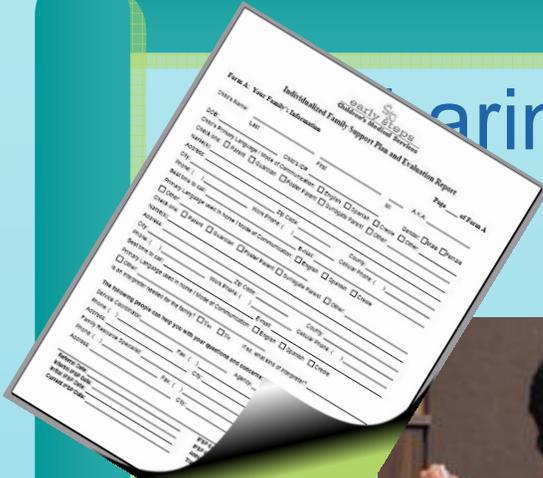


Keep in mind: Every interaction that you have with the family either builds or breaks down the trust and the relationship.

Explaining the Early Steps System

- ✿ Family has clear, correct information about Early Steps including eligibility, funding, different providers, contacting the Family Resource Specialist, due process and procedural safeguards.
- ✿ Family understands the service delivery model (services provided in everyday routines, activities, and places as a result of the IFSP process).
- ✿ Family understands the value of services provided in the child's natural routines and settings.

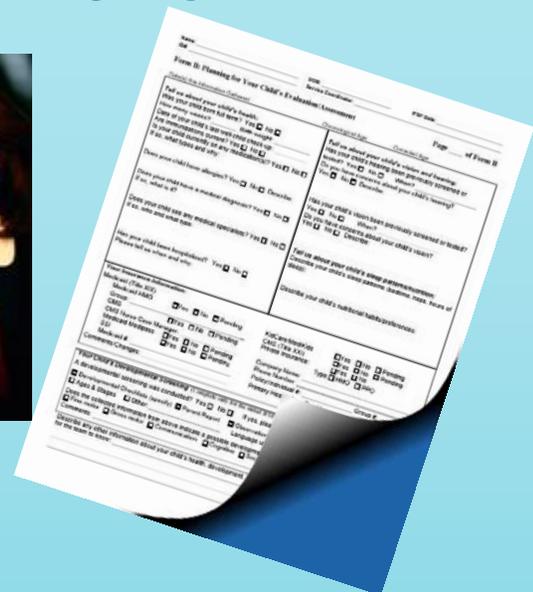
Sharing First Contact Information



Form A: Your Family's Information
Individualized Family Support Plan and Evaluation Report
Page 1 of 4 Form A

Child's Name: _____ Date of Birth: _____
Parent's Name: _____ Address: _____
Phone: _____ Email: _____
Other Contact: _____

Child's Health Insurance: Yes No
Child's Special Needs: Yes No
Child's Developmental Concerns: Yes No
Child's Learning Style: Visual Auditory Kinesthetic Other



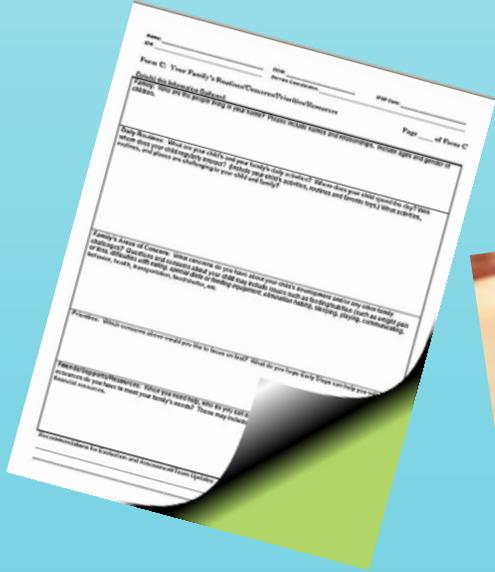
Form B: Planning for Your Child's Evaluation/Assessment
Page 2 of 4 Form B

How do you want your child's health care to be? In a hospital In a clinic At home

How do you want your child's behavior and learning to be? In a classroom In a home In a community setting

How do you want your child's social skills to be? In a classroom In a home In a community setting

How do you want your child's self-esteem to be? In a classroom In a home In a community setting



Form C: Your Family's Background/Concerns/Your Child's Concerns
Page 3 of 4 Form C

What are your child's strengths and interests? _____

What are your child's concerns? _____

What are your family's concerns? _____



Form A Purpose

- Collects basic demographic and contact information concerning the child and family referred to the Local Early Steps
- Lists contact information for the family regarding the Service Coordinator and Family Resource Specialist



Form B: Planning for Your Child's Evaluation/Assessment

Name: _____ DOB: _____
ID# _____ Service Coordinator: _____ I/SP Date: _____
Page _____ of Form B

Form B: Planning for Your Child's Evaluation/Assessment

(Check) the information (check) here:

Tell us about your child's health:
Was your child born full term? Yes No
How many weeks? _____
Date of your child's last well-child check: _____ Birth weight: _____
Are immunizations current? Yes No
Is your child currently on any medication(s)? Yes No
If so, what types and why: _____

Tell us about your child's vision and hearing:
Has your child's vision been previously screened or tested? Yes No When? _____
Do you have concerns about your child's vision? Yes No Describe: _____

Tell us about your child's sleep patterns/nutrition:
Describe your child's sleep patterns (bedtime, naps, hours of sleep): _____
Describe your child's nutritional habits/preferences: _____

Does your child have allergies? Yes No Describe: _____
Does your child have a medical diagnosis? Yes No Describe: _____
Has your child been hospitalized? Yes No Please tell us when and why: _____

Developmental screening (Complete only for the usual visit)
 Ages & Stages Other: _____ Parent Report Observational
 Fine motor Gross motor Communication Cognitive Doc

Company Name: _____
Phone Number: _____
Policy/Individual #: _____
Primary Health Type: HMO PPO

Comments: _____
Describe any other information from above indicate a possible developmental concern for the team to know: _____
Describe any other information about your child's health, development, _____

Form B Purpose

- ✿ Provides summary of the child's medical/health information
- ✿ Records developmental screening results, if conducted
- ✿ Aids the Service Coordinator to determine the composition of the evaluation/assessment team



Developmental Screening

If we do a quick developmental screening, it will give us more information about Lali's development.



- ✿ Provides a “quick look” at how a child is learning and growing
- ✿ Assists in determining the need for evaluation
- ✿ Assists in planning for evaluation and assessment
- ✿ Indicates what professionals may be most appropriate for team composition
- ✿ Specifies developmental concerns not identified

Who is Screened?

- ❁ Children who do not have an established condition, or obvious developmental delay.
- ❁ A child who has an established condition does not need a screening. However, a screening may be conducted for such a child if the Service Coordinator believes the developmental screening information would be helpful to the assessment team.





NAME: _____ DOB: _____
OR Service Coordinator: _____ IFAP Date: _____

Form C: Your Family's Routines/Concerns/Priorities/Resources

Color) this information captured:
Family: Who are the people living in your home? Please include names of relatives, friends, neighbors, and gender of children.

Daily Routines: What are your child's and your family's daily routines? Who does your child spend the day? With whom does your child regularly interact? (Include family's activities, routines or favorite toys.) What activities, routines, and places are challenging for your child and family?

Family's Areas of Concern: What concerns do you have about your child's development and/or any other factors? (Include areas such as feeding/nutrition (such as weight gain), behavior, health, transportation, facial/strab, etc.)

Family's Strengths: What concerns above would you like to address? What do you hope Early Steps can help you with?

When you need help, who do you call for assistance? What do you hope Early Steps can help you with?

Recommendations for Evaluation and Assessment Team Updates:

Form C: Your Family's Routines/Concerns/Priorities/Resources

Note



**Form C is NOT
intended to be
handed to the
family to
complete on their
own.**

Form C Purpose

- 🦋 Provides a snapshot of the family's day-to-day routines, activities, and interactions and which of those may be challenging
- 🦋 Identifies the family's concerns, priorities, and resources related to enhancing the development of their child
- 🦋 Provides recommendations and information to share with other team members in preparation for the child's eligibility evaluation and /or assessment

What Do You Say?



Beginning the Conversation

 *I am going to ask you some questions about the typical activities and routines you and your child do during the day. I am asking about these activities because these are the times that children naturally learn and families naturally teach. This will also help us identify how we can effectively support your family. Can you tell me about your day?*

Schedules versus Routines

Schedule	Routine
Ashley gets her bath around 7:30.	Dad usually gives Ashley and Amber (5 yr-old sister) her bath around 7:15 every evening. The girls love to play hide and seek with bubbles and cloths.

Everyday Routines, Activities, and Places



- ✿ **Family Routines**-events that are customarily a part of families' "common stuff" (mealtime, bath time, playtime, car rides, nap time).
- ✿ **Everyday Activities**-what a family does with their infant or toddler (going for a walk, feeding ducks at the park, playgroups, shopping, story time at the library).
- ✿ **Everyday Places**-where families and children participate, day-in and day-out, including home, child care, neighborhood, library, park, store.





**Questions Are the Best Tool
on Your Tool Belt**

Examples

- 🦋 What are the typical routines and activities that you and your child are involved in? (You may need to ask some specific questions about waking up time, dressing, breakfast, playing, diaper changing, car travel, preparing meals, household chores, nap, bathtime, storytime, bedtime, etc.)
- 🦋 What seems to go really well?
- 🦋 What do you enjoy?
- 🦋 What routines and activities are not going so well?
- 🦋 Who are the important people who participate in your child's life?
- 🦋 Are there any activities or places that you go (e.g., shopping, doctor's appointments) that occur on a less than regular basis (e.g., once a week, every few days)?
- 🦋 Are there other events that occur fairly regularly or during the weekend (e.g., family gatherings, lessons, sport events for siblings)?

More.....

- 🦋 What would you like to see your child accomplish?
- 🦋 What are your child's favorite activities?
- 🦋 What routines are frustrating for your family?
- 🦋 Does everyone in the family experience these frustrations?
- 🦋 What kinds of things have you already tried?
- 🦋 What do you think might be some strategies for decreasing the frustration?
- 🦋 How would you like us to help you?

Concerns

 **Concerns** are the circumstances or child behaviors which worry, distress, or create difficulties for families. Problems and actions that do not fulfill family members' dreams or expectations are concerns. The needs a family expresses, the challenges they confront, and their interests in "things being better or different" also comprise a family's concerns.

Priorities

 **Priorities** are the concerns that the family decides should be addressed first; a family's agenda and choices for how early intervention will be involved in family life.

Resources

 **Resources** are the people, skills and capacities, the relationships and the concrete assets that a family has or has access to which support, nurture, and sustain family members or the family as a whole. Qualities and characteristics of family members and formal and informal supports that help a family meet its needs and accomplish its goals are resources.

Procedural Safeguards

Summary of Procedural Safeguards - Part C

Below is a summary of rights and participation under 34 CFR, Section 303, regulations for the Early Intervention Program for Infants and Toddlers with Disabilities, Part C of the Individuals with Disabilities Education Act (IDEA). Part C of the IDEA outlines a series of rights and procedural safeguards to ensure your participation in the early intervention system. Procedural safeguards are the checks and balances of the system and are intended to protect your interests as well as the interests of the early intervention system. The rights and safeguards convey the law's central emphasis of respect for your privacy, diversity and role as informed members of the early intervention team. It is the intent of Part C of the IDEA to enhance your ability to meet the needs of your infant or toddler and encourage your participation in meeting those needs. **Bold type** = section headings from regulations.

RECORDS (303.401)

The early intervention records is your family's record. You can see anything in Early Steps records about your child and family at any time. You may not be charged to get copies of the records if you cannot afford it. You may also ask that the information be changed if you feel it is wrong. If you do not understand the way records are written, the information in your child's record will be explained to you in a way you will understand. You are a team member and we want you to have the same information as the other team members.

NATIVE LANGUAGE OR PREFERRED WAY OF COMMUNICATION (303.402, 303.403)

It is your right to completely understand all activities and

written records about your child, if you prefer a language other than English or a way of communicating, such as Braille or sign language. Early Steps will work with you to get an interpreter, if at all possible. Early Steps wants you to understand so that you can be an informed team member and decision maker.

WRITTEN PRIOR NOTICE (303.404)

Early Steps must give you advance written information about any evaluations, services, or other child-based actions affecting your child. The information you share with Early Steps will make sure that the evaluations and services are right for you. The "paperwork" assures that you get all the details and have a chance to talk to someone before the identification, evaluation, provision of early intervention services and child-based activity.

WRITTEN INFORMED CONSENT (303.405)

Early Steps needs your permission to take any actions that affect your child. You will be asked to give your consent in writing before Early Steps evaluates your child or provides early intervention services. Early Steps must be sure you completely understand the suggested activities. By being involved, you can help Early Steps plan services that match your family's preferences and needs. You may take away permission for your child to have any early intervention service at any time. Early Steps will explain what happens if you give your consent and if you do not give your consent.

CONFIDENTIALITY AND RELEASE OF INFORMATION (303.406 & 303.408)

Early Steps values the information you and other service and health care

providers have learned about your child. We will ask others for this information, but we need your written permission to do so. Just as Early Steps needs your permission to get your child's records from other providers, the records that Early Steps will develop will only be shared with others with your permission or as allowed under the law.

ACCEPT OR DECLINE SERVICES WITHOUT JEOPARDY (303.409)

With the other members of your child's early intervention team, you will consider which early intervention services can best help you accomplish the outcomes that you want for your child and family. You will be asked to give consent for those early intervention services that you want your child and family to receive. You do not have to agree to all services recommended. You can say no to some early intervention services and still get other services. If you decide to accept other early intervention services at a later date, you can give your consent then.

SUBSTITUTE PARENTS (303.408)

Procedures must be in place to protect the rights of your child if you become unavailable or if your child becomes a ward of the state. These procedures must include a process for assigning a person to act as a surrogate for you. The surrogate parent may represent your child in all matters related to evaluation, services and other rights under Part C of IDEA until you become available or legal guardianship of your child is assigned to a person who is able to carry out the role of the parent.

MEDIATION (303.410)

When you and early intervention programs are unable to resolve

your differences through the individualized family support plan (IFSP) process, you may request mediation. Both parties have to agree to mediation and sign a request form. In mediation, a trained mediator helps the parties reach a mutually satisfactory solution that is in the best interest of the family. Early intervention mediation is free to parents. It does not interfere with the right to a due process hearing. Mediation is voluntary, optional for both parties and is confidential. Mediation will be scheduled in a timely manner and will be held in a location that is convenient to both parties. Any agreements reached in mediation will be put in writing and signed by both parties.

COMPLAINT PROCEDURES (303.411)

Early Steps recognizes your right to make decisions about your child and will take your concerns seriously. If you and the early intervention team do not agree on plans or services, or if you have other complaints about Part C services, there are procedures for resolving your concerns quickly. There are many informal ways of sharing your concerns with your team and Early Steps. Your feedback will help Early Steps improve. However, if informal steps do not work to satisfy a concern related to a possible violation of the requirements of Part C, you may file a written, signed complaint with the lead agency (Children's Medical Services). The lead agency must conduct an inquiry and issue a written decision within 90 calendar days. During the time a complaint inquiry is underway, your child must continue to receive the early intervention services currently being provided or, if applying for initial services, the child must receive those services not in dispute. (See 34 CFR §303.423 re: Status of Child During Proceedings) If you have questions,

DUE PROCESS HEARING (303.415, 416)

When you have a complaint regarding matters related to the identification, evaluation, or placement of your child or the provision of early intervention services, you may request a due process hearing. The hearing must be convenient to you and must be conducted by a knowledgeable, impartial hearing officer from outside the program. During the hearing proceedings, your child must continue receiving any early intervention services which are currently being provided. A written decision must be issued within 30 calendar days. You have a right to file a civil action in a state or federal court if you are not satisfied with the outcome of the hearing.

Child's Name:

Parent Signature (I have been given a written summary of the procedural safeguards for Part C of IDEA, and have had these rights and safeguards explained to me.):

Date:

Adapted from the National Early Childhood Technical Assistance System (NECTAS) Item Assessing the Family Role on the Early Intervention Team. Exploring Rights and Safeguards (1997) p.41 by J.C. Harris and P.E. Gail.

Activities for Planning Evaluation and Assessment

- 🦋 Provide information to the family on the general purpose, process and options for evaluation and assessment.
- 🦋 Discuss with the family the appropriate persons to be involved in the evaluation and assessment based on presenting developmental issues and family concerns and priorities.
- 🦋 Discuss with the family the options and considerations for settings and locations and if a translator or adaptations are needed.

Activities for Planning Evaluation and Assessment

 Gather information from the family to individualize the evaluation and assessment process by asking:

- How would you like to participate in your child's evaluation? (Describe examples of participation.)
- What do you want us to look for?
- What should we know so that we can get the best picture of your child's strengths and needs?
- Are there any favorite toys that would help your child feel more comfortable?
- What time of day is your child most alert?

Electronic Case Note



Case Note

Child's Name:
Child's DOB:
Child's Medicaid #:
Child's Unique #:

Date:
Status:
Location:

TCM Activities:

Total Minutes: **Total Units:**

Time In: 9:04 AM **Time Out:** 10:38 AM **Met at the home w/John and his mother for intake appt. Identified Mother's concerns, priorities and resources. Mother's main concern is that John is not talking, which makes her frustrated. Explained ESS philosophy, serv. delivery system and elig. criteria. Provided Central Directory brochure. Provided and explained procedural safeguard rights in family's native language. Confirmed that Mother agreed when understood rights. Informed of right to change s/c. Provided PRS contact info. Gathered MED coverage info and obtained consent for use of MED. Gathered info regarding child's developmental skills. Mother reported that John started walking at 12 months, runs well, tries to scribble, plays along side other children and has recently started to engage in pretend play. Obtained consent to conduct developmental screening. Conducted screening using the SGL2 screener and shared results w/Mother. John was age appropriate in all areas of development except for S/L. Obtained consent for eval. Scheduled eval. for July 23, 09 at 10:00a.m. at the home. Obtained consent for release of info for pediatrician and child care center.**

CASE Activities:

Total Minutes: **Total Units:**

Supporting Documentation:

<ul style="list-style-type: none"> -SGL2 Protocol -Consent for Evaluation Form (Informed Notice and Consent for Evaluation and Assessment) -Consent for Release of Information Form -Consent for Use of Insurance Form (Use of Private Insurance for Early Intervention Services) 	Follow-up Plan: S/C to contact family of eval. appt. the day before eval. S/C to arrange for records from pediatrician to be obtained prior to eval. appt.
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Travel Time (SCTT):

In:	Departure Location:	Out:	Arrival Location:
8:42 AM	-Office	9:03 AM	-Home
10:39 AM	-Home	11:00 AM	-Office

Total Minutes: **Total Units:**

Service Coordinator Name:
Credentials:

Signature: _____ **Date Signed:**

1

06/12/07

Data Entry Sample

Targeted Case Management

Record for:	Unique Number:	DOB: 06/07/07	PSC: EH
Part C Flag: Y	DEI Flag:	MED Flag:	Medicaid ID:
TPIN Flag: Y	Initial IFSP:	Most Recent IFSP:	Disposition Code:
Disposition Date:	Record Created: 08/08/07	Updated by: Erin Horn	Record Last updated: 08/08/07

<p>*From Date 08/06/07 *To Date 08/06/07</p> <p>*Service TCM</p> <p>*CPT Code T1017TL (TARGETED CASE MANAGEMENT 1 unit is 1 hour) max rate is \$37</p> <p>Before 07/01/07, Leave the CPT Code blank to use the default CPT code</p> <p>*Recipient 1 CHILD</p> <p>ICD9 754.1</p> <p>*Units 1.50</p> <p>*Status F Face-to-face contact (initial)</p> <p>*Agency EIP</p> <p>Fee 55.50 Leave Fee blank to calculate fees based on Taxonomy rate for service/CPT Code</p> <p>*Location 1 HOME</p> <p>*Provider EH</p> <p>*Payer CONT</p>	<p>Reference Number</p> <p>Bill Date not billed</p> <p>Paid Date mm/dd/yy</p> <p>Paid Amount 0.00</p> <p>Bill Flag</p> <p>Denial Reason</p> <p>Comment</p> <p>see Record Copy To New Intervention</p> <p>Click for help with new screen</p>
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Data Entry Sample Travel

Record for:	Unique Number:	DOB: 06/07/07	PSC: EH
Part C Flag: Y	DEI Flag:	MED Flag:	Medicaid ID:
TPIN Flag: Y	Initial IFSP:	Most Recent IFSP:	Disposition Code:
Disposition Date:	Record Created: 08/08/07	Updated by: Erin Horn	Record Last updated: 08/08/07

*From Date *To Date

*Service

*CPT Code (SERVICE COORDINATOR TRAVEL 1 unit is 1 hour) max rate is \$37

Before 07/01/07, Leave the CPT Code blank to use the default CPT code

*Recipient

ICD9

*Units

*Status

*Agency

Fee Leave Fee blank to calculate fees based on Taxonomy rate for service/CPT Code

*Location

*Provider

*Payer

Reference Number

Bill Date

Paid Date

Paid Amount

Bill Flag

Denial Reason

Comment

[Click for help with new screen](#)

Sample Space Coast Established Condition Form

Space Coast Early Steps Statement of Established Conditions Form

45

STATEMENT OF ESTABLISHED CONDITION

Emily Example (DOB: 1/2007) should be considered eligible for Part C of IDEA (Individuals with Disabilities Education Act) due to an established medical condition. She has been diagnosed with **Down Syndrome (TSD)**. This diagnosis has a high probability of resulting in developmental delay.

Joseph McDecor, M.D.

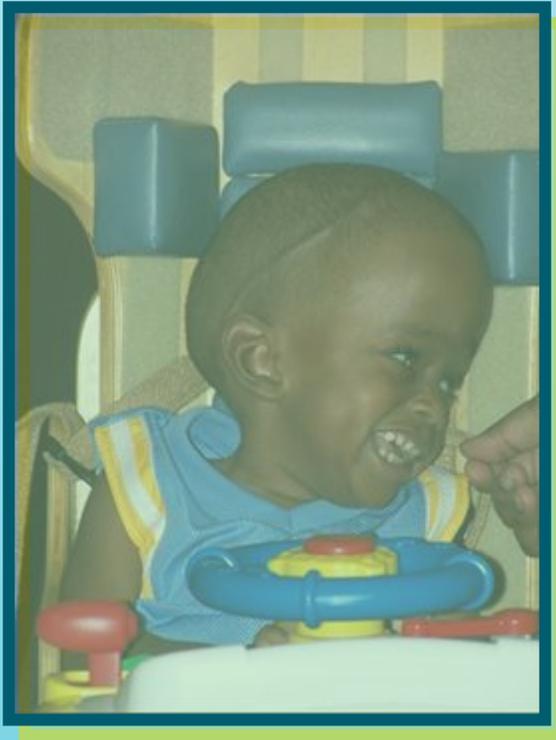
DATE

0/0/0/0/0/0

SAMPLE

Interim IFSP

When Babies Can't Wait



- Early intervention services needed immediately
- Prior to evaluation and assessment
- Interim IFSP with parental consent

Interim IFSP

- The name of the service coordinator
- Outcomes to the extent possible.
- Early intervention services needed immediately

early steps
Children's Medical Services

Form A: Your Family's Information

Page 1 of Form A

Child's Name: Last First MI A.K.A.

DOB: / / Gender: Male Female

Child's Primary Language / Mode of Communication: English Spanish Creole Other

Check one: Parent Guardian Foster Parent Sumscale Parent Other

Name(s): Address: City: State: Zip Code: Phone: Work Phone: Cellar Phone: E-mail: Country:

Best time to call: Primary Language used in home / Mode of Communication: English Spanish Creole Other

Check one: Parent Guardian Foster Parent Sumscale Parent Other

Name(s): Address: City: State: Zip Code: Phone: Work Phone: Cellar Phone: E-mail: Country:

Best time to call: Primary Language used in home / Mode of Communication: English Spanish Creole Other

Is an interpreter needed for the family? Yes No If so, what kind of interpreter?

The following people can help you with your questions and concerns:

Service Coordinator: Name: Address: City: State: Zip Code: Phone: Fax: E-mail: Agency:

Family Resource Specialist: Name: Address: City: State: Zip Code: Phone: Fax: E-mail:

Training Date: Search IFSP Date: Current IFSP Date:

IFSP Periodic Review Due Date: IFSP Renewal Annual Review Date: Renewal IFSP Due Date: Transition Conference Due Date:

Interim IFSP

- Development of an interim IFSP does not circumvent the requirement that evaluation, assessment and the initial IFSP must be completed within 45 days after the child is referred to Early Steps.



Points to Remember Working with Families

- 🦋 On-going
- 🦋 Non-intrusive
- 🦋 Informal and Formal
- 🦋 Linked to Outcomes
- 🦋 Use the family's words as much as possible or words/phrases that reflect what the family has said.
- 🦋 Avoid the use of technical jargon and acronyms, both in writing the IFSP and in conversations with the family to develop the IFSP





Before beginning a long journey, it is wise to know where you are going....that way you will know that you've arrived once you get there.

Pooh Bear

Who Knows First Contacts of Early Steps

<p>For 26 the First Contacts is:</p> <ul style="list-style-type: none"> A. A one time only occurrence B. Only when you call the family C. The initial communications with the family that includes a face to face meeting prior to the day of the evaluation D. Only the initial face to face meeting with family 	<p>For 60 the Purpose of First Contacts is to:</p> <ul style="list-style-type: none"> A. To engage the family in program B. To ensure family understands the program C. To tell family what to do D. To gather information for evaluation and assessment and development of functional outcomes 	<p>For 76 First Contact Requirements include:</p> <ul style="list-style-type: none"> A. Face to face with child present and screening completed, if needed B. Time and location convenient to the family, preferably in natural environment C. Occurring prior to the initial evaluation and assessment D. All of the above 	<p>For 100 A child with an established condition is:</p> <ul style="list-style-type: none"> A. Eligible for Part C services B. In need of an evaluation C. In need of an assessment D. Both A & C
<p>For 126 First Contact information should be:</p> <ul style="list-style-type: none"> A. Placed in the child's file for future reference B. Shared with the evaluation and assessment team C. Placed on the IRSP D. All of the above 	<p>For 160 First Contacts can be conducted by:</p> <ul style="list-style-type: none"> A. The Early Steps Receptionist B. Any trained Early Steps Provider C. Only a Service Coordinator D. All of the above 	<p>For 176 When completing First Contacts:</p> <ul style="list-style-type: none"> A. The Early Steps program is explained B. The evaluation and assessment process is explained C. Procedural Safeguards are explained and given D. All of the above 	<p>For 200 which is true of First Contacts:</p> <ul style="list-style-type: none"> A. A screening must be completed B. Family must be informed of their concerns C. The Family Resource Specialist must participate D. None of the above
<p>For 225 which is not true of First Contacts:</p> <ul style="list-style-type: none"> A. Is a process, not a one time event B. Must be completed prior to the initial evaluation and assessment C. The purpose of first contact is only to complete the paperwork D. No of the above 	<p>For 250 First Contact information is used to:</p> <ul style="list-style-type: none"> A. Determine the formation of the evaluation and assessment team B. Be shared with the evaluation and assessment team prior to the evaluation C. Learn more about the child and family's background D. All of the above 	<p>For 275 First Contacts information gathered is:</p> <ul style="list-style-type: none"> A. The child's and family's strengths and interests B. Settings where the child and family lives and play C. Settings which the family would like for their child to participate D. All of the above 	<p>For 300 First Contacts information gathered is to:</p> <ul style="list-style-type: none"> A. The family's concerns and priorities for the child B. The family's need for other supports C. Part of the family assessment D. None of the above
<p>For 325 During First Contacts a screening should be completed if:</p> <ul style="list-style-type: none"> A. The child has an established condition B. The child has an obvious delay C. Neither A or B D. Both A and B 	<p>For 350 First Contacts information should be:</p> <ul style="list-style-type: none"> A. Documented on Form A of IPSP B. Documented on Form B of IPSP C. Documented on Form C of IPSP D. All of the above 	<p>For 375 How is First Contact identified in a child's record on the Data System:</p> <ul style="list-style-type: none"> A. F under Recipient in Interventions B. F under Location in Interventions C. F under Status in Interventions D. None of the above 	<p>For 400 The following are best practices for First Contacts:</p> <ul style="list-style-type: none"> A. Make contact with family within 5 days of referral B. Make information gathering conversational and non-evaluative C. Include information gathered on Forms A-C D. All of the above