

North Dakota Case Review Tool-Revised (CRT-R)

The North Dakota Case Review Tool was designed to be used by the North Dakota Part C Early Intervention program for training, accountability, and monitoring purposes.

Section 1: Chart Information	
A. Therap ID #:	
B. Age at Time of IFSP:	
C. Age at CRT-R Review:	
D. Initial Referral Date:	
E. Eligibility Date:	
F. IFSP Start Date:	
G. IFSP End Date: (Initial IFSP date is 1 year minus 1 day from date of eligibility)	
H. Initial Evaluation or Assessment attached in Therap:	<input type="checkbox"/> No <input type="checkbox"/> Yes
I. Initial developed in 45 days: If delayed, indicate reason for Date: _____ Delay: Family Agency Weather	
J. IFSP Participants: *Required • *Parent • *Service Coordinator • PEIP • Evaluators/Assessors • Other	<div style="display: flex; justify-content: space-around;"> No Yes </div>
	List Participants:

K. Evaluator/Assessor #1 Name/Title:		
L. Evaluator/Assessor #2 Name/Title:		
M. Evaluator/Assessor #3 (optional):		
N. Prior Notice/Invite for IFSP:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
O. Prior Notice/Consent for evaluation/assessment:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
P. Assessment Tools/Objective Tools (criterion or norm referenced):	<ul style="list-style-type: none"> ○ Early Learning Accomplishment Profile Preschool Language Scale (ELAP) ○ Developmental Assessment of Young Children (DAYC) ○ Hawaii Early Learning Profile (HELP) 	<ul style="list-style-type: none"> ○ Vision Screening Tool ○ Receptive Expressive Emergent Language Scale (REEL-3) ○ AEPS ○ Other _____ ○ Other _____ ○ Other _____ ○ Other _____

Section 1 Reviewer Notes:

Section 2 Reviewer Notes:

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Section 3: Family Assessment and Priorities

Review Questions			
A. Family assessment interview documented:	No	Yes	N/A
B. Priorities are ranked in numerical order by the family:	No	Yes	N/A
C. Completed within 45 days of initial IFSP or prior to annual IFSP:	No	Yes	N/A
Quality Review Area	1 Unacceptable	2 Acceptable	
D. Information is included on the people who are important to the child and family and the family's concerns and resources with the concurrence of the family. This information is	<p>No information is provided OR Information is provided and additional clarification is needed OR There is no documentation that the family declined to provide this information.</p>	<p>All of the following information is described:</p> <ul style="list-style-type: none"> • Family concerns and the information is connected to what is working well along with the challenges within typical routines and activities. • Important people to the family • Family assessment focuses on family functioning, child engagement, social relationships, and independence in the families routines throughout the day. • General Resources (family resources) 	

<p>connected to the family's everyday routines and activities.</p> <p>Acceptable</p> <p>Unacceptable</p>		<ul style="list-style-type: none"> ○ housing, transportation, food, financial supports, childcare, friends/relatives employment ○ Community groups ● Specific Resources (developmental resources) related to the family's capacity to enhance the child's development (i.e., specific strategies the family uses to enhance their child's development) including any family activities that are helpful or challenging for the family <p>OR</p> <p>The family declined to provide information and documentation is present.</p>
<p>E. There is clear information linking family priorities to family concerns, strengths, and interests.</p> <p>Acceptable</p> <p>Unacceptable</p>	<p>No priorities are listed</p> <p>OR</p> <p>Priorities are provided and additional clarification is needed</p> <p>OR</p> <p>There is no documentation that the family declined to prioritize</p>	<ul style="list-style-type: none"> ● Family priorities are clearly linked to family concerns, strengths, and interests of the child and family. ● Family priorities are described within family routines <p>OR</p> <p>There is documentation that the family declined priorities</p>
<p>Comments:</p>		

Section 3 Reviewer Notes:

Section 4: Functional, Measurable Outcomes and Activities

Review Questions			
A. Outcomes are based on family's priorities and concerns	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
B. Outcomes are developmentally appropriate (consistent with PLD).	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A if family outcome
Quality Review Area	1 Unacceptable	2 Acceptable	
C. Child and/or family outcomes are functional (related to participation in daily routines and activities). Acceptable Unacceptable	Outcome statements are written: <ul style="list-style-type: none"> As services to be provided OR <ul style="list-style-type: none"> In discipline-specific, or therapeutic language Uses jargon OR <ul style="list-style-type: none"> In vague terms (could be used on any IFSP) 	Outcome statements are functional in that they: <ul style="list-style-type: none"> Are useful and meaningful to the family AND <ul style="list-style-type: none"> Target a skill necessary for full participation in daily routines and activities Reflects the family's unique real-life situations that are addressed during daily routines and activities. The following criteria should be met when the outcome is functional. The outcome: <ul style="list-style-type: none"> Based on routines Uses everyday language Emphasizes the positive Uses active rather than passive words Uses integrated domains 	
D. Outcomes are measureable Acceptable Unacceptable	Outcome criteria statements: <ul style="list-style-type: none"> Do not include criteria, procedures, or timelines OR <ul style="list-style-type: none"> Include percentages and/or trials in criteria. 	Outcome criteria statements are meaningful to the family and contain the following: <ul style="list-style-type: none"> A level of measurability, Procedures, and Timelines. AND The outcome must be written so that all members of the team will understand when the outcome has been met.	

		<p>Criteria include:</p> <ul style="list-style-type: none"> Maintenance criterion (demonstrates the behavior/skill for a reasonable period), <p>OR</p> <ul style="list-style-type: none"> Fluency criterion (perform the skill smoothly and rapidly) <p>AND</p> <ul style="list-style-type: none"> The amount of time over which the behavior needs to be displayed. <p>OR</p> <ul style="list-style-type: none"> Generalization criterion (across times, people, places, situations).
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<p>E. Early intervention activities support the child’s and family’s everyday routines and build family capacity.</p> <p>Acceptable</p> <p>Unacceptable</p>	<p>Activities reflect only what the professional will do with the child, and only include specialized places and equipment.</p> <p>OR</p> <p>Activities are disjointed and not connected to the outcomes (e.g., they could be implemented in isolation without achieving the outcome)</p>	<p>Activities reflect that the early intervention personnel are supporting the family/caregivers to implement intervention strategies, which take place in the home and community settings.</p> <p>AND</p> <p>Activities are connected to the outcome and reflect the child’s functional skills.</p> <p>Strategies and activities reflect that the family and/or caregiver(s) implement activities of interest with professionals providing consultation and/or coaching for family/caregiver learning and problem-solving.</p> <p>AND</p> <p>Activities are connected to the outcome and reflect the child’s functional skills, interests and priorities.</p>
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Review each outcome and rate:																
Outcome #1	A:	Yes	No	B:	Yes	No	N/A	C:	1	2	D:	1	2	E:	1	2
Outcome #2	A:	Yes	No	B:	Yes	No	N/A	C:	1	2	D:	1	2	E:	1	2
Outcome #3	A:	Yes	No	B:	Yes	No	N/A	C:	1	2	D:	1	2	E:	1	2
Outcome #4	A:	Yes	No	B:	Yes	No	N/A	C:	1	2	D:	1	2	E:	1	2
Outcome #5	A:	Yes	No	B:	Yes	No	N/A	C:	1	2	D:	1	2	E:	1	2
Outcome #6	A:	Yes	No	B:	Yes	No	N/A	C:	1	2	D:	1	2	E:	1	2

Outcome #7	A: Yes No	B: Yes No N/A	C: 1 2	D: 1 2	E: 1 2
Outcome #8	A: Yes No	B: Yes No N/A	C: 1 2	D: 1 2	E: 1 2
Outcome #9	A: Yes No	B: Yes No N/A	C: 1 2	D: 1 2	E: 1 2
Outcome #10	A: Yes No	B: Yes No N/A	C: 1 2	D: 1 2	E: 1 2
Comments:					

Section 4 Reviewer Notes:

Section 5: Services and Natural Environment

Review Questions		
A. Services are based on meeting the outcomes.	A menu of services are offered with no relation to the needs in the outcomes. <input type="checkbox"/> No	Services are clearly based on the outcomes. <input type="checkbox"/> Yes
B. Location of services identified.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C. Type of service (individual or group) identified.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
D. Funding source of services identified.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
E. Duration of services identified (stop/start dates).	<input type="checkbox"/> No	<input type="checkbox"/> Yes
F. Frequency of services identified (number of days service provided).	<input type="checkbox"/> No	<input type="checkbox"/> Yes
G. Length of services identified (length of time service provided during each session).	<input type="checkbox"/> No	<input type="checkbox"/> Yes
H. Method of services identified (how a service is provided).	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Quality Review Area	1 Unacceptable	2 Acceptable
I. Adequate information and evidence is provided to support the rationale that a child's needs and outcomes cannot be achieved in natural settings.	The IFSP identifies one or more services that are not in a natural environment for the child and family. AND There is no justification or the justification is not based on the needs of the child but appears to be for one of the following reasons:	All services are provided in natural environments OR The child is receiving most services in natural environments AND When a service is provided in a setting that is not a natural environment, a justification is included in the IFSP that is based on the needs of the child, justifying that the setting is necessary to achieve the outcome. AND

Acceptable Unacceptable	<ul style="list-style-type: none">• Administrative convenience• Fiscal reasons• Personnel limitations• Parent/therapist preferences	For each service justified, there is a plan to transition interventions into natural settings.
Comments:		

Section 5 Reviewer Notes:

Section 6: Adaptations and Supports

Review Questions			
<p>A. Assistive technology (low and high tech supports and/or modifications to the environment i.e., sign language, visual schedules, adapted utensils, etc.) supports are provided when needed to achieve an outcome and documented in the activities.</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<p>B. Assistive technology discussed in the activity is appropriate to meet the needs of the child.</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<p>Comments:</p>			

Section 6 Reviewer Notes:

Section 7: Transition

Review Questions			
A. Opt-out form was completed by 2.5 or later if child entered after 2.5. (optional based on family decision)	<input type="checkbox"/> No Opt-out form should have been completed and was not	<input type="checkbox"/> Yes Family chose opt-out, and form was completed	<input type="checkbox"/> N/A Family chose referral to Part B
B. If no opt-out, LEA notification completed by 2.6 or later if child entered after 2.6.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
C. Prior notice completed for transition meeting(s)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
D. DD eligibility determination made by 2.9	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A if parent withdraws
E. By the time the child is 2.6, the IFSP includes a transition outcome.	<input type="checkbox"/> No	Yes	N/A
F. 2.7 meeting held	No	Yes	N/A if late referral
G. 2.9 meeting held	No	Yes	
Quality Review Area	1 Unacceptable	2 Acceptable	
H. The transition outcome/activities includes documentation that transition issues are identified and discussed, and steps are included. Acceptable Unacceptable	No transition is noted in the IFSP OR The information shared is inadequate to inform parents about the transition process.	Transition activities include information on all of the following: Individual needs of the child, family, and receiving agency for a successful transition. AND The transition outcome clearly relates to the needs of the child and family. AND Information about the following: <ul style="list-style-type: none"> • Specific places • Programs • Dates • People who will need to be involved in the transition process 	

<p>I. The IFSP includes documentation that transition issues are identified and discussed during a transition meeting.</p> <p>Acceptable</p> <p>Unacceptable</p>	<p>No transition meeting information is noted in the IFSP. OR The information shared is inadequate to inform parents about the transition process.</p>	<p>Transition meeting notes include documentation that transition issues are identified and discussed and steps are included to prepare the family for choices/options at different transition points. AND The transition outcome clearly relates to the needs of the child and family.</p>
<p>Comments:</p>		

Section 7 Reviewer Notes:

Section 8: IFSP Review
Check if N/A (IFSP Review not due at this time)

Review Questions		
A. Prior notice documented in Therap.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
B. IFSP Participants listed	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C. An IFSP review needs to be completed at least every 6 months, and a review is applicable to this IFSP.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
D. Progress toward achieving outcomes is included in the documentation.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
E. Present level of development, including child behavior is updated.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
F. Priorities are updated.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
G. Outcomes in the IFSP are updated.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
H. Services are updated and based on the need of the updated outcomes.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
I. Family assessment updated.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Comments:		

Section 8 Reviewer Notes:

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