Format updated 5-2021 and 5-2022

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| --- | --- | --- | --- | --- |
| **Identification** **and** **Referral** **(IR)**  *Service for infants, toddlers, children and youth who need early intervention or special education programming*  **Organization will establish a self-study committee to assess and rate the organization on the following:** | Supporting Documentation  Indicate name of file or cite page in documents you provide to show compliance. | Review Committee Decision | | |
| Fully Met | Partially Met | Not Met |
| 1. Procedures exist, and resources are allocated for identifying and referring infants, toddlers, children and youth who are blind or who have low vision, including those who have multiple disabilities and/or are deafblind, for early intervention and special education programing. |  |  |  |  |
| 2. Unbiased, extensive resource information is provided to parents of recently identified children who are blind or who have low vision, including those who have multiple disabilities and/or are deafblind, regardless of the child’s age. |  |  |  |  |
| 3. Programs for infants, toddlers, children and youth who are blind or who have low vision, including those who have multiple disabilities and/or are deafblind, establish collaborative relationships with health care providers, social services, school districts and childcare programs. |  |  |  |  |
| 4. Qualified personnel**,** who have received instruction in the administration of vision screenings, conduct vision screenings to identify children who may have a vision loss. |  |  |  |  |
| 5. There are follow up procedures for children who fail vision screenings to ensure they receive appropriate eye examinations from eye doctors. |  |  |  |  |
| 6. Additional screening for hearing loss and additional impairments is administered to infants, toddlers, children, and youth who are blind or who have low vision, including those who have multiple disabilities and/or are deafblind. |  |  |  |  |
| 7. Infants, toddlers, children and youth identified as having a vision loss receive referrals to the appropriate programs within two (2) days and are contacted by these programs within fourteen (14) calendar days. |  |  |  |  |
| Total Standards |  | /7 | /7 | /7 |

Required Documents

Please prepare a folder in Dropbox (or use other means of sharing as mutually agreed with AER) for your organization’s Identification & Referral Self-Study, with sub-folders labeled for each of the following documents:

* Self-Study (above)
* Policy, Procedures and Process Flow Chart for Screening, Identification and Referral
* Identification and Referral Budget
* List of Collaboration Partners and Description of Each Relationship
* Resumes for Assigned Personnel
* Initial and Follow Up Screening Guidelines
* Sample Checklists and Questionnaires
* Consumer Records
* Identification and Referral Tracking Reports
* **See** **Section** **I.** **(G)** **Program** **Evaluation** **and** **Improvement** **Required** **Documents** **and** **Submit** **Each** **Item** **for** **Identification** **and** **Referral** **and** **Label** **“I.** **(G)** **Identification** **and** **Referral** **Services.”**
* Narrative to explain any standards you rated as partially met or not met.
* Any other Narrative Remarks

List of Members of Self-Study Committee:

Date Self-Study Completed:

Date of Board Meeting approving Self-Study: