



RAU Data Entry

Form to be completed by Interim or Ongoing Service Coordinator and submitted within **two working days to the RAU. Copy to be provided to practitioner.**

SECTION I. - Evaluation and/or Assessment Activities – One evaluation/assessment service per practitioner may be authorized with the family present to determine eligibility for the initial or annual IFSP, or in situations where the family has expressed concerns about a new developmental area in one of the following settings (**Choose One**): **F-F H, F-F CS, F-F CC, F-F SPL or F-F RF** on a 1 per auth basis for no more than 90 minutes OR **VH** on a 1 per auth basis for no more than 60 minutes. If there are concerns with the child's participation in a child care, Head Start or preschool setting, one additional authorization per practitioner may be given to gather additional information in that setting to determine the need for ongoing services without the family present (**F-F CC- NF**) or (**F-F CS-HS-PS - NF**) (Head Start) or PS (Private Preschool) -NF) on a 1 per auth basis for no more than 60 minutes. E/A authorizations are issued for a maximum of 60 days but are to be completed within 15 days of confirmation date. E/A authorizations may be discontinued at any point within the 60-day period if the practitioner does not complete their E/A activities timely.

Payee	Practitioner	*Part C Service	Date Practitioner Confirmed	E/A Activities	Add Practitioner/Payee for Eval/Assess	Remove Practitioner/Payee for Eval/Assess

***Part C Service Codes:** (**FC**) Family Training and Counseling, (**H**) Health, (**NR**) Nursing, (**NT**) Nutrition, (**O**) Occupational Therapy, (**P**) Physical Therapy, (**PSY**) Psychology, (**SC**) Service Coordination, (**SW**) Social Work, (**SI-ASL**) ASL Specialist, (**SI-DS**) Developmental Specialist, (**SI-HS**) Hearing Specialist, (**SI-AU**) Special Education - Autism, (**SI-BCBA**) Special Education - BA/BCBA/BCaBa, (**SI-BEH**) Special Education – Behavior, (**SP**) Speech Pathology, (**V**) Vision.

Evaluation Activities: **FAMILY PRESENT (F-F H)**-Face to Face-Home-90 mins; **(F-F CS)**-Face to Face-Community Setting-90 mins; **(F-F CC)**-Face to Face Child Care-90 mins; **(F-F SPL)** Face to Face-Service Provider Location-90 mins; **(F-F RF)** Face to Face-Residential Facility-90 mins; **(VH)**-Virtual-60 mins

FAMILY NOT PRESENT (F-F CC NF)-Face to Face-Child Care **(F-F CS-HS-PS NF)** Face to Face-Community Setting/Head Start/Private-Preschool-60 mins

Method Codes: (**F-F**) Face to Face; (**V**) Virtual **Location Codes:** (**H**) Home, (**CC**) Child Care, (**CS**) Community Setting, (**SPL**) Service Provider Location, (**RF**) Residential Facility

SECTION II. - Early Intervention Services - *To be completed when a practitioner is to be added or removed from the IFSP team.* Practitioners confirmed to provide IFSP services are authorized to provide services at the intensity/frequency and location as identified on the child/family's IFSP.

****An IFSP service page must be attached to this confirmation form when submitted to the RAU.**

Payee	Practitioner	*Part C Service	Date Practitioner Confirmed	Method Code	Location Code	**Add Practitioner/Payee for IFSP	**Remove Practitioner/Payee for IFSP