CHRIS

Children's Registry and Information System Field Reference Guide

Technical Support Information

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About This Manual

The purpose of this manual is to provide definitions for all fields in the Children's Registry and Information System (CHRIS) data entry screens.

For additional information on the CHRIS Project, refer to the *User Manual, Reports Manual*, and *Data Facilitator Manual*. All support documentation can be retrieved from the CHRIS website at <u>www.chris.miami.edu</u>.

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Legend

The following is a list of conventions used throughout this manual:



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Main Menu Options

The main menu is located on the top of all of the screens in the Children's Registry and Information System (CHRIS). The menu options are consistent throughout CHRIS. Selecting a main menu option displays the corresponding screen.

Main Menu	Description
? Help	Opens the CHRIS Field Reference Guide (this document) for assistance.
∳+} Transfer	Initiates the record transfer process. (Data Facilitators only)
Q Record Locator	Opens a blank Record Locator screen to add a child, find a child's record, or find a group of records.
Reports	Opens the Reporting screen and allows users to create standard and site-specific reports.
Hanage Lists	Allows Data Facilitators to manage drop-down lists throughout CHRIS.
C+ Sign Out	Used to exit CHRIS.

Record Locator Screen

After a successful login to CHRIS, the **Record Locator** screen is displayed. The **Record Locator** screen provides the option to add a child's record, find a child's record, or find a group of children's records. When the Advanced Search Options are expanded, additional fields are available to further narrow the Record Locator search criteria.

CHRIS		Participation Participation Help Record Locator	r Reports Manage Lis	ts Sign Out
				chrispasco
Enter your desired search criteria	below, then click "Search".			
DBNUM	Last Name	First Name		
From MM/DD/YYYY	To MM/DD/YYYY			
- Advanced Search Optio		SA Physical Address	SA Mailing Address	
SA Phone 1	SA Phone 2	SA Phone 3	SA Email	
Staff Assigned	Home School Zone	Appointment Date	Student Number	
			© Clear	Q Search

Screen Field Name	Actual Field Name	Field Description
♦ DBNUM	Dbnum	The number that is automatically
		assigned to the child's record at the time
		the record is entered into the system.
		This value is unique within each site.
 Last Name 	LastName	The child's last name.
 First Name 	FirstName	The child's first name.
♦ Birth Date Range	DOB	Beginning of a date range used for a
(From)		search.
♦ Birth Date Range	DOB	End of a date range used for a search.
(To)		
 SA First Name 	AdultFirstName	The first name of the significant adult
		(SA).
 SA Last Name 	AdultLastName	The last name of the significant adult
		(SA).

Free text field	Automatically calculated field	State-defined drop-down list	Locally defined drop-down list
💙 Display only field	Button option	Check box field	+ Radio button

Screen Field Name	Actual Field Name	Field Description
 SA Physical Address 	AdultPermStreet, AdultPermCity, ▲ AdultPermState, AdultPermZip	The physical street address of the significant adult (SA). Includes house number, street name, apartment number, box number, or other informa- tion required for mailing. The City name is selected from a drop-down list. Ad- dress, State, and Zip Code are free text fields.
 SA Mailing Address 	AdultStreet, AdultCity, ▲ AdultState, AdultZip	The mailing address of the significant adult (SA). Includes house number, street name, apartment number, box number, or other information required for mailing. The City name is selected from a drop-down list. Address, State, and Zip Code are free text fields.
♦ SA Phone 1	AdultPhone1	The telephone number, including area code, for the significant adult (SA).
◆ SA Phone 2	AdultPhone2	The telephone number, including area code, for the significant adult (SA).
◆ SA Phone 3	AdultPhone3	The telephone number, including area code, for the significant adult (SA).
♦ SA Email	AdultEmail	The email address for the significant adult (SA).
▲ Staff Assigned	StaffAssignedFull- Name	The name of the staff person assigned to coordinate services for the child.
▲ Home School Zone	HomeZonedSchool	The district-designated attendance zone for the child.
 Appointment Date 	ApptDate	The date the appointment was scheduled to occur. This date is entered at the time the event is created. It can be edited on the detail screen.
♣ Clear		Clears find criteria and returns to blank Record Locator screen.
♣ Search		Performs find in state-wide database using find criteria entered.

Free text field

Automatically calculated field 💙 Display only field 🛛 🛧 Button option

• State-defined drop-down list Check box field

▲ Locally defined drop-down list + Radio button

Found Set Display Screen

When a found set of records has been located, additional display options, record access options, and sort options become available.

DBNUM ↑↓	Last Name ↑↓	First Name ↑↓	Birth Date ↑↓	Code↑↓	Residence County ↑↓	District $\uparrow \downarrow$	Sig Adult Last Name ↑↓	Timeline Status	COS	Demo	Tracl
446396	Asi	Aju	03/06/2016		Archived	Archived	Asi			ŝ⊷i	i⊶i
447276	Asi	Aal	10/06/2020		Pinellas	Pinellas	Asi		È	1	
467902	Asi	Ast	11/18/2017		Broward	Broward	Tsc	ET		i↔i	i⊶i
479179	Asi	Aan	04/04/2017	Purple Team	Lee	Lee	ri	ET		ŝ⊷ż	i⊶i
485951	Asi	Ava	08/22/2016	Area N	Archived	Archived	Aor	ET		i↔i	i⊶i
487487	Asi	Aga	10/13/2016		Archived	Archived	Oca	ET		ŝ↔ż	i⊷i
490471	Asi	Aai	05/17/2021		Pinellas	Manatee	Asi	ET			
493996	Asi	Aai	11/22/2016	Area C	Archived	Archived	Hso	ET		ŝ⊷i	i⊷i
510115	Asi	Aan	12/31/2016	QQIEIPS/TN	Orange	Orange	Gas	ET		i⊶i	i⊶i
512241	Asi	Aal	06/28/2017	Blue Team	Lee	Lee	Asi	ET		ŝ⊷i	ŝ⊷i
512903	Asi	Aor	07/20/2017	Р	Levy	Levy	Asi			i⊶i	i⊶i
517411	Asi	Aal	03/12/2017	254	Orange	Orange		ET		ŝ⊷i	ŝ⊷i
519802	Asi	Aji	11/27/2017	Blue Team	Lee	Lee	Ebu	ET		i⊶i	i⊶i
532027	Asi	Ave	05/16/2016		Archived	Archived	Asi	ET		i-i	i⊶i
533999	Asi	Ael	01/13/2016		Archived	Archived	Zpe	ET		i⊷i	i⊶i
536299	Asi	Ada	11/12/2016	TrESE-N	Archived	Archived	Sca	ET		i-i	i⊶i
540268	Asi	Abh	10/31/2016		Archived	Archived	Dsh	ET		ŝ⊷i	iti
548100	Asi	Ada	01/08/2016	Parent	Archived	Archived	Asi	EV		i⊶i	i⊶i
550279	Asi	Aal	01/09/2017	Parent	St. Lucie	St. Lucie	Asi	ET		ś⊷ż	i⊷i
553348	Asi	Aal	01/11/2019		Nassau	Nassau	Asi			i-i	i⊶i

Screen Field Name	Actual Field Name	Field Description
◆ DBNUM	Dbnum	The number that is automatically assigned to the child's record at the time the record is entered into the system. This value is unique within each site.
 Last Name 	LastName	The child's last name.
 First Name 	FirstName	The child's first name.
♦ Birth Date	DOB	The child's date of birth as verified by a birth record.
♥ Code	Code	The use of this field is locally defined.
♥ Residence County	CountyOfResidence	The county where the child lives. "Archived" indicates the child is seven years old or older with no Service Coordination activity within the prior school year. Contact the Help Desk to reinstate the child to their pre-archived County of Residence.
♥ District	District	The child's school district.
 Sig Adult Last Name 	AdultLastName	The last name of the primary significant adult.
Timeline Status	TimelineStatus	The most recent Timeline event in the child's record.
◆ COS	N/A	 This icon will appear when the user has access to the Child Outcomes Summary Process Form (COS). Access is based on School District. The COS screen for the current child will be displayed.
♣ Demo	N/A	 Record Transfer required to view Demographics Screen. Displays current child's Demographics Screen.
◆ Track	N/A	 Record Transfer required to view Tracking Summary Screen. Displays current child's Tracking Summary Screen.

State-defined drop-down list
 Check box field

▲ Locally defined drop-down list + Radio button

Add New Child Screen

Adding a child's record is a process that must be completed from the **Record Locator** screen. A search must be performed to ensure that the child does not have an existing record in the database. If no record exists for the child, the **Add New Child** screen will become available.

Last Name: First Name: Middle Name: Smith John	×
Date of Birth: Sex: Social Security Number:	
10/10/2021 Select V	
Residence County: Referral First Contact Date:	
Select V MM/DD/YYYY	
Referral Reason:	
O Cancel + Add C	nild

Screen Field Name	Actual Field Name	Field Description
◆ Last Name	LastName	The child's last name. This field is required to create a child's record.
 First Name 	FirstName	The child's first name. This field is required to create a child's record.
 Middle Name 	MiddleName	The child's middle name.
◆ Date of Birth	DOB	The child's date of birth as verified by a birth record. This field is required to create a child's record.
• Sex	Sex	 The child's gender. This field is required to create a child's record. Drop-down options include the following: <u>M</u>: Male <u>F</u>: Female <u>Unknown</u>
 Social Security Number 	SSN	The child's Social Security Number.
Residence County	CountyOfResidence	The county where the child lives. Drop- down options include all counties associated with the user's site.
 Referral First Contact Date 	ReferralFirstCon- tactDate	The very first date that the child became known or was referred. This date documents the first contact regarding the child.
♦ Referral Reason	ReferralFirstContac- tReason	Reason the child was initially referred.
♣ Cancel	N/A	Cancels process and returns to Found Set Display Screen.
Add Child	N/A	Adds child to database and displays the Demographics Screen.

State-defined drop-down listCheck box field

Demographics Screen

The **Demographics** screen contains demographic information pertaining to the individual child whose record is being viewed.

The General tab displays the current child's demographic information.

The Significant Adults tab displays information about parents or other significant adults associated with the current child.

The Other Adults tab displays information about other adults associated with the current child.

The Critical Info tab displays any information of a critical nature that needs to be considered when working with the child or family. The field label automatically changes to red if there is information entered in this field.

Q > Oui, Sebastian James DBNUM: 66	69358 Child ID: 669358.29 Age: 3.07	DOB: 12/02/2019	chrispinellas
Demographics	🖹 Forms 🔒 Print 🙀 Transfer	r	
🖋 General	Timeline Status: ET Staff Assigned: Bo	ltz/Liss	Saved
🛻 Significant Adults	Last Name	Suffix	First Name
- Significant Addits	Oui	Jr. 🗸	Sebastian
Cther Adults	Middle Name	Relation	Birth Date
	James	Sibling	12/02/2019
1 Critical Info			
	Sex	Alternate Surname	Nickname
	м ~	Smith	Seb
	Birth (State/Country)	Birth (County)	Home School Zone
	Egypt BEgypt 🗸 🗸	De Soto 🗸	Campbell Park Elementary 🗸 🗸
	Residence County	Service County	Current Location
	Pinellas 🗸	Pinellas 🗸	Boltz/Liss 🗸
	Primary Language	Other Language	Current Sub Location
	English 🗸	Farsi 🗸	Amy Howe 🗸
	Student Number	Migrant	Ethnicity (Hispanic)
	123456789	No 🗸	O Yes No
			0 110
	Race (Check all that apply.)		
	American Indian or Alaska Native	✓ Asian	Black or African American
	Native Hawaiian or Other Pacific Islander	Parent Refused Designation	Unknown
	U White		

Screen Field Name	Actual Field Name	Field Description
Demographics	N/A	Displays child's General Demographics Information.
Tracking	N/A	Displays child's General Tracking Summary Information.
♣ Forms	N/A	Displays current user's custom forms and letters. (For more information see User Manual.)
♣ Print	N/A	Downloads a PDF document of the current child's demographic summary, tracking summary, and/or a detailed report of all demographic and tracking information. (For more information see User Manual.)
♣ Transfer	N/A	Allows Data Facilitators to move a child's record to a different Florida county. (For more information, see Data Facilitator Manual)
🕭 General	N/A	Displays current child's demographic information.
Significant Adults	N/A	Displays Significant Adult or parent records associated with current child.
Other Adults	N/A	Displays additional Significant Adult Information
♣ Critical Info	N/A	Displays any information of a critical nature that needs to be considered when working with the child or family but that should not be part of the open record. This might include sensitive information, such as whether the child is in protective custody. The field label automatically changes to red if there is information entered in this field.
🖢 Timeline Status	TimelineStatus	The most recent Timeline event in the child's record.
♣ Saved/Save	N/A	Save=Data entered is unsaved. Saved=Data entered has been saved. CHRIS saves automatically every 15 seconds.

Free text field

Automatically calculated field 💙 Display only field 🛛 🛧 Button option

• State-defined drop-down list Check box field

▲ Locally defined drop-down list + Radio button

General Demographic Information

> <u>Oui, Sebastian James</u> D	BNUM: 669358 Child ID: 669358.29 Age: 3.07	DOB: 12/02/2019	chrispinellc
💶 Demographics 🍵 Trad	cking 🖹 Forms 🔒 Print 🙀 Transfe	r	
🌈 General	Timeline Status: ET Staff Assigned: Bo	bltz/Liss	B Saved
Significant Adults	Last Name	Suffix	First Name
	Oui	Jr.	✓ Sebastian
Sther Adults	Middle Name	Relation	Birth Date
	James	Sibling	✓ 12/02/2019
Critical Info	Sex	Alternate Surname	Nickname
	м ~	Smith	Seb
	Birth (State/Country)	Birth (County)	Home School Zone
	Egypt BEgypt 🗸 🗸	De Soto	✓ Campbell Park Elementary
	Residence County	Service County	Current Location
	Pinellas 🗸	Pinellas	✓ Boltz/Liss
	Primary Language	Other Language	Current Sub Location
	English	Farsi	✓ Amy Howe
	Student Number	Migrant	Ethnicity (Hispanic)
	123456789	No	✓ O Yes● No
	Race (Check all that apply.)		
	American Indian or Alaska Native	🗹 Asian	Black or African American
	Native Hawaiian or Other Pacific Islander	Parent Refused Designation	Unknown
	U White		

♦ Free text field
 ♦ Automatically calculated field
 ♥ State-defined drop-down list
 ▲ Locally defined drop-down list
 ♥ Display only field
 ♥ Button option
 ■ Check box field
 ♥ Radio button

Screen Field Name	Actual Field Name	Field Description
 Last Name 	LastName	The child's last name.
• Suffix	Suffix	Any suffix added to the child's legal name. Drop-down options include the following: • Jr. • <u>II</u> • <u>III</u> • <u>III</u> • <u>IV</u>
 First Name 	FirstName	The child's first name.
 Middle Name 	MiddleName	The child's middle name.
Relation	Relation	The child's relationship to another child in CHRIS. Drop-down options include the following: • <u>Sibling</u> • <u>Twin</u> • <u>Triplet</u>
♦ Birth Date	DOB	The child's date of birth as verified by a birth record.
• Sex	Sex	The child's gender. Drop-down options include the following: • <u>M</u> : Male • <u>F</u> : Female • <u>Unknown</u>
 Alternate Surname 	AlternateSurname	Any other legal surname the child has been known by, such as a child's surname prior to adoption.
◆ Nickname	Nickname	Any name other than the legal name that the child is commonly called by or answers to, such as Junior, Bubba, Sissy, Tinker, or shortened versions or alterations of a legal name, such as Maggie, Peggy, or Meg for Margaret; Ricky, Richy, Dick, or Rich for Richard.
• Birth (State/ Country)	BirthStateCountry	The state the child was born in if in the United States, or the country of the child's birth if outside the United States. Drop-down options include all states and countries.

Free text field

Automatically calculated field

• State-defined drop-down list Check box field

Screen Field Name	Actual Field Name	Field Description
• Birth (County)	BirthCounty	The Florida county of the child's birth. This field is completed for children born in Florida. Drop-down options include all counties in Florida.
▲ Home School Zone	HomeZonedSchool	The district-designated attendance zone for the child.
 Residence County 	CountyofResidence	The county where the child lives. Drop- down options include all counties associated with the user's site.
 Service County 	ServiceCounty	The county in which the child is receiving services. Drop-down options include all counties associated with the user's site.
Current Location	Location	The location at which the child is receiving services. It may be the home; the name of an agency, school, or child care provider; or any other location where the child is receiving services.
 Primary Language 	PrimaryLanguage	The primary language the child uses to communicate. This may or may not be the primary language used in the home.
 Other Language 	OtherLanguage	A language other than the child's primary language that is spoken in the home by the parent or by another caregiver or that the child speaks or understands.
 Current Sub Loca- tion 	SubLocation	Current Sub Location is locally definable. There should be agreement among the users on how this field is to be used. Some options are: home school zone, school number, area or region of service, school or service location name, or other locally definable location.
 Student Number 	StudentNumber	The district-designated student ID for the child (10-digit number).
• Migrant	Migrant	Indicates whether the child is from a migrant family (migratory agriculture or fishing laborers). Drop-down options include the following: • <u>Y</u> : Yes • <u>N</u> : No

Free text field	Automatically calculated field	State-defined drop-down list	Locally defined drop-down list
💙 Display only field	Button option	Check box field	+ Radio button

Screen Field Name	Actual Field Name	Field Description
+ Ethnicity (Hispanic)	Ethnicity	The child's ethnicity. Indicates whether the child is <u>Hispanic or Latino</u> (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
Race	Race	 The child's race. Categories are based on the Division of Public Schools state student database definitions. Multiple race categories may be selected, at least one is required. Check box options include the following: <u>American Indian or Alaskan Native</u>: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. <u>Asian</u>: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <u>Black or African American</u>: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <u>Parent Refused Designation</u>: parent or guardian declined to provide race information <u>Unknown</u>: no racial information known <u>White</u>: a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Free text field	Automatically calculated field	State-defined drop-down list	Locally defined drop-down list
💙 Display only field	Button option	Check box field	+ Radio button

Significant Adult Information

Adult 1 Adult 2 Adult 3		
	$\wedge \downarrow$	Delete j
First Name	Relation	
Frank	Father	~
Legal Guardian	Courtesy Title	
0 Ү	Mr.	~
N		
Email Notes		
Language Two	7	
Select 🗸		
State	Zip	
FL	32222	
Phone 2	Phone 3	
Notes 2	Notes 3	
State	Tim	
State	Zip	
State	Zip	
	Frank Legal Guardian Y N Email Notes Language Two Select State FL Phone 2	Frank Father Legal Guardian Courtesy Title Y Mr. N Email Notes Language Two

Screen Field Name	Actual Field Name	Field Description
🜲 Add Entry	N/A	Adds new Significant Adult record.
♣ Saved/Save	N/A	Save=Data entered is unsaved. Saved=Data entered has been saved. CHRIS saves automatically every 15 seconds.
◆ Last Name	AdultLastName	The last name of the significant adult. There are no limit restrictions on the number of significant adults that can be added to a child's record.
 First Name 	AdultFirstName	The first name of the significant adult.
• Relation	AdultRelation	The legal relationship of the significant adult to the child. Drop-down options include the following: • <u>Mother</u> • <u>Father</u> • <u>Parents</u> • <u>Grandparent</u> • <u>Foster Parent</u> • <u>Surrogate Parent</u> • <u>Step Parent</u> • <u>Step Parent</u> • <u>Guardian Ad Litem</u> • <u>Other Relative</u> • <u>Other</u>
+ Lives With	AdultLivesWith	The person or persons with whom the child lives. If a child lives in more than one home or if more than one significant adult lives with the child, this field may be used for more than one significant adult, as in the case of joint or shared custody. Drop-down options include the following: • <u>Y</u> : Yes • <u>N</u> : No
+ Legal Guardian	AdultLegalGuardian	Indicates whether the person in the Relation field is designated as the child's legal guardian. Drop-down options include the following: • <u>Y</u> : Yes • <u>N</u> : No

Free text field 💙 Display only field 🛛 🛧 Button option

Automatically calculated field

• State-defined drop-down list Check box field

Screen Field Name	Actual Field Name	Field Description
• Courtesy Title	AdultCourtesyTitle	Courtesy titles are forms of address to be used in correspondence. Drop-down options include the following: • <u>Mr.</u> • <u>Ms.</u> • <u>Mrs.</u> • <u>Mr. & Mrs.</u> • <u>Dr.</u> • <u>Fr.</u> • <u>Rev.</u>
◆ Email	AdultEmail	The email address for the significant adult.
 Email Notes 	AdultEmailNotes	Notes that are pertinent to the Email.
▲ Language One	AdultLanguage	The primary language the parent uses to communicate. This may or may not be the primary language used in the home.
▲ Language Two	AdultLanguagetwo	The secondary language the parent uses to communicate.
 Phys Address 	AdultPermStreet, AdultPermCity, ▲ AdultPermState, AdultPermZip	The physical street address of the significant adult. Includes house number, street name, apartment number, box number, or other information required for mailing. The City name is selected from a drop-down list. Address, State, and Zip Code are free text fields.
+ Mail?	AdultMail	Designator for whether the referenced person should be included in mailings regarding the child. Mailings can be selected to go to multiple addresses. Selecting "Yes" will copy the physical address into the mailing address if the mailing address is blank. Drop-down options include the following: • <u>Y</u> : Yes • <u>N</u> : No
 Phones 	AdultPhone1, AdultPhone2, AdultPhone3	The telephone number, including area code, for the significant adult.
◆ Notes	AdultNotes1, AdultNotes2, AdultNotes3	Notes that are pertinent to the telephone number, such as hours of use, location, or other instructions.
 Free text field	•	lefined drop-down list ▲ Locally defined drop-down list box field + Radio button

Screen Field Name	Actual Field Name	Field Description
 Mail Address 	AdultStreet, AdultCity, ▲ AdultState, AdultZip	The mailing address of the significant adult. Includes house number, street name, apartment number, box number, or other information required for mailing. The City name is selected from a drop-down list. Address, State, and Zip Code are free text fields.
 ◆ Directions to Home 	AdultDirectionsTo- Home	Directions on how to get to the home where the child is living. This field can include information that is necessary to find the referenced address. Street names, landmarks, and directional cues may be included.
 Previous Addresses 	PreviousAddresses	Previous addresses of the significant adult. This includes any address information regarding where the child lived prior to the current mailing or physical address.

Other Adults



Additional Significant Adult Information

Screen Field Name	Actual Field Name	Field Description	
♣ Saved/Save	N/A	Save=Data entered is unsaved. Saved=Data entered has been saved. CHRIS saves automatically every 15 seconds.	
 Additional Significant Adult Information 	OtherAdultInfo	Information pertaining to other significant adults with whom Service Coordinators make arrangements concerning this child that are not entered in the significant adult records.	
Free text field 🔄 Automat	ically calculated field • State-c	lefined drop-down list 🔺 Locally defined drop-down list	
💙 Display only field 🛛 🛧 Button 🤅	option Check	box field + Radio button	

Critical Info

		Save
Medicaid Number	Social Security Number	
	123-45-6789	
Critical Notes		
Don't Call after 5pm		

Screen Field Name	Actual Field Name	Field Description
◆ Saved/Save	N/A	Save=Data entered is unsaved. Saved=Data entered has been saved. CHRIS saves automatically every 15 seconds.
 Medicaid Number 	MedicaidNumber	The child's Medicaid number.
 Social Security Number 	SSN	The child's Social Security Number. Note: This field has restricted access. The field automatically changes to red if the number is entered in the wrong format.
 Critical Notes 	CriticalNotes	Any information of a critical nature that needs to be considered when working with the child or family but that should not be part of the open record. This might include sensitive information, such as whether the child is in protective custody. The field label automatically changes to red if there is information entered in this field.

Tracking Summary

The **Tracking Summary** screen contains confidential information regarding service provision. The **Tracking Summary** screen also displays child information, which can be modified from the **Demographic** screen.

The General tab displays current child's demographic information.

The SC Events tab displays the Service Coordination Summary Screen.

The Timeline Events tab displays the Timeline Summary Screen.

Header and Child Information

The header and child information fields are automatically calculated by the program or pulled through from the Demographics screen. Users cannot modify these fields on the Tracking screen.

Q > <u>Asi, Odi</u> DBNUM: 5	22978 Child ID: 522	978.68 Age: 5.11	Record Cre	ator: DOB:09/0	05/2016		chrispasco
💶 Demographics 📋	Tracking 📑 Fo	rms 🔒 Print	🙌 Transf	er			
🖋 General							Saved
SC Events	DB	IUM: 522978	Child I	522978.68	DOB: 09/05/201	6 Age: 5.11	
imeline Events	Las	t Name: Asi	Suffix:		First Name: Odi	Middle Name	91
_	SYE	2022	This ch	ild is currently: 5 y	ears 11 months	and 11 days	
Header &	Record	Creator		Update Date		3rd Birth Day	
Child Info	ryanc			05/18/2022		09/05/2019	
	Primary	Language		County of Residence		Location	
	Englis	h		Pasco		LMES	
	Sub Loc	ation	[Staff Assigned		ISC or Service Coordinator	
	St Tho	mas Aquinas Early Le	aming-NP	Agency	\$	Doctor	\$
	Code						
	DP-4 9	Screening	\$				
	PreK Fu	Inding Programs					
	Program	nl		Program 2		Program 3	
	Migra	nt PreK	\$	Select	\$	Select	\$
	Agenci	es/Providers					
	Agency	/ Provider 1		Agency / Provider 2		Agency / Provider 3	
	Paren	t	\$	Select	¢	Select	¢
	Excepti	onality Status		Timeline Status		Service Coordination State	us
	N			EF		FTE	
	Inter Ag	ency Release		Start Date		End Date	
	No		\$	MM/DD/YYYY		MM/DD/YYYY	

State-defined drop-down list
 Check box field

Locally defined drop-down list
 Radio button

Screen Field Name	Actual Field Name	Field Description
Demographics	N/A	Displays child's General Demographics Information.
♣ Tracking	N/A	Displays child's General Tracking Summary Information.
♣ Forms	N/A	Displays current user's custom forms and letters.
♣ Print	N/A	Downloads a PDF document of the current child's demographic summary, tracking summary and/or a detailed report of all demographic and tracking information.
♣ Transfer	N/A	Allows Data Facilitators to move a child's record to one of the 67 Florida Counties. (For more information, see Data Facilitator Manual)
🕭 General	N/A	Displays current child's demographic information.
SC Events	N/A	Displays Service Coordination Summary Screen.
🕭 Timeline Events	N/A	Displays Timeline Summary Screen.
♣ Saved/Save	N/A	Save=Data entered is unsaved. Saved=Data entered has been saved. CHRIS saves automatically every 15 seconds.
◆ DBNUM	Dbnum	The number that is automatically assigned to the child's record at the time the record is entered into the system. This value is unique within each site.
◆ Child ID	ChildID	The child's unique statewide identification number. The first part of the number is the <i>Dbnum</i> and the second part of the number is the site's unique identification number (Site ID).
◆ DOB	DOB	The child's date of birth as verified by a birth record.
🛧 Age	Age	The child's age today (based on the system date on the computer).

Screen Field Name	Actual Field Name	Field Description
🛧 Last Name	LastName	The child's last name.
🛧 Suffix	Suffix	Any suffix added to the child's legal name.
First Name	FirstName	The child's first name.
🛧 Middle Name	MiddleName	The child's middle name.
🛧 SY5	SY5	The school year in which the child will turn five years old.
This child is currently	CurrentAge	Child's age spelled out in years, months and days.
Record Creator	RecordCreator	The person who established the record in CHRIS.
👲 Update Date	UpdateDate	The date the record was most recently updated.
🚖 3rd BDay	ThirdBDay	The date the child will turn three years old.
Primary Language	PrimaryLanguage	The primary language the child uses to communicate. This may or may not be the primary language used in the home.
County of Residence	CountyOfResidence	The county where the child lives.
▲ Location	Location	The location at which the child is receiving services. It may be the home or the name of an agency, school, child care provider, or any other location placement where the child is receiving services.
Sub Location	SubLocation	Current Sub Location is locally definable. Some options are: home school zone, school number, area or region of service, school or service location name, or other locally definable location.

State-defined drop-down listCheck box field

Locally defined drop-down list
 Radio button

General

The General section includes Tracking Summary fields.

	Q > Asi, Odi DBNU	JM: 522978 Child	d ID: 522978.68 Age: 5.11	Record Cre	ator: DOB: 09/0	5/2016		chrispasco
	Demographics	苗 Tracking	Forms 🔒 Print	🚧 Transf	ər			
	🖋 General							Saved
	SC Events		DBNUM: 522978	Child IE	522978.68	DOB: 09/05/201	6 Age: 5.11	
	🛗 Timeline Events		Last Name: ASİ	Suffix:		First Name: Odi	Middle Nan	ne:
			SY5: 2022	This ch	ild is currently: 5 y	ears 11 months	and 11 days	
			Record Creator		Update Date		3rd Birth Day	
			ryanc		05/18/2022		09/05/2019	
			Primary Language		County of Residence		Location	
			English		Pasco		LMES	
			Sub Location		Staff Assigned		ISC or Service Coordinat	or
			St Thomas Aquinas Early La	earning-NP	Agency	\$	Doctor	\$
			Code					
			DP-4 Screening	\$				
			PreK Funding Programs					
Tracking Summ	arv Fields		Program 1		Program 2		Program 3	
			Migrant PreK	\$	Select	\$	Select	\$
			Agencies/Providers					
			Agency / Provider 1		Agency / Provider 2		Agency / Provider 3	
			Parent	\$	Select	\$	Select	\$
			Exceptionality Status		Timeline Status		Service Coordination Sta	itus
			N		EF		FTE	
			Inter Agency Release		Start Date		End Date	
			No	\$	MM/DD/YYYY		MM/DD/YYYY	
				·				

Screen Field Name	Actual Field Name	Field Description
🕭 General	N/A	Displays current child's demographic information.
SC Events	N/A	Displays Service Coordination Summary Screen.
🕭 Timeline Events	N/A	Displays Timeline Summary Screen.
Staff Assigned	StaffAssignedFull- Name	The name of the staff person assigned to coordinate services for the child.
▲ ISC or Service Coordinator	ISCorSCFullName	The child's Interim Service Coordinator (ISC) or Service Coordinator (SC). The person who has primary responsibility for interagency coordination of services and case management for this child. It may be a person from the school system, or an agency.
▲ Code	Code	The use of this field is locally defined.

State-defined drop-down list
Check box field

Locally defined drop-down list
 Radio button

Screen Field Name	Actual Field Name	Field Description
• PreK Funding Program (1, 2, 3)	AgenciesKnown1, AgenciesKnown2, AgenciesKnown3	Prekindergarten (PreK) programs or services (up to three) that the child has attended. Drop-down options include the following: • Early Head Start • Early Learning Coalition Program (including subsidized child care) • Even Start • Head Start • Head Start • Migrant PreK • None • Part B – Kindergarten • Part B – PreK • Part C – Early Steps • Private Preschool • Private Program • Teenage Parent Program • Title 1 – PreK • VPK
▲ Agencies/ Providers (1, 2, 3)	ProvidersKnown1, ProvidersKnown2, ProvidersKnown3	The agencies (up to three) to whom the child is known. This includes any agencies or providers that have provided or are providing services to the child or agencies that are providing services to the family that impact the child.
◆ Exceptionality Status	ExceptionalityStatus	 Indicates the child's status regarding eligibility for an Individuals with Disabilities Education Act (IDEA) Part B exceptionality program. This field indicates eligibility for Part B regardless of receipt of exceptional student education (ESE) services. Drop-down options include the following: <u>E</u>: Eligible for IDEA Part B exceptionality program. (Primary Exceptionality has been selected within the ESE Eligibility event.) <u>I</u>: Ineligible. Child has been determined ineligible for Part B services. <u>N</u>: Not Determined. An Evaluation event exists, but no ESE Eligibility event has been created. Status remains "N" until an ESE Eligibility event is created.

Screen Field Name	Actual Field Name	Field Description
◆ Timeline Status	TimelineStatus	 The most recent Timeline event in the child's record. Status options include the following: <u>TM</u>: Part C to Part B Meeting. A Part C to Part B Date has been entered. <u>SR</u>: Screening Requested. A Referral for Screening Date has been entered. No detailed event information has been entered. <u>SC</u>: Screening. Detailed event information has been entered. <u>SC</u>: Screening Final Result. Screening Final Result Date. <u>SF</u>: Screening Final Result. Screening Final Result Date has been entered. <u>ER</u>: Evaluation Requested. Referral Date has been entered. <u>ER</u>: Evaluation Requested. Referral Date has been entered. <u>EN</u>: Evaluation Requested. Referral Date has been entered. <u>EV</u>: Evaluation. Detailed event information. <u>EV</u>: Evaluation Final Result. Evaluation Completion Date has been entered. <u>EF</u>: Evaluation Final Result. Evaluation Completion Date has been entered. <u>ES</u>: ESE Staffing. ESE Staffing Date has been entered. <u>ES</u>: ENE Staffing. ESE Staffing Date has been entered. <u>EP</u>/IFSP Date has been entered. <u>ET</u>: End Timeline. End Timeline Date has been entered.

State-defined drop-down list
 Check box field

Locally defined drop-down list
 Radio button

Screen Field Name	Actual Field Name	Field Description
 Service Coordination Status 	ServiceCoordina- tionStatus	The most recent Service Coordination event in the child's record. Contact Log is the only event that has no effect on this status field. • <u>AP</u> : Appointments • <u>PS</u> : Packet Sent • <u>PR</u> : Packet Returned • <u>PFU</u> : Periodic Follow Up • <u>OH</u> : On Hold • <u>FTE</u> : Folder to District/LEA • <u>RFC</u> : Referral First Contact • <u>RI</u> : Referral In • <u>RO</u> : Referral Out • <u>RIN</u> : Referral Inactive • <u>RC</u> : Referral Closed
 Interagency Release 	InterAgencyRelease	 Existence of an Interagency Release. <u>N</u>: No Interagency Release in the child's record. <u>Y</u>: An Interagency Release is present in the child's record Record should be consulted for restrictions prior to releasing any information. All releases are restricted to certain situations and agencies.
◆ Start Date	InterAgency StartDate	The beginning effective date of the most current interagency release in the child's file.
◆ End Date	InterAgency EndDate	The termination date of the most recent interagency release in the child's file.

Service Coordination Events

Twelve events are available for Child Find Specialists to track Service Coordination information in CHRIS. They represent significant points in case management.

ervice Coordinati	on Events		Contact Log Events: 🔯 Hid
Event	Date $\uparrow \downarrow$	AN $\uparrow \downarrow$	Summary
<u>Folder to</u> District/LEA	01/15/2025	-	-
<u>Referral</u> Closed	09/25/2024	Yes	Entered Part B Services
<u>Referral</u> Inactive	09/17/2024	-	Child did not enroll
<u>Periodic</u> Follow-Up	09/17/2024	-	,Speak to parents
<u>Folder to</u> District/LEA	09/04/2024	-	9/4/2024,
<u>Referral In</u>	09/01/2024	Yes	Boltz/Liss,Hearing
<u>Referral Out</u>	08/30/2024	Yes	Kagan, Dr. Brian - Pediatrics,Needed further eval
<u>Packet</u> Returned	08/30/2024	-	-
Contact Log	08/30/2024	-	Call to Parent
<u>Appointments</u>	08/30/2024	-	-
<u>On Hold</u>	08/28/2024	Yes	Completed
Packet Sent	08/28/2024	-	-
<u>Referral First</u> Contact	08/21/2024	-	Test, Two,Hearing

Free text field 💙 Display only field 🛛 🕭 Button option

Automatically calculated field

• State-defined drop-down list Check box field

▲ Locally defined drop-down list

Screen Field Name	Actual Field Name	Field Description
♣ Add Event		Adds a new Service Coordination evnet for the child's record.
♣ Hide/Show Contact Log Events	Display	Clicking the "Show" button displays all Contact Log events. Clicking the "Hide" button removes all Contact Log events. The purpose is to allow users to maximize space on the Tracking Summary screen by not displaying the Contact Log events.
◆ Event	EventName	Service Coordination Events that have taken place. Clicking on the event opens the associated event detail screen.
◆ Date	EventDate	The date the associated event occurred. This date is entered at the time the event was created. It can be edited on the event detail screen. Editing the event date on the event detail screen also changes the date of the event on the Tracking Summary screen.
♠ AN	TrnActionNeeded- Flag	Displays "Yes", which indicates that an Action Needed has been created for that event.
▲ Summary	Summary	The information in this field is compiled automatically from the data entered in the event detail screen (see Table 2).

Summary Data for Service Coordination Events

Event Name	Fields Displayed
Referral First Contact	Referred By, Referral Reason
Referral In	Referred By, Referral Reason
Appointments	Status, Time, Type (1, 2, 3), Location, Confirmed
Contact Log	Contact Reason
Packet Sent	Packet Sent Comments
Packet Returned	Packet Returned Comments
Referral Out	Referred To, Referral Out Reason
Periodic Follow Up	Action Needed Follow Up Date, Comments
On Hold	Reason, Notes
Folder to District/LEA	Date Folder Sent to District or LEA, Notes
Referral Inactive	Referral Inactive Reason
Referral Closed	Referral Closed Reason

Free text field	Automatically calculated field	State-defined drop-down list	Locally defined drop-down list
💙 Display only field	Button option	Check box field	+ Radio button

Header

The following fields are defined once here. These fields are displayed at the top of the screen for every Timeline and Service Coordination event (Part C to Part B, Screening, Evaluation, ESE Eligibility, Part B Service Plan IEP/IFSP, End Timeline, Referral First Contact, Referral In, Appointments, Contact Log, Packet Sent, Packet Returned, Referral Out, Periodic Follow-Up, On Hold, Folder to District/LEA, Referral Inactive and Referral Closed).



Screen Field Name	Actual Field Name	Field Description
Back to Timeline/ SC Events		Displays the Timeline or Service Coordination Events screen.
♣ Prev, Next		Allows the user to scroll forward and backward through the six Timeline Events.
♣ Saved/Save	N/A	Save=Data entered is unsaved. Saved=Data entered has been saved. CHRIS saves automatically every 15 seconds.

Free text field

 Automatically calculated field
 Display only field
 Button option

State-defined drop-down list
 Check box field

Locally defined drop-down list
 Radio button

Screen Field Name	Actual Field Name	Field Description
▲ Name	LastName, FirstName, MiddleName	The child's last name, first name and middle name.
◆ DBNUM	Dbnum	The number that is automatically assigned to the child's record at the time the record is entered into the system. This value is unique within each site.
◆ Child ID	ChildID	The child's unique statewide identification number. The first part of the number is the <i>Dbnum</i> and the second part of the number is the site's unique identification number (Site ID).
🛧 Code	Code	Displays contents from Code field on the Tracking screen.
🛧 DOB	DOB	The child's date of birth as verified by a birth record.
🛧 Age	Age	The child's age today (based on the system date on the computer).
🛧 SY5	SY5	The school year in which the child will turn five years old.
🚖 3rd BDay	ThirdBDay	The date the child will turn three years old.
🛧 Language	PrimaryLanguage	The primary language the child uses to communicate. This may or may not be the primary language used in the home.
	CountyOfResidence	The county where the child lives.
🛧 Staff Assigned	StaffAssignedFull- Name	The name of the staff person assigned to coordinate services for the child.
🖢 Update Date	UpdateDate	The date the record was most recently updated.
Record Creator	RecordCreator	The person who established the record in CHRIS.
ዽ Event Modifier	EventModifier	The person who last modified the current screen.

+ Free text field 💙 Display only field

Automatically calculated field Button option

• State-defined drop-down list Check box field

▲ Locally defined drop-down list + Radio button
Footer

The following fields are defined once here. These fields are displayed at the bottom of the screen for every Timeline and Service Coordination event (Part C to Part B, Screening, Evaluation, ESE Eligibility, Part B Service Plan IEP/IFSP, End Timeline, Referral First Contact, Referral In, Appointments, Contact Log, Packet Sent, Packet Returned, Referral Out, Periodic Follow-Up, On Hold, Folder to District/LEA, Referral Inactive and Referral Closed).

Follow Up Date	Completed Date	
MM/DD/YYYY	MM/DD/YYYY	

Screen Field Name	Actual Field Name	Field Description
 Action Needed 	ActionNeeded	The immediate next action that should be taken regarding this child. Description of the next step to be taken in the Service Coordination continuum.
♦ Follow Up Date	ActionNeededFU- Date	The projected date that follow-up is needed. This should be the date that the Action Needed will be completed.
 Completed Date 	ActionNeededComp- Date	The date the Action Needed was completed.
 Notes 	(CurrentEvent)Notes	Any notes specific to the referenced event.

Referral First Contact

Referral First Contact Date:			
08/21/2024			
Referred By		Phone	Fαx
Test, Two	~		
Email			
Referral Source		Phone	Fax
6th Medical GroupMacDill AFB	~	(813) 828-2273	(813) 828-1742
Email			
Referral Reason			
Hearing			
Awareness Source			
Select	~		

Screen Field Name	Actual Field Name	Field Description
 Referral First Contact Date 	ReferralFirstContact-	The very first date that this child became known or was referred.
	Date	Decame known of was referred.
▲ Referred By	ReferralFirstContact- RefBy	The person who made the initial referral. This could be the parent, a neighbor, or a professional but should reflect the person who actually made the contact.
◆ Phone	ReferralFirstContact- RefByPhone	Telephone number, including area code, for the person who made the initial contact.
◆ Fax	ReferralFirstContact- RefByFax	Fax number, including area code, for the person who made the initial contact.

Screen Field Name	Actual Field Name	Field Description
ዽ Email	ReferralFirstContact- RefByEmail	Email address for the person who made the initial contact.
▲ Referral Source	ReferralFirstContact- Source	The source of the information that generated the contact. This may be an agency, a professional, a friend or neighbor, or a type of media intended to provide information about referral, such as a radio spot, a poster, or other awareness information.
🛧 Phone	ReferralFirstContact- SourcePhone	Telephone number, including area code, for the referral source.
🛧 Fax	ReferralFirstContact- SourceFax	Fax number, including the area code, for the referral source.
🕭 Email	ReferralFirstContact- SourceEmail	Email address for the referral source.
◆ Referral Reason	ReferralFirstContact- Reason	Reason the child was initially referred. This should include information regarding the specific concerns of the referring party regarding the child and should provide enough information for the case coordinator to determine an appropriate "next step."

State-defined drop-down list
Check box field

Locally defined drop-down list
 Radio button

Screen Field Name	Actual Field Name	Field Description
Awareness Source	ReferralFirstContact-	Source through which the initial contact
	Awareness	was made. Drop-down options include
		the following:
		 <u>Agency Employee</u>
		• <u>Billboard</u>
		 <u>Booth or Kiosk</u>
		 <u>Business Insert</u>
		 <u>Child Find Presentation</u>
		 <u>Flyer/Brochure</u>
		• <u>Friend</u>
		• <u>Health Fair</u>
		 <u>Health Provider</u>
		 Mass Screening
		• <u>Movie PSA</u>
		• <u>Newsletter</u>
		• <u>Newspaper</u>
		 <u>Parent Magazine</u>
		• <u>Poster</u>
		 Preschool/Child Care
		• <u>Radio</u>
		• <u>Relative</u>
		 <u>School Employee</u>
		• <u>Social Media</u>
		• <u>TV</u>
		• <u>Website</u>
		<u>Yellow Pages</u>

Referral In

The fields at the top of the screen are defined in the Header section of the **Tracking** screen (see page 29). The fields at the bottom of the screen are defined in the Footer section of the **Tracking Summary** screen (see page 31).

Referral In Date:				
09/27/2019				
Referred By		Phone	Fax	
South PKAT	¢			
Email				
Referral Source		Phone	Fax	
ABA Academy	\$	(727) 388-9449		
Email				
Referral Reason				
Awareness Source				
Select	\$			
Record Transferred From				

Screen Field Name	Actual Field Name	Field Description
◆ Referral In Date	ReferralInDate	The date of any referral received when a Referral First Contact event already exists. Referral In should only be used when there is no open timeline and significant time has elapsed since there has been activity on a previous referral.
▲ Referred By	ReferralInRefBy	The person who made the referral. This could be the parent, a neighbor, or a professional but should reflect the person who actually made the contact.

State-defined drop-down list
 Check box field

Screen Field Name	Actual Field Name	Field Description
🝨 Phone	ReferralInRefBy- Phone	Telephone number, including area code, for the person who made the referral.
🙅 Fax	ReferralInRefBy-Fax	Fax number, including area code, for the person who made the referral.
ዽ Email	ReferralInRefBy- Email	Email address for the person who made the referral.
▲ Referral Source	ReferralInSource	The source of the information that generated the referral. This may be an agency, a professional, a friend or neighbor, or a type of media intended to provide information about referral, such as a radio spot, a poster, or other awareness information.
🛧 Phone	ReferralInSource- Phone	Telephone number, including area code, for the referral source.
🛧 Fax	ReferralInSource- Fax	Fax number, including area code, for the referral source.
ዽ Email	ReferralInSource- Email	Email address for the referral source.
 Referral Reason 	ReferralInReason	Reason the child was referred. This should include information regarding the specific concerns of the referring party regarding the child and should provide enough information for the case coordinator to determine an appropriate "next step."

Screen Field Name	Actual Field Name	Field Description
• Awareness Source	ReferralInAwareness	Source through which the initial contact was made. Drop-down options include the following: • Agency Employee • Billboard • Booth or Kiosk • Business Insert • Child Find Presentation • Flyer/Brochure • Friend • Health Fair • Health Fair • Health Provider • Mass Screening • Movie PSA • Newsletter • Newspaper • Parent Magazine • Poster • Preschool/Child Care • Radio • Relative • School Employee • Social Media • TV • Website
Record Transferred From	PreTransferResidenc- eCounty	Yellow Pages County of Residence prior to record transfer.

State-defined drop-down listCheck box field

Appointments

Appointment Date:					
09/30/2019					
Time		End Time			
12:30 PM		12:30 PM			
Confirmed		Status		Location	
Y	\$	Scheduled	\$	Your home	\$
Address		Directions		Transport	
112233 Street Road, Clearwater, FL 33;		Turn Right		Van	
Provider/Staff		Appointment Type			
Audiological, Services	\$	Select	\$		
Provider/Staff 2		Appointment Type 2			
Select	\$	Select	\$		
Provider/Staff 3		Appointment Type 3			
Select	\$	Select	\$		
Provider/Staff 4		Appointment Type 4			
Select	\$	Select \$			
Provider/Staff 5		Appointment Type 5			
Select	\$	Select	\$		

Screen Field Name	Actual Field Name	Field Description
 Appointment Date 	ApptDate	The date the appointment was scheduled to occur. This date is entered at the time the event is created. It can be edited on the detail screen.
◆ Time	ApptTimeCalc	Beginning time of the appointment. This field is set to record a.m. or p.m. based on the normal workday.

Screen Field Name	Actual Field Name	Field Description
• Confirmed	ApptConfirmed	Indicates whether the appointment was confirmed with the parent and the provider. Drop-down options include the following: • <u>Y</u> : Yes • <u>N</u> : No
• Status	ApptStatus	Indicates the status of the appointment. Drop-down options include the following: • <u>Cancelled</u> • <u>Completed</u> • <u>Must Return</u> • <u>No Show</u> • <u>Rescheduled</u> • <u>Scheduled</u> • <u>Virtual</u>
Location	ApptLocation	Location of the appointment.
♦ Address	ApptAddress	Address of the location of the appointment.
◆ Directions	ApptDirections	Directions to the location of the appointment. Landmarks, street names, and other points of reference may be entered.
◆ Transport	ApptTransport	Indicates family needs regarding transportation or any special transportation arrangements that have been made.
▲ Provider/Staff	ApptProvider1, ApptProvider2, ApptProvider3, ApptProvider4, ApptProvider5	The name of the person or agency with whom the appointment has been arranged for the referenced time, date, and location. Up to five providers can be identified for each appointment.
Appointment Types	ApptType1, ApptType2, ApptType3, ApptType4, ApptType5	General description of the scheduled appointment.
◆ End Time	ApptEndTimeCalc	Ending time of the appointment. This field is set to record a.m. or p.m. based on the normal workday.
 ♦ Free text field	•	ed drop-down list 🔺 Locally defined drop-down list 🕇 field + Radio button

Contact Log

The fields at the top of the screen are defined in the Header section of the **Tracking** screen (see page 29). The fields at the bottom of the screen are defined in the Footer section of the **Tracking Summary** screen (see page 31).

Contact Date	Contact Method	
10/04/2019	Email	•
Staff	Contact	Made To
Cory Beermann	¢ O From	Mother
	_ То	
Contact Reason		
Call to Evaluator		÷
Contact Notes		

♦ Free text field

 ▲ Automatically calculated field
 ● State-defined drop-down list
 ▲ Locally defined drop-down list
 ♥ Display only field
 ♣ Button option
 ■ Check box field
 ♥ Radio button

Screen Field Name	Actual Field Name	Field Description
 Contact Date 	ConLogDateOf- Contact	The date the contact occurred.
• Contact Method	ConLogMethodOf- Contact	Indicates how the contact was made. Drop-down options include the following: • Email • Fax • Letter • Online • Personal Contact • Phone • Text
▲ Staff	ConLogContact- MadeTo	The staff member who made or received the contact.
+ Contact From/To	ConLogFromTo	Indicates whether the contact was to or from the entry in the adjacent field.
◆ Made To	ConLogContact- MadeBy	Indicates who the contact was from or who the contact was made to as indicated by the From/To buttons adjacent to this field.
▲ Contact Reason	ConLogReasonFor- Contact	The purpose of the contact.
 Contact Notes 	ConLogContact- Notes	Additional information regarding this contact.

State-defined drop-down listCheck box field

Locally defined drop-down list
 Radio button

Packet Sent

03/30/2021			
Comments			
Summary information.			

Screen Field Name	Actual Field Name	Field Description
 Packet Sent Date 	PacketSentDate	The date the packet was sent to the parent in response to a referral or request.
♦ Comments	PacketSentComments	Additional information regarding the request for information or the packet sent.

Packet Returned

The fields at the top of the screen are defined in the Header section of the **Tracking** screen (see page 29). The fields at the bottom of the screen are defined in the Footer section of the **Tracking Summary** screen (see page 31).

04/02/2021			
Comments			
Packet was returned.			

Screen Field Name	Actual Field Name	Field Description
 Packet Returned Date 	PacketReturnedDate	The date of parent response to a request for information.
♦ Comments	PacketReturnedComments	Additional information regarding the request for information or the packet returned.

Free text field	Automatically calculated field	State-defined drop-down list	Locally defined drop-down list
Display only field	Button option	Check box field	+ Radio button

۲

Referral Out

Referral Out Date:	
04/17/2021	
Referred To	
Bay Area Montessori	\$
Reason	
Who is Responsible	
Audiological, Services	\$

Screen Field Name	Actual Field Name	Field Description
 Referral Out Date 	ReferralOutDate	The date the child or family was referred to another person or agency for services.
▲ Referred To	ReferralOutRefTo	Name of the person or agency to which the child or family was referred for additional services.
◆ Reason	ReferralOutReason	General description of the reason for the referral, including areas of concern to be addressed.
▲ Who is Responsible	ReferralOutRespon- sibleFullName	Person (or agency) responsible for following up on this referral to determine whether appropriate action was taken.

Periodic Follow-Up

Periodic Follow Up Date:		
06/30/2021		
Comments		
Remember to check for follow Up.		

Screen Field Name	Actual Field Name	Field Description
 Periodic Follow Up Date 	PeriodicFollowUpDate	The date the follow-up was scheduled to occur.
◆ Comments	PeriodicFollowUpComments	Additional information regarding the reason follow-up was needed.

+ Free text field	Automatically calculated field	State-defined drop-down list	Locally defined drop-down list
💙 Display only field	Button option	Check box field	+ Radio button

On Hold

On Hold Date:	Completed Date:
04/15/2021	MM/DD/YYYY
Reason	
Waiting parent consent	
Notes	

Screen Field Name	Actual Field Name	Field Description
♦ On Hold Date	OnHoldDate	The date the child's record was placed on hold.
 Completed Date 	OnHoldCompleted- Date	Date On Hold event was completed.
▲ Reason	OnHoldReason	Reason the child's record was placed on hold. On Hold is a temporary status and as such an Action Needed and a Follow-Up Date should always be provided.
♦ Notes	OnHoldComments	Additional information regarding the reason(s) for placing the child's record on hold.

Free text field	Automatically calculated field	State-defined drop-down list	Locally defined drop-down list
💙 Display only field	Button option	Check box field	+ Radio button

Folder to District/LEA

Folder To District/LEA Date:	Received By District/LEA Date:
09/04/2024	09/04/2024
Folder To District/LEA Notes	

Screen Field Name	Actual Field Name	Field Description
 ◆ Folder to District/ LEA Date 	FolderToESEDate	The date Child Find records were sent to the District or LEA.
 Received By District/LEA Date 	ReceivedByESEDate	The date Child Find records were received by District or LEA.
 Folder to District/ LEA Notes 	FolderToESEComments	Additional information regarding records sent to District or LEA.

Free text field	Automatically calculated field	State-defined drop-down list	Locally defined drop-down list
💙 Display only field	Button option	Check box field	Radio button

Referral Inactive

06/18/2021	
Referral Inactive Reason	
Unable to locate child	

Screen Field Name	Actual Field Name	Field Description
♦ Referral Inactive	ReferralInactiveDate	The date active case management
Date		was suspended.

Screen Field Name	Actual Field Name	Field Description
• Referral Inactive Reas	son ReferralInacti- veReason	 Explanation of why active case management was suspended. The child could still return. Periodic attempts to contact the family may be made by staff. Drop-down options include the following: <u>Child did not enroll</u>: Child eligible for services, significant adult did not enroll child in school. <u>Ineligible for Part B services</u>: Child was evaluated and was determined ineligible for Part B services based on a staffing event. <u>Ineligible for Part C services</u>: Child was evaluated and was determined ineligible for Part C services. <u>Moved out of service area</u>: Child moved out of service area. <u>No parent response</u>: Parent has not contacted site. <u>Parent declined services</u>: Parent did not consent to any further services. <u>Parent provided with information</u>: Referral request was for information only. <u>Passed screening</u>: Child was screened and screening results were within normal limits. <u>Receiving services with an IEP or IFSP</u>. <u>Receiving services with an IEP or IFSP</u>. <u>Receiving services without service plan</u>: Child is receiving services without an IEP or IFSP, such as Head Start, Child Care, Public School PreK Early Steps, Early Head Start, Private Services, or VPK not provided under IDEA, Part C/B. <u>Referred to appropriate agency</u>: Another agency is responsible for following up the referral. <u>Unable to locate child</u>: Child cannot be found to continue process.
 Free text field Display only field 	 Automatically calculated field Button option 	 State-defined drop-down list Check box field A Locally defined drop-down list + Radio button

Referral Closed

teferral Closed Date:	
06/18/2021	
Informal Olacard Barroon	
eferral Closed Reason Entered Part B Services	

Screen Field Name	Actual Field Name	Field Description
 Referral Closed Date 	ReferralClosedDate	The date the case was closed.
• Referral Closed Reason	ReferralClosedReason	 The explanation of why the case was closed. Situations where cases will be closed are very limited. The expectation is that this child is extremely unlikely to be referred back for services. Dropdown options include the following: <u>Deceased</u>: Child is deceased. <u>Entered Kindergarten</u>: Child entered a kindergarten program or reached age 6 by September 1st. <u>Entered Part B Services</u>: Child is receiving Part B services and may have an IEP or an IFSP.

Timeline Events

The Timeline events document the number of days between Part C to Part B or Screening and the time a child has been awarded or denied services (The Timeline events are: Part C to Part B, Screening, Evaluation, ESE Eligibility, Part B Service Plan IEP/IFSP, End Timeline.)

+ Add Timoline

		Timel	ine# 2 v of 2 Time Ela	apsed: 0 day
Event	Date	AN	Summary	Days
Part C to Part B	3/4/2021	-	3/4/2021,	
<u>Screening</u>	3/4/2021	-	3/4/2021,F	0
<u>Evaluation</u>	3/4/2021	1	3/4/2021 Adaptive. Audiolog. BehObsrv. Commun . Developmental . Education . Bhvr. Fune	0
<u>ESE Eligibility.</u>	3/4/2021	-		0
IEP/IFSP	3/4/2021	-		0
End Timeline	3/4/2021		Ineligible for Part C services	0

Summary Data for Timeline Events

Event Name	Timeline Name	Fields Displayed
Part C to Part B	Part C to Part B	Early Steps Part C to Part B Conference Date, Part C Service Coordinator
Screening	Screening	Date of Referral for Screening, Final Screening Result
Evaluation	Evaluation	Referral for Evaluation date, name of evaluation types that have a Completed Date (in alphabetical order)
ESE Eligibility	ESE Eligibility	Primary Exceptionality
Part B Services Plan IEP/IFSP	IEP/IFSP	Service Location, Service Type
End Timeline	End Timeline	End Timeline Reason
 Free text field Automatically calcut Display only field 	lated field State-defined drop- Check box field	down list ▲ Locally defined drop-down list

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Screen Field Name	Actual Field Name	Field Description
♣ Add Timeline		Adds a new set of Timeline events for the child's record.
◆ Timeline #	TimelineCount	The number of timelines created for this child. Allows user to directly select the Timeline to display.
🛧 Time Elapsed	TotalDays	The total number of days elapsed for the current Timeline.
◆ Summary	TrnSummary, ScrSummary, EvlSummary, ESESummary, IEPIFSPSummary, EndSummary	Summary of data entered in the event detail screen (see Summary Data for Timeline Events Table below).
♠ Days	ScrDays, EvlDays, ESEDays, IEPIFSPDays, EndDays	The number of calendar days between subsequent events on the Timeline.

♦ Free text field
 ♦ Automatically calculated field
 ● State-defined drop-down list
 ▲ Locally defined drop-down list
 ♥ Display only field
 ● Button option
 ■ Check box field
 ◆ Radio button

Screen Field Name	Actual Field Name	Field Description
◆ Event		 Activities that have taken place along the continuum of care that lead to the provision of appropriate services to an individual child. These event names are buttons used to enter the appropriate event screen. Button options include the following: Part C to Part B: Opens the Part C to Part B screen Screening: Opens the Screening screen Evaluation: Opens the Evaluation screen ESE Eligibility: Opens the ESE Eligibility screen IEP/IFSP: Opens the Part B Service Plan IEP/IFSP screen End Timeline: Opens the End Timeline screen
◆ Date	TrnPartCtoPartBNo- tificationDate, ScrReferral- forScreeningDate, EvIReferralforEvalu- ationDate, ESEEligibilityDate, IEPIFSPDate, EndDate	The date that the event occurred. This date is entered at the time the event is created. It can be edited on the detail screen. Editing the event date on the detail screen also changes the date of the event on the Timeline.
AN	TrnActionNeeded- Flag	Displays "Yes", which indicates that an Action Needed has been created for that event.

State-defined drop-down listCheck box field

Locally defined drop-down list
 Radio button

Part C to Part B

	Part C to Part B Conference Date:			
	05/02/2025			
Date Referral Packet Re	eceived from ES	Date of ES Consent For Referral		
MM/DD/YYYY		MM/DD/YYYY		
Date of ES Consent For Record Transfer		Parent Participated Part C to Part B		
		Conference		
		○ No		
Parent Participation Me	ethod	LEA Participation Method		
Select	~	Select V		
	MM/DD/YYYY Date of ES Consent For MM/DD/YYYY Parent Participation Me	Date Referral Packet Received from ES MM/DD/YYYY Date of ES Consent For Record Transfer MM/DD/YYYY Parent Participation Method		

Screen Field Name	Actual Field Name	Field Description
◆ Part C to Part B Notification Date	TrnPartCtoPartBNo- tificationDate	The date that the Early Steps program submits notification, unless parent opts out, for prekindergarten program eligibility determination. Notification is defined as personally identifiable information (child's name, child's date of birth, parent's name, contact information). This field or the <i>ES</i> <i>Part C to Part B Conference Date</i> serves as the main date for this event. One or the other field must be entered to create the event, but both fields are not required.
◆ ES Part C to Part B Conference Date	TrnMeetingDate	The date the Part C to Part B conference is conducted (at least 90 days prior to the child's third birthday or, with the consent of all parties, up to nine months prior to the child's third birthday). The local education agency (LEA) representative must participate at this conference, with parent permission. This field or the <i>Part C</i> <i>to Part B Notification Date</i> serves as the main date for this event. One or the other field must be entered to create the event, but both fields are not required.
 Part C Service Coordinator 	TrnPartCServCoord	Part C Service Coordinator at the time the child moves from Part C to Part B services.
 Date Referral Packet Received from ES 	TrnRefPacketRe- ceivedDate	The date of receipt of formal referral information from Part C Early Steps.
 Date of ES Consent for Referral 	TrnConsentForRe- ferralDate	The date of receipt by Part C Early Steps of parent consent to refer the child to the school system for move from Part C to Part B.
◆ Part C Provider	TrnPartCProvider	Part C Service Provider at the time the child moves from Part C to Part B services.

State-defined drop-down list
 Check box field

Screen Field Name	Actual Field Name	Field Description
 Date of ES Consent for Record Transfer 	TrnConsentRe- cordTransferDate	The date of receipt by Part C Early Steps of parent consent to transfer the child's records.
+ Parent Partici- pated Part C to Part B Conference	TrnParentNotAtCon- ference	Whether the parent participated in the Part C to Part B conference.
+ LEA Participated Part C to Part B Con- ference	TrnLEANotAtConfer- ence	Whether the LEA participated in the Part C to Part B conference.
 Parent Participation Method 	TrnParentParticipa- tionMethod	Parent participation method. Drop-down options include the following: • <u>In Person</u> • <u>Phone Conference</u> • <u>Virtual</u> • <u>Other</u>
LEA Participation Method	TrnLEAParticipation- Method	LEA participation method. Drop-down options include the following: • <u>In Person</u> • <u>Not Invited</u> • <u>Phone Conference</u> • <u>Virtual</u> • <u>Other</u>
◆ Notes	TrnNote	Any information received at the time of the Part C to Part B planning that needs to be noted in the record.

Screening

The fields at the top of the screen are defined in the Header section of the Tracking screen (see page 29). The fields at the bottom of the screen are defined in the Footer section of the Tracking Summary screen (see page 31).

						⊖ No	
Presenting Problem (Pr	rimary)	_	Secondary I		Secondar		
Hearing Concerns		\$	Select	\$	Selec	t	
eferral For Screening	Date:		Date of Final Resu	ilt:	Final Scre	ening Result:	
06/18/2021			06/18/2021		F		
Screening	P/F		Date	PRVD		Locatio	n
Adaptive	Se 🛊	MM/DD	/үүүү	Select	¢	Select	
Behavior	Se 🛊	MM/DD	/үүүү	Select	¢	Select	
Cognition	Se 🛊	MM/DD	/YYYY	Select	¢	Select	
Development	Se 🛊	MM/DD	/үүүү	Select	\$	Select	
Hearing	Se 🛊	MM/DD	/үүүү	Select	¢	Select	
Language	Se 🛊	MM/DD	/үүүү	Select	¢	Select	
Motor	Se 🛊	MM/DD	/үүүү	Select	¢	Select	
Observation	Se 🛊	MM/DD	/үүүү	Select	\$	Select	
Parent Conf/Rprt	Se 🛊	MM/DD	/үүүү	Select	¢	Select	
Prof. Report	Se 🛊	MM/DD	/үүүү	Select	\$	Select	
Record Review	Se 🛊	MM/DD	/үүүү	Select	\$	Select	
Social/Emotional	Se 🛊	MM/DD	/үүүү	Select	¢	Select	
Speech	Se 🛊	MM/DD	/үүүү	Select	¢	Select	
/ision	Se 🛊	MM/DD	/үүүү	Select	\$	Select	

♦ Free text field 💙 Display only field 🛛 🕭 Button option

Automatically calculated field

• State-defined drop-down list Check box field

Screen Field Name	Actual Field Name	Field Description
+ Interpreter Used	ScrInterpreterUsed	Interpreter used during screening
 Presenting Problem (Primary) 	ScrPresentingProb- lem1	Primary area of developmental concern at the time of the referral for screening. Drop-down options include the following: • <u>Cognitive concerns</u> • <u>Developmental concerns</u> • <u>Health concerns</u> • <u>Hearing concerns</u> • <u>Language concerns</u> • <u>Motor concerns</u> • <u>Sensory concerns</u> • <u>Social/Personal concerns</u> • <u>Speech concerns</u> • <u>Vision concerns</u>
 Secondary I 	ScrPresentingProb- lem2	Additional area of developmental concern at the time of the referral for screening. Drop-down list includes the same options as Presenting Problem (Primary).
 Secondary II 	ScrPresentingProb- lem3	Additional area of developmental concern at the time of the referral for screening. Drop-down list includes the same options as Presenting Problem (Primary).
 Referral for Screening Date 	ScrReferral- ForScreeningDate	The date the center has gathered enough information to determine that a screening is appropriate.
 ◆ Date of Final Result 	ScrFinalScreening- ResultDate	The date the final result of the screening was decided. This field is required.
 Final Screening Result 	ScrFinalScreening- Result	 Final screening result based on screening instrument protocol. Drop-down options include the following: <u>P</u>: Passed <u>F</u>: Failed/Could Not Assess <u>A</u>: At Risk <u>N</u>: No Screening Attempted
• P/F	Refer to appropriate screening type for P/F field.	Screening result based on screening instrument protocol. Drop-down list includes the same options as Final Screening Result.

Free text field	Automatically calculated field	State-defined drop-down list	Locally defined drop-down list
💙 Display only field	Button option	Check box field	+ Radio button

Screen Field Name	Actual Field Name	Field Description
◆ Date	Refer to appropriate screening type for Date field.	The date that the records were reviewed or the screening took place.
▲ PRVD	Refer to approprate screening type for PRVD field.	The person or agency responsible for providing the records for review.
▲ Location	Refer to approprate screening type for Location field.	The location where the screening took place.
Adaptive	ScrAdaptivePF ScrAdaptiveDate ScrAdaptivePrvd ScrAdaptiveLocation	Adaptive screening using appropriate tool(s) related to the referring concerns.
Behavior	ScrBehaviorPF, ScrBehaviorDate, ScrBehaviorPrvd, ScrBehaviorLocation	Behavioral screening using appropriate tool(s) related to the referring concerns.
Cognition	ScrCognitionPF, ScrCognitionDate, ScrCognitionPrvd, ScrCognitionLocation	Cognitive screening using appropriate tool(s) related to the referring concerns.
Development	ScrDevelopPF, ScrDevelopDate, ScrDevelopPrvd, ScrDevelopLocation	Developmental screening using appropriate tool(s) related to the referring concerns.
Hearing	ScrHearingPF, ScrHearingDate, ScrHearingPrvd, ScrHearingLocation	Hearing screening using appropriate tool(s) related to the referring concerns.
Language	ScrLanguagePF, ScrLanguageDate, ScrLanguagePrvd, ScrLanguageLocation	Language screening using the appropriate tool(s) related to the referring concerns.
Motor	ScrMotorPF, ScrMotorDate, ScrMotorPrvd, ScrMotorLocation	Motor (gross and/or fine) screening using the appropriate tool(s) related to the referring concerns.

Free text field	Automatically calculated field	State-defined drop-down list	Locally defined drop-down list
💙 Display only field	뢒 Button option	Check box field	+ Radio button

Screen Field Name	Actual Field Name	Field Description
Observation	ScrObsrvPF, ScrObsrvDate, ScrObsrvPrvd, ScrObsrvLocation	Observation of the child related to the referral concerns conducted in the school, home, or other location.
Parent Conf/Rprt	ScrParentCnfPF, ScrParentCnfDate, ScrParentCnfPrvd, ScrParentCnfLocation	Face-to-face or telephone conference with parent(s) or legal guardian(s) relevant to the referral request.
Prof. Report	ScrProfRprtPF, ScrProfRprtDate, ScrProfRprtPrvd, ScrProfRprtLocation	Written report(s) provided by a professional who has knowledge of the child and the referral concerns.
Record Review	ScrRcrdRevPF, ScrRcrdRevDate, ScrRcrdRevPrvd, ScrRcrdRevLocation	Review of printed or electronic child records relevant to the referral request.
Social/Emotional	ScrSocialEmPF ScrSocialEmDate ScrSocialEmPrvd ScrSocialEmLocation	Social/Emotional screening using the appropriate tool(s) related to the referring concerns.
Speech	ScrSpeechPF, ScrSpeechDate, ScrSpeechPrvd, ScrSpeechLocation	Speech screening using the appropriate tool(s) related to the referring concerns.
Vision	ScrVisionPF, ScrVisionDate, ScrVisionPrvd, ScrVisionLocation	Vision screening using appropriate tool(s) related to the referring concerns.
Instruments Used	ScrInstrumentsUsed	Instruments used for screening.

Evaluation

The fields at the top of the screen are defined in the Header section of the Tracking screen (see page 29). The fields at the bottom of the screen are defined in the Footer section of the Tracking Summary screen (see page 31).

resenting Problem (P	rimary)	Secondo	iry I		Secondar	y II	
Hearing Concerns	\$	Sele	ct	\$	Selec	t	-
eferral Date:		Parent C	onsent Date	:	Completi	on Date:	
06/18/2021		06/18/2	2021		06/18/20	021	
Evaluation	Comp Da	te	RR*	Report Ro	vd	Diagnostic	ian
Adaptive	MM/DD/YYYY			MM/DD/YYYY		Select	
Audiological	MM/DD/YYYY			MM/DD/YYYY		Select	
Behave Observ	MM/DD/YYYY			MM/DD/YYYY		Select	
Communication	MM/DD/YYYY			MM/DD/YYYY		Select	
Developmental	MM/DD/YYYY			MM/DD/YYYY		Select	
Educational	MM/DD/YYYY			MM/DD/YYYY		Select	
Emotional/Behav	MM/DD/YYYY			MM/DD/YYYY		Select	
Function Vision	MM/DD/YYYY			MM/DD/YYYY		Select	
Intellectual	MM/DD/YYYY			MM/DD/YYYY		Select	
Language	MM/DD/YYYY			MM/DD/YYYY		Select	
Medical	MM/DD/YYYY			MM/DD/YYYY		Select	
Motor	MM/DD/YYYY			MM/DD/YYYY		Select	
Soc Dev Hst	MM/DD/YYYY			MM/DD/YYYY		Select	
Speech	MM/DD/YYYY			MM/DD/YYYY		Select	
Vision	MM/DD/YYYY			MM/DD/YYYY		Select	
nstruments Used:							

♦ Free text field

💙 Display only field 🛛 🕭 Button option

Check box field

Screen Field Name	Actual Field Name	Field Description
+ Interpreter Used	EvlInterpreterUsed	Interpreter was used at evaluation.
 Presenting Problem (Primary) 	EvlPresentingProb- lem1	Primary area of developmental concern at the time of the referral for evaluation. Drop-down options include the following: • <u>Cognitive concerns</u> • <u>Developmental concerns</u> • <u>Health concerns</u> • <u>Hearing concerns</u> • <u>Language concerns</u> • <u>Motor concerns</u> • <u>Sensory concerns</u> • <u>Social/Personal concerns</u> • <u>Speech concerns</u> • <u>Vision concerns</u>
 Secondary I 	EvlPresentingProb- lem2	Additional area of developmental concern at the time of the referral for evaluation. Drop-down list includes the same options as Presenting Problem (Primary).
Secondary II	EvlPresentingProb- lem3	Additional area of developmental concern at the time of the referral for evaluation. Drop-down list includes the same options as Presenting Problem (Primary).
♦ Referral Date	EvlReferralForEvalu- ationDate	The date the formal referral for evaluation is made.
 Parent Consent Date 	EvlParentConsent- ForEval	The date the parent signed the informed consent for the evaluation.
 Completion Date 	EvlFinalEvalDate	The date of the last evaluation used for determination of eligibility. Evaluations including Record Review can occur on different dates, but this date is the date of the last evaluation report received for determination of eligibility or the date of the multidisciplinary report.

Screen Field Name	Actual Field Name	Field Description
◆ Comp Date	Refer to the appropriate evaluation type for the Completed Date (Com- pleted) field.	The date the evaluation was completed. In cases where the evaluation was conducted over a period of days, the last day should be the date entered.
RR	Refer to the appropriate evaluation type for the Record Review (Record Review) field.	Review of printed or electronic child records relevant to the referral request.
◆ Report Rcvd	Refer to the appropriate evaluation type for the Report Received (RR) field.	The date the report was received by the diagnostician.
▲ Diagnostician	Refer to the appropriate evaluation type for the Diagnostician (Diag) field.	The professional conducting the assessment.
Adaptive	EvlAdaptiveCompleted, EvlAdaptiveRecordRe- view, EvlAdaptiveRR, EvlAdaptiveDiag	Evaluation of social/adaptive behavior using appropriate tool(s) based on referral concerns.
Audiological	EvlAudiologCompleted, EvlAudiologRecordRe- view, EvlAudiologRR, EvlAudiologDiag	Evaluation of hearing using appropriate tool(s) based on referral concerns.
Behave Observ	EvlBehObsrvCompleted, EvlBehObsrvRecordRe- view, EvlBehObsrvRR, EvlBehObsrvDiag	Behavioral observation using appropriate tool(s) based on referral concerns.
Communication	EvlCommunCompleted, EvlCommunRecordRe- view, EvlCommunRR, EvlCommunDiag	Evaluation of communication skills using appropriate tool(s) based on referral concerns.

♦ Free text field

 ▲ Automatically calculated field
 ● State-defined drop-down list
 ▲ Locally defined drop-down list
 ▼ Display only field
 ⊕ Button option
 ■ Check box field
 + Radio button

Screen Field Name	Actual Field Name	Field Description
Developmental	EvlDevelopmentalCom- pleted, EvlDevelopmentalRecor- dReview, EvlDevelopmentalRR, EvlDevelopmentalDiag	Developmental evaluation using appropriate tool(s) related to the referring concerns.
Educational	EvlEducationCompleted, EvlEducationRecordRe- view, EvlEducationRR, EvlEducationDiag	Pre-academic evaluation using appropriate tool(s) based on referral concerns. The Battelle Developmental Inventory-2 should be entered into CHRIS as an educational evaluation.
Emotional/Bhav	EvlEmBhvrCompleted, EvlEmBhvrRecordReview, EvlEmBhvrRR, EvlEmBhvrDiag	Evaluation of emotional behavior using appropriate tool(s) based on referral concerns.
Function Vision	EvlFuncVsnCompleted, EvlFuncVsnRecordRe- view, EvlFuncVsnRR, EvlFuncVsnDiag	Evaluation of functional vision using appropriate tool(s) based on referral concerns.
Intellectual	EvlIntellectCompleted, EvlIntellectRecordRe- view, EvlIntellectRR, EvlIntellectDiag	Intellectual evaluation using appropriate tool(s) based on referral concerns.
Language	EvlLanguageCompleted, EvlLanguageRecordRe- view, EvlLanguageRR, EvlLanguageDiag	Evaluation of language using appropriate tool(s) based on referral concerns.
Medical	EvlMedicalCompleted, EvlMedicalRecordRe- view, EvlMedicalRR, EvlMedicalDiag	Evaluation performed by a medical professional using appropriate tool(s) based on referral concerns.

Screen Field Name	Actual Field Name	Field Description
Motor	EvlMotorCompleted, EvlMotorRecordReview, EvlMotorRR, EvlMotorDiag	Motor evaluation using appropriate tool(s) based on referral concerns.
Soc Dev Hst	EvlSocDevHCompleted, EvlSocDevHRecordRe- view, EvlSocDevHRR, EvlSocDevHDiag	Record of the child's social/ developmental history gathered directly from the parent or guardian using appropriate tool(s) based on referral concerns.
Speech	EvlAdaptiveCompleted, EvlAdaptiveRecordRe- view, EvlSpeechRR, EvlSpeechDiag	Speech evaluation using the appropriate tool(s) based on referral concerns.
Vision	EvlVisionCompleted, EvlVlisionRecordReview, EvlVisionRR, EvlVisionDiag	Vision evaluation using the appropriate tool(s) based on referral concerns.
 Instruments Used 	EvlInstrumentsUsed	Instruments used for evaluation. Evaluation instruments, such as the Battelle Developmental Inventory-2, can be indicated in this field.

State-defined drop-down list
 Check box field

ESE Eligibility

ESE Eligibility Date:	Exceptionality Status:	Occupational Therapy
06/18/2021	N	Physical Therapy
		Language Therapy
		Speech Therapy
Primary Exceptionality (Select One)		
 ASD (P) 	🔿 DHH (Н)	 DD (T)
 DSI (O) 	 EBD (J) 	 EC (U)
 нн (м) 	 InD (W) 	о ц(G)
_ 0I (C)	🗆 оні (V)	 SLD (K)
 SI (F) 	🔿 ТВІ (S)	○ VI (I)
 DNQ (Z) 		
Secondary Exceptionality (Select as many	as necessary)	
Autism Spectrum Disorder (P)	 Emotional/Behavioral Disability (J) 	 Language Impaired (G)
 Deaf or Hard of Hearing (H) 	 Established Condition (U) 	Specific Learning Disabled (K)
 Developmentally Delayed (T) 	 Hospital / Homebound (M) 	 Speech Impaired (F)
 Dual Sensory Impaired (O) 	 Intellectual Disability (W) 	 Visually Impaired (I)
Physically Impaired with: Orthopedic Impairment (C)		
 Other Health Impairment (V) 		
Traumatic Brian Injury (S)		

Screen Field Name	Actual Field Name	Field Description
♦ ESE Eligibility	ESEEligibilityDate	The date the determination of eligibility or
Date		ineligibility was made.

Screen Field Name	Actual Field Name	Field Description
◆ Exceptionality Status	ESEExceptionality- StatusCalc	 Indicates the child's status regarding eligibility for an IDEA Part B program. Options include the following: <u>E</u>: Eligible. Child has been determined eligible for an IDEA Part B exceptionality program. Primary Exceptionality has been selected within the ESE Eligibility event. <u>I</u>: Ineligible. Child has been determined ineligible for Part B services. <u>N</u>: Not Determined. An Evaluation event exists, but no ESE Eligibility event has been created. Status remains "N" until an ESE Eligibility event has been created.
 Occupational Therapy 	ESEOccupational- Therapy	Indicates whether child meets Part B criteria for Occupational Therapy.
Physical Therapy	ESEPhysicalTherapy	Indicates whether child meets Part B criteria for Physical Therapy.
Language Ther- apy	ESELanguageTh- erapy	Indicates whether child meets Part B criteria for Language Therapy.
Speech Therapy	ESESpeechTherapy	Indicates whether child meets Part B criteria for Speech Therapy.

State-defined drop-down list
Check box field

Screen Field Name	Actual Field Name	Field Description
+ Primary Exceptionality	ESEPrimaryExceptionality	Eligibility status according to Part B guidelines. Only one primary exceptionality can be designated. Exceptionality status automatically changes to "E" for Exceptional if a primary exceptionality is chosen. Options include the following: • ASD (P): Autism Spectrum Disorder • DHH (H): Deaf or Hard of Hearing • DD (T): Developmentally Delayed • DSI (O): Dual Sensory Impaired • EBD (J): Emotional/Behav- ioral Disability • EC (U): Established Conditions (for Part C only) • HH (M): Hospital / Homebound • InD (W): Intellectual Dis- ability • LI (G): Language Impaired • OHI (V): Physically Impaired with Orthopedic Impairment • OHI (V): Physically Impaired with Other Health Impairment • SLD (K): Specific Learning Disability • SI (F): Speech Impaired with Traumatic Brain Injury • VI (I): Visually Impaired • DNQ (Z): Does Not Qualify (If selected, Exceptionality Status changes to "I")

Free text field	Automatically calculated field	State-defined drop-down list	Locally defined drop-down list
💙 Display only field	Button option	Check box field	+ Radio button

Screen Field Name	Actual Field Name	Field Description
Secondary	ESEASD,	Eligibility status according to Part B criteria.
Exceptionality	ESEDea-	More than one secondary exceptionality
	forHardofHearing,	can be designated.
	ESEDevelopmental-	
	lyDelayed,	
	ESEDualSensoryIm-	
	paired,	
	ESEEmotionalBe-	
	havioralDisability,	
	ESEEstablishedCon-	
	ditions,	
	ESEHospitalHome-	
	bound,	
	ESEIntellectualDis-	
	ability,	
	ESELanguageIm-	
	paired,	
	ESEOrthopedically-	
	Impaired,	
	ESEOtherHealthIm-	
	paired,	
	ESESpecifi-	
	cLearningDisabled,	
	ESESpeechIm-	
	paired,	
	ESETraumaticBrain-	
	Injured,	
	ESEVisuallyIm-	
	paired	

State-defined drop-down list
Check box field

Locally defined drop-down list
 Radio button

Part B Service Plan IEP/IFSP

IEP/IFSP Date:	Parent Co	nsent for Pl	acement Date:			
06/18/2021	06/18/20	021				
Service Initiation Date	Educational	Env.	Service Loco	ation	Service Ty	pe
06/18/2021	Select	\$	Select	\$	Select	\$
MM/DD/YYYY	Select	\$	Select	\$	Select	\$

Screen Field Name	Actual Field Name	Field Description
◆ IEP/IFSP Date	IEPIFSPDate	The date of the IEP or IFSP meeting following eligibility determination.
 Parent Consent for Placement Date 	IEPIFSPParentCon- sentDate	The date the parent signed the informed consent for Part B services.
 ◆ Service Initiation Date 	IEPIFSPServiceIniti- atedDate1, IEPIFSPServiceIniti- atedDate2	The date the service described in the plan begins or was scheduled to begin.
Educational Environment	IEPIFSPEducation- alEnvironment1, IEPIFSPEducation- alEnvironment2	Specific service for which the child has been determined eligible and through which the child receives direct or indirect service. This is not the program, school, or placement in which the child is served, but rather the agency or provider authorizing the service. Drop-down options include the following: • Early Learning Coalition • Head Start • Migrant Pre-K • Not Applicable • Public Pre-K Disabilities • Public Kindergarten • Public School • Subsidized • Title 1 Pre-K • VPK (Voluntary Pre-K)
▲ Service Location	IEPIFSPServiceLoca- tion1, IEPIFSPServiceLoca- tion2	The location where authorized services are to be implemented. This may be a day care center, school, hospital, home, or other service location where authorized services are provided to the child.
• Service Type	IEPIFSPService- Type1, IEPIFSPServiceType2	Refers to the service delivery system. Drop-down options include the following: • <u>Contracted</u> • <u>Co-Operative Agreement</u> • <u>Public School</u>

Free text field 💙 Display only field 🛛 🛧 Button option

Automatically calculated field

State-defined drop-down list Check box field

▲ Locally defined drop-down list + Radio button

End Timeline

The fields at the top of the screen are defined in the Header section of the **Tracking** screen (see page 29). The fields at the bottom of the screen are defined in the Footer section of the **Tracking Summary** screen (see page 31).

End	Timeline	Date:
06	/18/2021	

Reason

Unable to locate child

Notes

Screen Field Name	Actual Field Name	Field Description
 End Timeline Date 	EndDate	The date the current timeline was ended.
Reason	EndReason	Reason the current timeline was ended. Drop-down options include the following: • <u>Deceased</u> • <u>Entered Kindergarten</u> • <u>IEP/IFSP developed</u> • <u>Ineligible for Part B services</u> • <u>Ineligible for Part C services</u> • <u>Moved out of service area</u> • <u>No parent response/No show</u> • <u>Parent declined services</u> • <u>Parent provided information</u>
		 <u>Passed screening</u> <u>Referred to appropriate agency</u> <u>Unable to locate child</u>
◆ Notes	EndNotes	Additional information regarding the End Timeline event.
	•	fined drop-down list
🕈 Display only field 🛛 🕭 Button op	tion Check be	ox field + Radio button

State-defined drop-down listCheck box field

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