Infant & Toddler Connection of Virginia

2007 Local Annual Record Review Verification Form

Local System: _____

Reporting Date: _____

Timely Initiation of Services: Date Completed

- Section A: Record Selection Criteria Form _____
- Section B: Record Review Form _____
- Section C: Tabulation Sheet _____

Transition

- Section A. Record Selection Criteria Form _____
- Section B. Record Review Form _____

By my signature on this form, I certify that the information above indicates that I have completed the 2007 Local Annual Record Review in accordance with the instructions provided and I have verified the accuracy of the data to the best of my ability. In addition to submitting the above information to the Part C Office, a copy of the above reports, along with this verification report is being kept on file.

_____ _____

Signature Date