

Sample Results Transmittal – Part C

Issued in April 2014 to Part C users

Instructions:

Complete this form with representatives from your review and analysis process (RAP) team and your Local Interagency Coordinating Council. Use the links in the **Resources** section to: (A) review your data, and (B) guide service area activities.

The goal of results transmittals is to foster a conversation between the early intervention system and the Local Interagency Coordinating Council. Bring copies of your data and the probe questions to promote a mutually beneficial conversation when you meet.

To complete the form:

- Select "Yes" or "No" for each question.
- **Save your work.**
- Return to the **Forms Menu** to **change the status** of your Results Transmittal to **Completed**.

A. Data Review				
Our RAP Team ...		Yes	No	Comments (optional)
1	Reviewed the indicator definition, calculation, and our service area performance.	<input type="radio"/>	<input type="radio"/>	
2	Looked for patterns and trends in service area performance on this indicator over time (including recent data, if available).	<input type="radio"/>	<input type="radio"/>	
3	Identified questions or issues raised by review of our indicator data.	<input type="radio"/>	<input type="radio"/>	
4	Developed a hypothesis as to why our local did not meet the State target.	<input type="radio"/>	<input type="radio"/>	

B. Improvement Planning				
Our RAP Team ...		Yes	No	Comments (optional)
5	Identified current practices aimed at improving performance in this area.	<input type="radio"/>	<input type="radio"/>	

6	Identified ways to improve current practice or develop new initiatives to improve performance.	O	O	
7	Created an improvement plan with specific goals and action steps.	O	O	
8	Identified ways to monitor progress in this area over the next year.	O	O	
9	Shared our data and analysis with others outside of the RAP Team such as administrators or members of the Local Interagency Coordinator Council.	O	O	

Other Required Information

CIMS RAP Team Contact Information

Name: *

Title: *

Email: *

Phone: *

Name:

Title:

Email:

Phone:

Local Interagency Coordinating Council Contact Information

Name: *

Title: *

Email: *

Phone: *

Name:

Title:

Email:

Phone:
