

Early Intervention Services

Determination of Eligibility for Early Intervention Services and Supports

Program Name:

Click or tap here to enter text.

Location:

Click or tap here to enter text.

Child ID: Click to enter text.

Name of Child: Click to enter text.

Date of Birth: Click to enter text.

Date of Determination: Click to enter text.

Eligibility Criteria

Your child qualifies for Early Intervention Services under federal law (Part C of IDEA).

This means that your child is under three (3) years of age and has a qualifying health condition or shows:

- At least a **50% delay based on their age in one (1) area** (listed below); or
- A **25% delay based on their age in two (2) areas** (listed below). These delays can be found in one (1) or more areas of development which are: thinking and learning (cognitive), physical skills (including vision and hearing), communication, social or emotional growth, or adaptive skills.

☐ 50 % delay in: Choose an item.

or

☐ 25% delay in: Choose an item. and Choose an item.

or

☐ Your child is under 3 years old and has a health condition that may affect their development as they grow.

Condition: Click or tap here to enter text.

or

☐ Informed Clinical Opinion: Click or tap here to enter text.

Your child's development or behavior is different from what is common for their age. You can find more details on the second page.

☐ Not Eligible Click or tap here to enter text.

Signatures of Multidisciplinary Team Members in Agreement:

<u>Name/Signature</u>	<u>Title</u>
Click or tap here to enter text.	Parent
Click or tap here to enter text.	Parent
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Early Intervention Professional (Required)
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Early Intervention Professional (Required)

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Informed Clinical Opinion

Observers have noticed that your child's behavior or development is different from what is expected for their age.

- | | | |
|--|---|---|
| <input type="checkbox"/> Poor suck/swallow/breathe | <input type="checkbox"/> Choking/gagging | <input type="checkbox"/> Vomits after eating |
| <input type="checkbox"/> Thumb is bent across the palm of the hand (Indwelling thumbs) | <input type="checkbox"/> Repeating or copying words other people say (Echolalia speech) | <input type="checkbox"/> Speech is hard to understand (Poor speech intelligibility) |
| <input type="checkbox"/> Unusual patterns of movement (describe): Click to enter text. | | |
| <input type="checkbox"/> Other:Click or tap here to enter text. | | |

The questions below must be answered to use Informed Clinical Opinion:

1. Explain why the tests and methods that usually work for most children did not give clear results for this child:

Click or tap here to enter text.

2. Explain what information was used to decide that the child has a developmental delay and needs early intervention services. This may include test results, observations from parents or caregivers, how the child behaves in daily life, behavior checklists, other assessment tools, or their health and medical history.

Click or tap here to enter text.

3. Explain what information was the most important in deciding if the child qualifies for early intervention services.

Click or tap here to enter text.