| **Student Name** | **DOB** | **SSID** |
| --- | --- | --- |
|  |  |  |
| **EI/ECSE Program** | **County** | **School District** |
|  |  |  |

**Comprehensive Evaluation**

If a child is suspected of having a physical or mental condition that has a high probability of resulting in developmental delay, a comprehensive evaluation must be conducted for early intervention services including the following (attach evaluation report that describes and explains the results of the evaluation conducted):

1. Documentation of a medical examination as defined in OAR 581-015-2000 which includes a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

| **Physician, Naturopathic Physician, Physician Assistant, or Nurse Practitioner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |

**Eligibility Criteria**

To be eligible as a child with a physical or mental condition that has a high probability of resulting in developmental delay, the child must have a medical examination which includes a diagnosed physical or mental condition. To be eligible for early intervention services, the child must meet the following minimum criteria:

| The child has a physical or mental condition that is likely to result in developmental delay as described below. | [ ]  Yes | [ ]  No |
| --- | --- | --- |
| Description of the physical or mental condition:  |

| **Eligibility Determination**The team has determined that:  |
| --- |
| By reason thereof, the child requires early intervention (OAR 581-015-2780) services. | [ ]  Yes | [ ]  No |

The team determined that this child:

* [ ]  Does qualify for early intervention services with an eligibility of physical or mental condition that is likely to result in a developmental delay.
* [ ]  Does not qualify for early intervention services with an eligibility of physical or mental condition that is likely to result in a developmental delay.

| **Signature** | **Title** | **Agree** | **Disagree** |
| --- | --- | --- | --- |
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]

The medical examination has indicated that this child has a:

[ ]  Vision Impairment

[ ]  Hearing Impairment

[ ]  Orthopedic Impairment

[ ]  A copy of the evaluation report and the eligibility statement has been provided to the parent(s).

**This form is used to:**

Document whether the child meets the eligibility criteria for a physical or mental condition that has a high probability of resulting in developmental delay and the basis for that determination in accordance with 34 CFR §300.8 and OAR 581-015-2780.

Meet the following requirements, regarding the need to establish eligibility for special education and related services:

OAR 581-015-2100 (Responsibility for Evaluation and Eligibility Determination);

OAR 581-015-2105 (Evaluation and Reevaluation Requirements);

OAR 581-015-2110 (General Evaluation and Reevaluation Procedures);

OAR 581-015-2115 (Evaluation Planning);

OAR 581-015-2120 (Determination of Eligibility);

OAR 581-015-2125 (Interpretation of Evaluation Data);

OAR 581-015-2775 (EI Evaluations);

OAR 581-015-2780 (EI Eligibility);

Document the date the initial eligibility was established and/or re-established.

Provide a place for the team to sign the statement and indicate whether or not each member agrees or disagrees with the eligibility determination; and

Document that the parent was given a copy of evaluation report(s) and eligibility statement.

**Directions:**

Enter the date the form was completed by the team.

Enter the date of initial eligibility and/or re-establish eligibility.

Enter the child’s name.

Enter the child’s date of birth.

Enter the child’s SSID number.

Enter the child’s school district.

Enter the child’s school.

Enter the child’s grade level at the time of completing the form.

Document the completion of the required evaluation elements.

Review and record responses for all components of the eligibility criteria.

Review and record responses for all components of the eligibility determination.

Indicate if the child meets or does not meet the eligibility criteria.

Have all team members sign and indicate title, date, and whether they agree or disagree that the child qualifies.

Place a copy of this form with all attachments into the child’s file.

Give a copy of the evaluation report and eligibility statement to the parent/guardian(s).

*Note:* If the team is using existing data, indicate the assessment information used, and the date the team determines this information to be currently valid. Attach documentation of each evaluation.