**Statement Of Eligibility - Early Intervention**

**(Developmental Delay)**

Child’s Name: Birthdate:

***The team has obtained the following required assessments (attach documentation on 1-5):***

Program: Resident District:

1. A norm referenced test addressing the child’s level of functioning in each of the following areas: cognitive development, physical development, communication development, social or emotional development and adaptive development:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Test(s) Examiner Date

2. At least one additional procedure to confirm the child’s functioning in each area:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Test(s) Examiner Date

3. A minimum of one 20-minute observation of the child:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Examiner Date

4. Review of previous testing, medical data and parent reports:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Data Date Reviewed

5. Other evaluative data used by the multidisciplinary team:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***The team has determined that the child meets the following criteria:***

|  |  |  |
| --- | --- | --- |
| [ ] yes | [ ] no | 1. The child is under three years of age and has a developmental delay of 2 standard deviations or more below the mean in one or more of the following developmental areas: |
|  |  | [ ]  Communication [ ]  Adaptive [ ]  Physical[ ]  Social/Emotional [ ]  Cognitive |
|  |  | **OR** |
| [ ] yes | [ ] no | 2. The child is under three years of age and has a developmental delay of 1.5 standard deviations or more below the mean in two or more of the following developmental areas: |
|  |  | [ ]  Communication [ ]  Adaptive [ ]  Physical[ ]  Social/Emotional [ ]  Cognitive |
|  |  | **AND** |
| [ ] yes | [ ] no | 3. The child needs early intervention services. |

The team agrees that this child \_\_\_\_ does \_\_\_\_does not qualify for early intervention services as a child with developmental delay.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signatures of Team Members** |  | **Title/Agency** | **Agree** | **Disagree** |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |

⬜ A copy of the evaluation report and the eligibility statement is given to the parent(s).

**Statement of Eligibility - Early Intervention**

**Developmental Delay**

**This form is used to:**

1. document the child’s eligibility for early intervention as developmentally delayed;
2. document the date that eligibility for early intervention is established; and
3. provide a place for the team to sign the report and indicate whether they agree or disagree with the eligibility determination.

**Directions:**

1. Enter the month, day and year the eligibility statement is completed.

2. Enter the child’s full legal name.

3. Enter the child’s birthdate.

4. Enter the name of the agency completing the eligibility statement.

5. Enter the name of the child’s resident school district.

6. Indicate the name of the norm referenced test(s) used for determining eligibility, the examiner who conducted the test(s), and the testing date. Enter or attach data from norm referenced test(s).

7. Describe the procedure used to confirm the child’s level of functioning in each area of suspected developmental delay, the examiner who conducted the procedure(s), and the date.

8. Enter the name of the person who conducted the 20-minute observation and the date of the observation. Describe or attach observation data.

9. Indicate any previous testing, medical data and parent reports reviewed by the team. Describe or attach tests and/or data reviewed.

10. List any other evaluative data considered by the team in determining eligibility. Describe or attach data.

11. Indicate if the child is under three years of age and has a developmental delay of 2 standard deviations or more below the mean in one or more of the developmental areas. If the child has a developmental delay, indicate in which areas.

**OR**

12. Indicate if the child is under three years of age and has a developmental delay of 1.5 standard deviations or more below the mean in two or more of the developmental areas. If the child has a developmental delay, indicate in which areas.

**AND**

13. Indicate if the child needs early intervention services.

14. Enter the teams decision regarding whether or not the child qualifies for early intervention services as a child with developmental delay.

15. Have each member of team sign their name, the agency they represent and whether they agree or disagree with the teams eligibility decision.

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