**Medical Condition Statement for Early Intervention Eligibility**

**(birth to age 3)**

Date: Child’s Name: Birthdate: \_\_\_\_\_\_\_\_\_

The State of Oregon, through the Oregon Department of Education (ODE), provides Early Intervention (EI) services to infants and young children ages birth to three with significant developmental delays. ODE recognizes that disabilities may not be evident in every young child, but without intervention, there is a strong likelihood a child with unrecognized disabilities may become developmentally delayed.

ODE is requesting your assistance in determining eligibility for Oregon EI services for the child named above. Under Oregon law, a physician, physician assistant, or nurse practitioner licensed in by the appropriate State Board can examine a child and make a determination as to whether he or she has a physical or mental condition that is likely to result in a developmental delay.

Please keep in mind that, while many children may benefit from Oregon’s EI services, only those in whom significant developmental delays are evident or very likely to develop are eligible.

Thank you for your time and assistance with this matter.

**Medical Condition:**

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**Please indicate if this child has a:**

Vision Impairment

Hearing Impairment

Orthopedic Impairment

**Comments:**

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|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **This child has a physical or mental condition that is likely to result in a developmental delay.** |

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Physician/Physician Assistant/Nurse Practitioner Date

Print Name: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Medical Condition Statement For Early Intervention Eligibility**

**(Birth to Age 3)**

Oregon law requires that a physician, physician assistant, or nurse practitioner, with the appropriate State Board licensure determine whether the child has a physical or mental condition that is likely to result in a developmental delay. For a physician and physician assistant this licensure in Oregon is from the State Board of Medical Examiners. For a nurse practitioner in Oregon this licensure is from the State Board of Nursing. Physicians, physician assistants, and nurse practitioners from other states must have the appropriate requisite licensure for their state. This form is used by the physician, physician assistant, or nurse practitioner to indicate the child’s diagnosis for special education purposes.

**Directions:**

1. Enter the date the top of the form is completed and sent to the physician, physician assistant, or nurse practitioner.

2. Enter the child’s full legal name.

3. Enter the child’s birth date.

4. Enter your name and address at the bottom of the form (“please return to”).

5. Send the form to the physician, physician assistant, or nurse practitioner.

6. The physician, physician assistant, or nurse practitioner completes the rest of the form by indicating the child’s diagnosis, whether the child has a vision, hearing, or orthopedic impairment, any comments and whether the child has a physical or mental condition that is likely to result in a developmental delay. The physician, physician assistant, or nurse practitioner signs and dates the form.