Community Developmental Disabilities Program

ELIGIBILITY STATEMENT

**FOR: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_County: \_\_\_\_\_\_\_\_\_**

##### ELIGIBILITY FOR CHILDREN UNDER 7 YEARS

**ELIGIBLE AS A CHILD WITH A DEVELOPMENTAL DISABILITY**

### To be eligible, 1 **or** 2 must be checked below:

**1**  Standardized testing has been completed by a psychologist or validated by a

psychologist or medical physician and shows significant impairment (-2 Standard

Deviations [-2 S.D.] below the mean) in at least two of the areas of functioning

checked below.

Gross **and** fine motor  Communication OR receptive **and** expressive

Social  Self Care OR Self Direction OR Adaptive  Cognitive OR Learning

**2**   Medical practitioner statement of a condition or syndrome that will likely cause significant impairment in at least two of the areas of functioning checked above.

**NOT ELIGIBLE AS A CHILD WITH A DEVELOPMENTAL DISABILITY**

Eligibility is denied because:

Only one or no areas of functioning are significantly impaired (-2 S.D. below

the mean)

No documentation of a medical condition or syndrome

No validation of standardized testing by a clinical psychologist or medical

physician

## PROVISIONAL ELIGIBILITY STATUS (eligibility for all children is provisional; their

## eligibility could change with new information)

Early Childhood eligibility is provisional and must be reviewed by:

Eligibility to be re-determined by:  7th birthday  9th birthday

Eligibility to be reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_(indicate specific date)

Eligibility Data

## FOR: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_

**PSYCHOLOGICAL TESTING**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Test | Date | Age | | Results | | Practitioner |
|  |  | |  |  |  | |
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**ADAPTIVE ASSESSMENTS**:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Test Date | | Age | | | Results | | **Practitioner** | |
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**MEDICAL ASSESSMENTS**:

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| --- | --- | --- | --- |
| Diagnosis | Date | Age | Practitioner |
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| --- |
| **Date:**  **Reviewer(s)** |

**Additional Notes**: