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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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**: