



## Ongoing Eligibility Determination Summary of Assessment Information

Adaptive	<input type="checkbox"/> BDI date: _____ <input type="checkbox"/> PEDI date: _____ <input type="checkbox"/> SIB-R date: _____ <input type="checkbox"/> date: _____	<input type="checkbox"/> date: _____ <input type="checkbox"/> date: _____ <input type="checkbox"/> DAY-C date: _____ <input type="checkbox"/> date: _____		<input type="checkbox"/> HELP date: _____ <input type="checkbox"/> Brigance date: _____ <input type="checkbox"/> IDA date: _____ <input type="checkbox"/> ELAP date: _____	<input type="checkbox"/> date: _____ <input type="checkbox"/> date: _____ <input type="checkbox"/> date: _____ <input type="checkbox"/> date: _____		<input type="checkbox"/> not significant <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
<i>provide details below #5 &amp; 6</i>	<b>feeding</b> (significance of delay reflected in adaptive/social emotional domains) <input type="checkbox"/> checklist date: _____ <input type="checkbox"/> observation date: _____ <input type="checkbox"/> date: _____ <input type="checkbox"/> date: _____	<b>regulation/sleep</b> (significance of delay reflected in adaptive/social emotional domains) <input type="checkbox"/> checklist date: _____ <input type="checkbox"/> observation date: _____ <input type="checkbox"/> date: _____ <input type="checkbox"/> date: _____		<b>sensory function</b> (significance of delay reflected in adaptive/social emotional domains) <input type="checkbox"/> Sensory Profile date: _____ <input type="checkbox"/> ITSC or ITSP date: _____ <input type="checkbox"/> checklist date: _____ <input type="checkbox"/> observation date: _____		<b>assistive technology &amp; augmentative needs requiring assessment</b> <input type="checkbox"/> communication <input type="checkbox"/> environmental <input type="checkbox"/> mobility <input type="checkbox"/> controls <input type="checkbox"/> self care <input type="checkbox"/> vision <input type="checkbox"/> play <input type="checkbox"/> hearing	
<b>Clinical observations and parent report of atypical characteristics and excessive behaviors:</b> ["*" indicates parent report; underline indicates clinical observation.]							
<b>None Observed</b> poor motor planning high tone low tone poor balance walks on toes hemiparesis indwelling thumbs fistled hands	poor eye-hand coordination dislikes stomach position tube feeding weak/disorganized suck poor suck/swallow/breath dislikes food textures mouth breathing drooling choking / gagging	vomits following eating speech intelligibility --- <input type="checkbox"/> poor --- <input type="checkbox"/> fair articulation not typical for age Disorganized connected speech stutter poor functional language echolalia MLU (from lang. sample) _____ withdrawn/non-engaging	agitated, sleeps poorly seeks excessive sensory input upset by change sin routine dislikes tactile input easily distracted poor social play self-stim behavior poor eye contact Biting, hitting	dislikes loud noises lines up objects short attention span aggressive overly active overly irritable inactive other _____ _____			

**Other Information:** \_\_\_\_\_

### Determination of Eligibility:

<input type="checkbox"/> Continued Eligibility	<input type="checkbox"/> No Longer Eligible
<input type="checkbox"/> Child remains eligible due to diagnosis <input type="checkbox"/> Child is delayed greater than 1.0 standard deviation below the mean or below the 16 <sup>th</sup> percentile <i>in any developmental domain</i> <input type="checkbox"/> Child meets eligibility criteria due to the following (Clinical Opinion): _____ _____	<input type="checkbox"/> Child has qualifying diagnosis but team has determined there are no significant developmental delays (Clinical Opinion): _____ _____ <input type="checkbox"/> Child does not meet state eligibility guidelines

Recommendations: \_\_\_\_\_

### Team Members who Participated in Evaluation and Assessment:

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

This Report Compiled by (Name & Title): \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature (Optional): \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature (Optional): \_\_\_\_\_

Date: \_\_\_\_\_