

EARLY INTERVENTION TEAM REPORT - ELIGIBILITY DETERMINATION

Name – Child

Date of Report

Written Prior Notice: The following decision has been made regarding your child's eligibility determination:

- This child meets the eligibility criteria for early intervention (Birth to 3 Program). Check 1, 2, or 3 and complete the "And / Or" section below.**
- This child does not meet eligibility criteria for early intervention (Birth to 3 Program). Complete the "And / Or" section below.**

This eligibility determination is being made based upon the following information / reasons:

- 1) A developmental delay of 25% or great or -1.3 standard deviation in the following area(s):

- 2) A diagnosed physical or mental condition exists that has a high probability of resulting in a development delay.

Diagnosis: _____

Related conditions: _____

The Early Intervention team reviewed the following documents identifying the diagnosis:

- 3) Atypical development based on: _____

And / Or

Test Results—Name of test(s): _____

Observations: _____

Parental input: _____

Other options considered include:

These option(s) were rejected based upon the information / reasons explained below. The **information** used to reject this option included (ex., screening tool, test, observation, medical reports, parent report, or other sources): _____

The **reasons** for rejecting this option included (ex., screening results, test results, list of skills observed or not observed, diagnosis, or other reason): _____

You have the right to refuse consent to the eligibility determination. Accompanying this Early Intervention Team Report is a copy of the parent and child rights statement. This is a brief review of the rights. If you would like a complete copy of the parent and child rights, please contact the Service Coordinator.

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If this child has met the eligibility criteria for early intervention, the next step is to develop an Individualized Family Service Plan (IFSP).

This child meets the eligibility criteria for early intervention services; however, family declines IFSP development at this time.

If this child did not meet the eligibility criteria for early intervention, the following are being offered to the family:

Offer to re-screen the child within six months—Notes:

The following community resources might benefit the family:

The following information was given to the family:

PARTICIPANTS IN EARLY INTERVENTION TEAM MEETING

Date of Meeting: _____

SIGNATURES	Title
	Parent / Guardian
	Parent / Guardian
	County Coordinator
	Service Coordinator