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| North Carolina Infant-Toddler Program |  |

# Eligibility Determination Documentation

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| **Child’s Name:** | | |  | | | | | | | | | | | | | | | | | | | **Referral Date:** | | | | | | | | | |  | | | | | | | | | | | **IFSP Due Date:** | | | | |  | | |
| **Date of Birth:** | | |  | | | | | | | | **Age:** | | |  | | | | | | | | **Adjusted Age (if applicable):** | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |
| **Parent’s Name:** | | | |  | | | | | | | | | | | | | | | | | | | **Service Coordinator:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Eligibility Determination** (check one):  Initial  Continuing (skip to Evaluation section) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Eligibility Determination by Review of Records / Documented Evidence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reported Information at Referral:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Diagnosed Condition** | | | | | | | | | | | | | No  Yes | | | | | | Reported diagnosis | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Developmental Evaluation in last 6 months** | | | | | | | | | | | | | No  Yes | | | | | | Date: | | | | | | |  | | | | | | | Agency: | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Type of Evaluation: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Plan to obtain medical or other records:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provided by referral source with referral | | | | | | | | | | | | | | | | | | | | | | | |  | | | Parent to provide a copy | | | | | | | | | | | | | | | | | | | | | | |
|  | Requested from referral source (referral source has consent) | | | | | | | | | | | | | | | | | | | | | | | | | | | Date Requested | | | | | | | | | | |  | | | | | | | | | | | |
|  | Requested from other agency or medical provider (CDSA obtains consent) | | | | | | | | | | | | | | | | | | | | | | | | | | | Date Requested | | | | | | | | | | |  | | | | | | | | | | | |
|  | Name of Agency or Medical Provider: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Describe Records Received: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Records Reviewed for Eligibility Determination** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Review & Type of Record** | | | | | | **Name of Medical Provider or Agency** | | | | | | | | | | **Date & Type of Evaluation or N/A** | | | | | | | | | | | | **Reviewer(s) / CDSA staff Name & Position** | | | | | | | | | | | | | | | | **Findings from Review (written evidence of diagnosis or developmental delay)** | | | | | | |
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| 1. **Eligibility Determination by Evaluation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Evaluation Date(s):** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Required Components** | | 1. Evaluation instrument(s):  DAYC-2  BDI-3  Bayley 4  MSEL  IED-III  Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | 2. Child history / parent interview | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 3. Gather information from other sources (as needed) – specify source: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | 4. Identify functioning in all developmental areas: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | * Cognition | | | | | | | * Communication | | | | | | | | * Adaptive | | | | | | | * Social-Emotional | | | | | | | | | | | * Physical | | | | | | | | | | * Vision | | | | * Hearing | |
|  | | 5. Review of records (specify): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Informed Clinical Opinion (ICO**): Describe the sources of information gathered and interpreted by the multidisciplinary team that resulted in the ICO that the child is eligible in the developmental delay category. A summary can be provided if a more detailed description is available in an evaluation report. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Multidisciplinary / Qualified Personnel:** (check alldisciplines involved / minimum of two; provide name and agency if other than CDSA): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | SLP |  | | | | | | | | | | | | | | | | | | |  | | | | | | PT | |  | | | | | | | | | | | | | | | | | | | | | |
|  | OT |  | | | | | | | | | | | | | | | | | | |  | | | | | | SW | |  | | | | | | | | | | | | | | | | | | | | | |
|  | Special Educator | | | | | |  | | | | | | | | | | | | | |  | | | | | | Psychologist | | | | | | |  | | | | | | | | | | | | | | | | |
|  | Medical (specify) | | | | | |  | | | | | | | | | | | | | |  | | | | | | Other (specify) | | | | | | |  | | | | | | | | | | | | | | | | |
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| 1. **Eligibility Determination / Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Eligibility Determination:** | | | | | | | |  | | | | | | |  | | | **Eligible:** No  Yes (check category below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Category:**  Developmental Delay  Established Condition (specify) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signatures:** (signatures of CDSA staff making eligibility determination) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name and position of CDSA staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date | | | | | | | | | |
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| Name and position of CDSA staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date | | | | | | | | | |
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| Name and position of CDSA staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date | | | | | | | | | |