

Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determination Under the EIP

**EARLY INTERVENTION PROGRAM
CORE EVALUATION SUMMARY FORM**

INSTRUCTIONS: This form must be accompanied by a Multidisciplinary Evaluation Summary form, a Supplemental Evaluation Data Entry form (when applicable), and a Narrative Summary. Please print or type.

Name of Child: _____ <div style="display: flex; justify-content: space-between;"> Last. First </div> Middle _____ DOB: ____/____/____																						
EI Evaluator Name: _____ Provider ID#: _____ Contact Person: _____		Phone#:(____)_____ Fax#:(____)_____																				
<u>Core Evaluation - Individuals Involved</u> Name: _____ Speciality: _____ Instrument(s): _____		<input type="checkbox"/> Check if Bilingual Evaluation Performed Language _____ Summary of evaluation must be translated. Dates of Core: From ____/____/____ To ____/____/____																				
Name: _____ Speciality: _____ Instrument(s): _____		Name: _____ Speciality: _____ Instrument(s): _____																				
<input type="checkbox"/> Family Assessment Offered & Refused		<input type="checkbox"/> Family Assessment Completed and Attached																				
Disciplines involved in Core Evaluation <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Audiologist <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nutritionist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Pediatrician <input type="checkbox"/> Physical Therapist </div> <div style="width: 50%;"> <input type="checkbox"/> Other Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Psychologist <input type="checkbox"/> Social Worker <input type="checkbox"/> Special Educator <input type="checkbox"/> Speech/Language Pathologist </div> </div> Method P - Informed Clinical Opinion T - Standardized Test		(1) Developmental Status Codes A - No Delay (development within acceptable ranges) B - 2.0+ SD below the mean (sufficient alone for eligibility) C - 1.5+SD below the mean (similar delay in another functional area needed to establish eligibility) D - 12 month delay (sufficient alone for eligibility) F - 33% or more delay (sufficient alone for eligibility) G - 25% or more delay (similar delay in another functional area needed to establish eligibility)																				
EVALUATION SUMMARY			Diagnosed Condition(s)																			
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