**ILLINOIS EARLY INTERVENTION**

**Medical Diagnostic Report Format**

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| **SECTION 1: Demographic Information** | | | | | | | |
| **Child’s Name**: |  | | | | | **EI #:** | **CFC #:** |
| **Date of Birth**: |  | | **Chronological Age:** | | **Adjusted Age:** | | |
| **Parent/Guardian’s Name**: | |  | | **Language Spoken in home:** | | | |
| **Service Coordinator’s Name:** | | | | **Primary Physician’s Name:** | | | |

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| **SECTION 2: Visit Information** | | | | |
| **Date of Medical Diagnostic Evaluation/Assessment:** | | | | |
| **Physician’s Name:** | | **Physician’s Phone #**: | | |
| **Other Providers’ Names and Disciplines (if any):** | | | | |
| **1.** | | | | |
| **2.** | | | | |
| **3.** | | | | |
| **4.** | | | | |
| **5.** | | | | |
| **Medical Diagnostic Clinic’s Name:** | | | | |
| **Address:** |  | |  |  |
| **Clinic Coordinator’s Name:** |  | | **Phone #:** |  |

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| **SECTION 3: Referral Information** |
| **Please list reason for referral to medical diagnostic, and Parent/Guardian concerns:** |
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| **SECTION 4: Instrument(s) Administered during Evaluation/Assessment (or complete 5.E)** | | | |
| **Title of Instrument Used** | **Developmental Domain Addressed** | **Age Equivalency** | **Percentage of Delay** |
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| **SECTION 5: Evaluation and/or Assessment** | |
| **A. Child’s developmental history and summary of parents’ concerns. Include information from other sources such as family members, other caregivers, social workers, educators, and IFSP team members, as necessary, to understand the full scope of the child’s unique strengths and needs. This information is found in child’s IFSP, current evaluations and assessments, most recent IFSP teams’ reports, existing scripts and authorizations.** |
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| **B. Summary of relevant medical family history, including pregnancy, delivery, child’s health since birth, hearing and vision.** |
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| **C. Results from physical and neuro-developmental exams.** |
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| **D. Behavioral Observations of the child (also include if observed behavior was viewed as typical or atypical as compared to child’s usual behavior).** |
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| **E. Child’s level of functioning (identifying strengths and needs) in each of the developmental areas observed/examined. List instruments used, developmental domains addressed, age equivalency and percent of delay (if not completed in 4).** |
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| **SECTION 6: Summary and Interpretation** |
| **A. Diagnostic impression and descriptive summary of developmental status (impact on typical functioning in all domains). Include a statement about child’s eligibility.** |
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| **B. If applicable, identify:** |
| **IFSP recommendations** |
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| **Developmental/educational/family support recommendations** |
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| **Medical recommendations** |
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| **SECTION 7: Signatures** | | | |
| **Printed name** | **Discipline** | **Signature** | **Date** |
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