ALABAMA'S EARLY INTERVENTION SYSTEM ELIGIBILITY DETERMINATION REPORT

		Prograi	n:					
			☐ Initial Eligibili	ty 🗖	Annual Eligibility			
This report reflect pr	s this child' ocedures co	s current strengths nducted by qualifi	and the team's conced personnel to deter	erns for on mine eligib	e or more developmental vility for Alabama's Early	areas and is based on age y Intervention System.	e-appropriate	
Child's Name:			Sex: <u>M</u> or	<u>F</u>	Parent/Caregiver:		_	
Date of Birth:		A	ge today (months):		Corrected Age (to 18	months):	<u>—</u>	
Fest:]			Location of Evaluat	ion:	Date of Evaluation:			
☐ Report of Chile	d History: _ _							
Area	Results (Months)	Report 25% Delay	Evaluator Observ	vations/Cli	nical Opinion			
Physical (movement)			Strengths:					
			Concerns:					
			☐ Parent has co	ncern	☐ Parent has	s no concern		
Cognitive (learning)			Strengths:					
			Concerns:					
			☐ Parent has co	ncern	☐ Parent has	s no concern		
Communication (language)			Strengths:					
			Concerns:					
			☐ Parent has co	ncern	☐ Parent ha	s no concern		
Adaptive (self-care)			Strengths:					
			Concerns:					
			☐ Parent has co	oncern	☐ Parent ha	as no concern		
Social/Emotional relationships)			Strengths:					
			Concerns:					
Functi	onal Vision	screen results:	☐ Parent has co		☐ Parent ha	as no concern		
		ng screen results:			☐ This evaluator did n			
Evalua	ator Name/S	Signature/Creder	ıtial:					

Revised: 03.2025

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	☐ Service Coordinator completed				Evaluator completed		
	Functional Vision Screen Results:	□ Pass	□ Not Pass	Functio	nal Hearing Screen Results:	□ Pass	□ Not Pass
	SUMMARY OF	AEIS RE	ESULTS/ELIG	IBILITY	DETERMINATION REPO	RT	
		□ Initial	Eligibility	□ Ann	ual Eligibility		
	Child's Name:			Program	ı:		
Ch	noose <u>one</u> of the following paragraphs	which be	est states the ba	asis of elig	gibility:		
□ fol	The evaluation and assessment team llowing developmental delay(s), which						eased on the
	□ Physical□ Social/Emotional		☐ Adaptiv		☐ Cognitive		
	A documented diagnosis ofe eligibility team that this child is eligitach physician documentation).				has been confirmed, and it i ention services (complete on		
ind is	ocumented diagnosis does not exist the dication that a delay exists that is equal no additional information or result the	nat presen al to or gr at warran no delay c eterminat	nts a high pro reater than 25° nts a recomme of 25% or grea tion with indic	bability of the bability of th	of resulting in a development of the five developmental are or services by Alabama's Eart med, the basis for ICO must at least one of the following	t delay no eas for this ly Interve t be detaile three crit	or is there an schild. There ntion System. ed and clearly teria has been
	onths.	u. <u>Lugio</u>	titiy must be re	tteter men	eu ouseu on muoumu s engio	ину ргосси	uics within o
1.	Borderline performance (22-24%) or (OT, PT, SLP). The written opinion function during a routine the child's	should in	nclude informa	ition rega	rding how these concerns eff	-	
2.	Specialist (OT, PT, SLP) whose experesults and written opinion explaining include information regarding how has identified as a concern.	ng why tl	he child qualifi	es for ear	ly intervention services. The	written o	pinion should
3.	Physical or mental condition (a phy condition) that does not meet stan regarding how these concerns effect concern.	dards for	r a qualifying	diagnosi	s. The written opinion shou	ıld include	information
	☐ Eligibility determination was	s not com	plete. Parent/c	aregiver	withdrawal before eligibility	could be o	completed.
an	ne service coordinator has reviewed the d assures that the native language or so.					_	-
	Service Coordination Signature	e/Credent	tials:				
	Date Summarized:		_ (Date of eligi	bility dete	ermination)		