

ALABAMA'S EARLY INTERVENTION SYSTEM ELIGIBILITY DETERMINATION REPORT

Program: _____

Initial Eligibility **Annual Eligibility**

This report reflects this child's current strengths and the team's concerns for one or more developmental areas and is based on age-appropriate procedures conducted by qualified personnel to determine eligibility for Alabama's Early Intervention System.

**Evaluations approved to be conducted virtually are IDA2, DAYC2, ELAP, and DP3*

Child's Name: _____ **Sex:** M or F **Parent/Caregiver:** _____

Date of Birth: _____ **Age today (months):** _____ **Corrected Age (to 18 months):** _____

Test: _____ **Location of Evaluation:** _____ **Date of Evaluation:** _____

Report of Child History: _____

Area	Results (Months)	Report 25% Delay	Evaluator Observations/Clinical Opinion
Physical (movement)			Strengths: Concerns: <input type="checkbox"/> Parent has concern <input type="checkbox"/> Parent has no concern
Cognitive (learning)			Strengths: Concerns: <input type="checkbox"/> Parent has concern <input type="checkbox"/> Parent has no concern
Communication (language)			Strengths: Concerns: <input type="checkbox"/> Parent has concern <input type="checkbox"/> Parent has no concern
Adaptive (self-care)			Strengths: Concerns: <input type="checkbox"/> Parent has concern <input type="checkbox"/> Parent has no concern
Social/Emotional (relationships)			Strengths: Concerns: <input type="checkbox"/> Parent has concern <input type="checkbox"/> Parent has no concern

Functional Vision screen results: Pass Not Pass This evaluator did not complete
Functional Hearing screen results: Pass Not Pass This evaluator did not complete

Evaluator Name/Signature/Credential: _____

Service Coordinator completed

Evaluator completed

Functional Vision Screen Results: Pass Not Pass Functional Hearing Screen Results: Pass Not Pass

SUMMARY OF AEIS RESULTS/ELIGIBILITY DETERMINATION REPORT

Initial Eligibility

Annual Eligibility

Child's Name: _____

Program: _____

Choose one of the following paragraphs which best states the basis of eligibility:

The evaluation and assessment team indicate that this child is eligible for Alabama's Early Intervention based on the following developmental delay(s) which were identified **as being 25% or greater** (2 procedures completed):

Physical

Adaptive

Cognitive

Social/Emotional

Communication

A documented diagnosis of _____ has been confirmed and it is the clinical opinion of the eligibility team that this child is eligible for Alabama's Early Intervention services (complete one 5-part procedure and attach physician documentation).

The evaluation/assessment team indicate this child is **not eligible** for Alabama's Early Intervention services because a documented diagnosis does not exist that presents a high probability of resulting in a development delay nor is there an indication that a delay exists that is equal to or greater than 25% in any of the five developmental areas for this child. There is no additional information or result that warrants a recommendation for services by Alabama's Early Intervention System.

Informed Clinical Opinion: with no delay of 25% or greater confirmed, the basis for ICO must be detailed and clearly documented in a report for eligibility determination with indication that at least one of the following three criteria has been met and documented in the child's record: Eligibility must be re-determined based on Alabama's eligibility procedures within 6 months.

1. **Borderline performance (22-24%)** on two age-appropriate procedures. One procedure should be completed by a specialist (OT, PT, SLP). The written opinion should include information regarding how these concerns effect the child's ability to function during a routine the child's family has identified as a concern.
2. **Specialist** (OT, PT, SLP) whose expertise best addresses a specific area(s) of concern evaluates the child and provides test results and written opinion explaining why the child qualifies for early intervention services. The written opinion should include information regarding how these concerns effect the child's ability to function during a routine the child's family has identified as a concern.
3. **Physical or mental condition** (a physician or the specialist within his/her discipline may establish the description of the condition) that does not meet standards for qualifying diagnosis. The written opinion should include information regarding how these concerns effect the child's ability to function during a routine the child's family has identified as a concerns.

Eligibility determination not complete. Parent/caregiver withdrawal before eligibility could be completed.

The service coordinator has reviewed these evaluation results, medical, educational or other records to complete this summary and assures that the native language or native mode of communication of this family was used unless clearly not feasible to do so.

Service Coordination Signature/Credentials: _____

Date Summarized: _____ (Date of eligibility determination)