

† 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

& K L O G † V 1 D P H _____

Program: _____

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

7 K H H Y D O X D W L R Q D Q G D V V H V I P K L O V G W M D P O L Q L C E L F H D W R H U W S H O D V E D W P K L I W (D U O \ following developmental delay(s) which were identified as being 25% or greater (2 procedures completed):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Adaptive | <input type="checkbox"/> Cognitive |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Communication | |

A documented diagnosis of _____ has been confirmed and it is the clinical opinion of W K H H O L J L E L O L W \ W H D P W K D W W K L V F K L O G L V H O L J L E O H - p a r t o f s o u r c e a n d D P D † V (D attach physician documentation).

The evaluation/assessment team indicate this child not eligible I R U \$ O D E D P D † V (D U O \ , Q W H U Y H Q W L R R 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 Q R D G G L W L R Q D O L Q I R U P D W L R Q R U U H V X O W W K D W Z D U U D Q W V D U H F R P P H Q G

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 27 37 6/3 7 K H Z U L W W H Q R S L Q L R Q V K R X O G L Q F O X G H L Q I R U P D W L R Q U H J I X Q F W L R Q G X U L Q J D U R X W L O H I D P L O \ K D V
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 U H J D U G L Q J K R Z W K H H M F W F W K H F U K Q O G † V D E L O L W \ W R I X Q F W L R Q 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 K R Z W K H V H F R Q F H U Q D E H O H W W W R K H X Q K W L R Q G X U L Q J D U R X W L Q H W K H F K L O

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)