EARLY INTERVENTION PROGRAM

CORE EVALUATION SUMMARY FORM

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

Child's Name:						
Ciliu's Name.	Last		First	Middle		
DOB:/						
El Evaluator Name:				Phone#: ()		
Provider ID#:				Fax#: ()		
Contact Person:						
Core Evaluation - I	ndividuals Involve	<u>d</u>	[] Check if Bilingual Evaluation Performed			
Name:			Language:			
Specialty:			Summary of evaluation must be translated.			
Instrument(s):			Dates of Core: From/ To/			
Name:			Name:			
Specialty:			Specialty:			
Instrument(s):	ent(s): Inst			Instrument(s):		
[] Family Assessm	nent Offered and Re	efused	[] Family A	ssessment Completed	d and Attached	
Disciplines Involved in Core Evaluation: [] Audiologist			 (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) K - Qualitative Criteria (communication domain only) L - 1.0+ SD below the mean in one area (ongoing eligibility only) 			
EVALUATION SUMMARY			Diagnose	d Condition(s)	ICD Code	
Functional Area	Developmental Status (1)	Method (2)				
Adaptive						
Cognitive						
Communication						
Social/Emotional						
Physical						