



RI Early Intervention Evaluation Summary

Child's Name _____ DOB _____ Age _____ ID _____ Date _____

Where was the evaluation conducted?

Was the child's behavior and participation typical? surprising? Please explain.

Evaluation Team:

(Including Family)

Name/Role: _____

Name/Role: _____

Name/Role: _____

Name/Role: _____

Name/Role: _____

Name/Role: _____

Methods / Procedures Used For Evaluation/Assessment: Check all that apply: Standardized tool

Checklist Review of medical record Interview Observation. Please list other methods and procedures on the lines below:

Eligible: This child meets the eligibility criteria for early intervention services.

Check #1 OR #2

1. **Single Established Condition (Specify)**

Primary Reason for Eligibility: _____ ICD-10 Code: _____

Secondary Reason for Eligibility: _____ ICD-10 Code: _____

2. **Significant Developmental Delay (Select Eligibility Category a, b, or c)**

Primary Reason for Eligibility: _____ ICD-10 Code: _____

a) A delay of 2 standard deviations in at least one of the following area(s)

- Cognitive Gross Motor Fine Motor Skills Expressive Communication
 Receptive Communication Social Emotional Adaptive Skills

b) A delay of 1.5 standard deviations in at least two of the following area(s)

- Cognitive Gross Motor Fine Motor Skills Expressive Communication
 Receptive Communication Social Emotional Adaptive Skills

c) There is a significant impact on child/family functioning in the following area(s)

- Cognitive Gross Motor Fine Motor Skills Expressive Communication
 Receptive Communication Social Emotional
 Adaptive Skills Vision Hearing Health Family Circumstance

Not Eligible: This child does not meet the eligibility criteria for EI services (*Summarize on Form B*). **Reminder: Provide procedural safeguards and document on Services Rendered Form.**

Family declined Early Intervention services

Scores: Indicate Standard Score (SS) (This is the same as Composite Score) **Results:** Indicate if 2 SD or 1.5 SD, WNL (Within Normal Limits) or SIF (Significant Impact on Functioning). If result is less than 1.5 SD, indicate <1.5 SD. Significant Impact on Functioning must be described in Child Outcomes Summary Section B. For Hearing and Vision use WNL or FER (Further Evaluation Recommended). *Please note: 2 SD below mean = (SS=70 or below), 1.5 SD below mean = (SS=71-77) and in general, Standard Scores (SS) between 85 and 115 are considered to be within normal limits.*

Developmental Area Reviewed	Score	Results	Developmental Area Reviewed	Score	Results	Developmental Area Reviewed	Score	Results
Cognitive			Gross Motor Skills			Vision	N/A	
Expressive Communication			Social Emotional			Hearing	N/A	
Receptive Communication			Adaptive Skills			Family Circumstance	N/A	
Fine Motor Skills			Health	N/A		Response to Referral Source: If this is the initial evaluation, did you send a response to the referral source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		