



The Early Intervention Process: Evaluation Report

The Evaluation Report documents the strengths and needs of the child and family. It is used to determine eligibility, the need for supports and make recommendations that can assist the young child to develop, learn and grow.

Initial Evaluation OR Re-evaluation (includes the annual evaluation for infants and toddlers)

Date Permission to Evaluate Requested: _____ **Preschool only**

Date Permission to Evaluate Sent: _____ **Preschool only**

Date Permission to Evaluate Received: _____ **Preschool only**

Date Evaluation Completed: _____

Date Evaluation Report sent to Parent/Guardian: _____

I. Demographic Information

| Child Information | | Family Information | |
|---|---|--|---------------|
| Child's Name: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Name: | Relationship: |
| Date of Birth: | Age: | Address: | |
| MA Recipient #: | | City/State/Zip: | |
| Have parents approved billing of Medical Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Phone (home): | Phone (cell): |
| Private insurance <input type="checkbox"/> YES <input type="checkbox"/> NO | | Phone (work): | Email: |
| Referral Date: | | Name: | Relationship: |
| Referral Source: | | Address: | |
| Child's Address: | | City/State/Zip: | |
| City/State/Zip: | | Phone (home): | Phone (cell): |
| Phone #: | | Phone (work): | Email: |
| Primary Language: | | Primary Language: | |
| | | Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| School District of Residence: | | School District of Residence: | |
| County of Residence: | | County of Residence: | |
| Other: | | | |

Child's Name: _____ Date of Birth: _____ Local ID#: _____

II. Participants in the Evaluation

Participation of the parent/guardian as an equal partner of the evaluation team is essential. In addition to the parent/guardian, other members of the infant/toddler team shall include a service coordinator, an evaluation team member/qualified professional and other team members as appointed by the family. In addition to the family, the preschool team shall also include a group of qualified professionals.

| Name | Title/Role |
|------|-----------------|
| | Parent/Guardian |
| | Parent/Guardian |
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III. Evaluation Background/History

Reason for Referral for Evaluation

Check if Re-evaluation

Describe the reasons child is being referred for this evaluation and the referral source.

History

This component is a brief account of previous Early Intervention programs and services.
This section should also include any other evaluations or services outside the EI programs.

Child's Name: _____ Date of Birth: _____ Local ID#: _____

IV. Family Information

It is helpful to know the kinds of activities your child participates in, the people who your child spends time with, and the things your child enjoys doing. This information will be used to plan the Early Intervention services and supports that your child might need. Families have the option to participate and are welcome team members in the evaluation process.

1) Describe the child's and family's typical day, for example, care giving routines (playtime and favorite activities) as well as community activities (child care and preschool settings and activities, library, playground, etc.).

2) Are there activities that are challenging for the child and family? This could be either at home, in childcare/preschool settings or during community activities.

3) What are the family's views of their child's strengths and does the family have any concerns about the child's development? Do the child's other caregivers or teachers have any concerns?

4) What are the family's resources and strengths, including extended family, friends, community groups, resources, etc?

5) If there are concerns, what does the family want to address first?

Child's Name: _____ Date of Birth: _____ Local ID#: _____

V. Health, Vision and Hearing Summary

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|--|---|
| Health Summary | |
| Date of Most Recent Health Appraisal: | By Whom: |
| <p>Summarize the child's medical/health history including any information that impacts on current health status or the results of the evaluation. Include information on nutrition, eating or growth concerns, immunizations, etc.</p> | |
| | |
| Hearing and Vision Summary | |
| <p>Summarize the results of vision and hearing assessments, including the results of the newborn hearing screening as appropriate. Describe information that the team gathered during the evaluation about the child's vision and hearing skills using observation, parent report, screening tools, etc.</p> | |
| Date of Most Recent/Any Hearing Screening/Assessment: | Date of Most Recent Vision/Any Screening/Assessment: |
| Screening Instrument (if known): | Screening Instrument (if known): |
| By Whom? | By Whom? |
| Results: | Results: |
| | |

Child's Name: _____ Date of Birth: _____ Local ID#: _____

VI. Evaluation of Developmental Domains

Each section may include a summary of standardized testing, parent/caregiver/early childhood educator information, and observation of the child (and curriculum-based assessments if available). Each of the developmental sections should include descriptive statements about the child's present abilities, strengths and their unique needs, as based on parent/caregiver/early childhood educator report, administration of evaluation instruments, observations, or review of recent evaluation information from other agencies/programs outside of Early Intervention. Be sure to include the functioning level of these skills, including academic information and progress in appropriate activities for preschoolers.

Cognitive Development

Communication Development

Social and Emotional Development

Child's Name: _____ Date of Birth: _____ Local ID#: _____

VI. Evaluation of Developmental Domains (Cont'd)

Physical Development

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Adaptive Development

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Other Information

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Child's Name: _____ Date of Birth: _____ Local ID#: _____

VII. Summary of Evaluation Results

| Date of Evaluation | Age at Evaluation | Evaluation Procedures (Standardized assessment, parent/caregiver/early childhood educator report, curriculum-based assessment, observation, etc.) Include the location of evaluation, i.e. observation at early care and education setting. | Results | Administered by: (name, title) |
|---------------------------|--------------------------|---|----------------|--|
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Child's Name: _____ Date of Birth: _____ Local ID#: _____

VIII. Eligibility

Is the child eligible to receive Early Intervention Services? (Please check only one box on this page)

Yes

- The results of the evaluation show that your child has at least a 25% delay or 1.5 standard deviations below the mean in one or more areas of development. The delay results in the need for specially designed intervention/instruction (SDI) in order to participate in typical activities and routines.
- Your child's disability/diagnosis of _____ results in the need for specially designed intervention/instruction (SDI) in order to participate in typical activities and routines.
- Your infant or toddler is eligible for early intervention services based on the informed clinical opinion of this multidisciplinary team. Documentation of the qualitative and quantitative information used to determine eligibility can be found in the 'Evaluation of Developmental Domains' section.

No

- The results of this evaluation show that your child does not have a developmental delay, is demonstrating skills similar to children of his/her age and is not in need of early intervention services.
- Your child is a child with a disability but does not need specially designed intervention/instruction (SDI) in order to participate in typical activities and routines.
- Your infant/toddler is currently demonstrating skills similar to children of his/her age however s/he is eligible for referral for tracking services because: _____.

Child's Name: _____ Date of Birth: _____ Local ID#: _____

IX. Recommendations

Recommendations for consideration by the team regarding Early Intervention and related services are needed to enable the child to be involved and make progress in typical routines, community or preschool educational activities. For informational purposes only include additional suggestions for the family, such as contact information for outside resources. Each recommendation should include a description of the appropriate natural environments or least restrictive environment, including community settings, and family activities and routines, in which Early Intervention services and/or community supports, may be provided.

| | |
|---|--|
| <p style="text-align: center;">Are there activities and routines in which the family/team would like the child to participate? If so, describe the skills needed for successful participation.</p> | <p style="text-align: center;">Are there skills that the family and other caregivers could benefit from learning to assist in the child's development and participation in everyday routines?</p> |
| | |
| <p style="text-align: center;">Are there assistive technology devices, adaptations to existing materials, or acquisition of other materials that will support the child's participation in everyday routines and activities?</p> | <p style="text-align: center;">Are there referrals or linkages to people and community resources, that are not Early Intervention services, that will assist the child/family in expanding their opportunities for involvement in community activities?</p> |
| | |
| <p style="text-align: center;">Is any information needed to enhance the family's and/or caregiver's capacity to assist the child's development and enhance the family's participation in everyday activities?</p> | <p>Other</p> |
| | |

A copy of the *Procedural Safeguards* explaining your rights is available from your child's Early Intervention program.