# Form EI-03

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| Today’s date |  | Child’s name |  | Child’s DOB |  | Parent name(s) |  | ETID number |

# Prior Written Notice of Eligibility Determination

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| **Child’s age** |  | **Adjusted age (if applicable)** |  | **Date of eligibility determination** |

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| **Reason(s) for Referral**   |  | | --- | | ​ |   **Eligibility Status**  **Your child is eligible for Ohio Early Intervention (EI)** due to a diagnosed physical or mental condition with a high likelihood of resulting in a developmental delay. \*  Diagnosed condition:  Documentation used to confirm diagnosis:  (\* if your child is eligible for EI due to a diagnosed condition, then the remainder of this page and page 2 will not be completed)  **Your child is eligible for Ohio Early Intervention (EI)** due to a developmental delay, as determined by the EI evaluation team, via \*\*  the scores on an evaluation tool or  informed clinical opinion, in the following area(s):  Expressive Communication  Social/Emotional  Fine Motor  Adaptive  Receptive Communication  Cognition  Gross Motor  **Your child is NOT eligible for Ohio Early Intervention (EI).** Your child was evaluated by a multi-disciplinary team and your child shows no delay based on the scores of the evaluation and your team’s clinical opinion. \*\* | |
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| **Methods Used to Determine Eligibility Status** | **Completion date** |
| (\*\* Only complete if child is eligible via developmental delay or not eligible) |  |
| * Review of child’s history via medical/educational/other records | ​ |
| * Review of child’s history via parent/family interview | ​ |
| * Observation | ​ |
| * Evaluation tool | ​ |
| * + Bayley Scales of Infant & Toddler Development |  |
| * + Battelle Developmental Inventory |  |
| * Hearing Checklist | ​ |
| * Vision Checklist | ​ |
| * Other (optional): | ​ |
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| **Summary of Evaluation Findings**  ​ |

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| **Multidisciplinary Evaluation Team Members** | | | |
| **Evaluator name:**  *Phone:*  *Email:* | *Discipline:* | |
| Developmental Specialist | Speech-Language Pathologist |
| Pre-K/K Educator | Occupational Therapist |
| Social Worker | Physical Therapist |
| Vision Specialist | Nurse |
| Hearing Specialist | Other: |
| **Evaluator name:**  *Phone:*  *Email:* | *Discipline:* | |
| Developmental Specialist | Speech-Language Pathologist |
| Pre-K/K Educator | Occupational Therapist |
| Social Worker | Physical Therapist |
| Vision Specialist | Nurse |
| Hearing Specialist | Other: |
| **Evaluator name:**  *Phone:*  *Email:* | *Discipline:* | |
| Developmental Specialist | Speech-Language Pathologist |
| Pre-K/K Educator | Occupational Therapist |
| Social Worker | Physical Therapist |
| Vision Specialist | Nurse |
| Hearing Specialist | Other: |

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| **If your child is NOT eligible for Ohio Early Intervention:**  This means your child is currently demonstrating skills and behaviors similar to same-age children. | | | | | |
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| Ohio EI proposes to exit your child from the EI system no sooner than 10 days from the date of this notice. In the boxes below, your evaluation team has provided recommendations for promoting your child’s development and potential community supports and resources that may be beneficial to your family. | | | | | |
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| As the parent, you have dispute resolution options available. A copy of your EI Parent Rights brochure is enclosed. Please contact your EI service coordinator if you have any questions about or disagree with these results. You may also contact the service coordinator if you have new concerns about your child’s development before the age of three. | | | | | |
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| Service Coordinator name |  | Phone number |  | Email address |

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| Community supports and resources which may be of interest: |
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| Ideas and suggestions for promoting your child’s development: |
| ​ |