

Form EI-12

Child's name _____

Child's DOB _____

Parent name(s) _____

ETID number _____

Documentation of Diagnosed Condition

I give consent for this form to be sent to my medical professional in order to obtain documentation of my child's diagnosis and impact on development.

Parent signature _____

Date _____

Dear medical professional — Under the state and federal requirements for eligibility under Part C of the Individuals with Disabilities Education Act (IDEA), most medical diagnoses do not result in automatic eligibility for Early Intervention (EI). However, a professional licensed to diagnose and treat mental or physical conditions may determine that a diagnosed condition for the particular child is likely to result in a developmental delay. The EI team will then conduct a comprehensive assessment to determine the child's program needs. **In order for EI eligibility to be determined using this form, all fields must be completed.**

Please state the child's specific diagnosis in the box. Do **not** include "global delay," "developmental delay," or developmental concerns, such as "speech concerns."

I suspect that this child's medical condition is likely to result in a developmental delay in at least one of the following developmental areas (check all that apply)

Communication

Social/emotional

Motor

Adaptive/self-care/independence

Vision

Cognitive/problem solving

Hearing

Other (specify) _____

Comments (optional)

I do **not** have a reason to believe that this child's medical condition is likely to result in a developmental delay. However, I understand that the parent and child still have the right to a developmental evaluation to determine eligibility.

Professional Licensed to Diagnose and Treat Mental or Physical Conditions

Name _____

License type _____

Phone _____

Signature _____

Email _____

Date _____

Please return this form to the child's Early Intervention Service Coordinator

EI Service Coordinator name _____

Fax number _____

Email _____

EI Service Coordinator Use Only

Date form received _____



**Department of
Children & Youth**

Help Me Grow Early Intervention