

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.

Camille Washington

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 _____

Sylvia Patel

Signature _____

Email _____

Date _____

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

El Service Coordinator name _____

Fax number _____

Email _____

EI Service Coordinator Use Only

Date form received _____



**Department of
Children & Youth**

Help Me Grow Early Intervention