Form EI-03

Today's date	Child's name	Child's DOB	Parent name(s)	ETID number
Prior Wr	itten Notice	of Eligibility Dete	rmination	Ì	
Ch	ild's age	Adjusted age (if application of the second s	able)	Date of eligibility d	etermination
Reason(s) f	or Referral				
Eligibility S	tatus				
	-	Early Intervention (EI) due a developmental delay. *	to a diagnosed	physical or menta	l condition with
	Diagnosed condition Documentation used	n: d to confirm diagnosis:			
(* if your ch	ild is eligible for El due to	a diagnosed condition, then the	remainder of this pa	age and page 2 will no	t be completed)
	is eligible for Ohio I on team, via **	Early Intervention (EI) due	to a developme	ental delay, as dete	ermined by the
	🗆 Expressive	evaluation tool or \Box inform Communication \Box Socia Communication \Box Cogr	l/Emotional		g area(s): □ Adaptive
	-	Dhio Early Intervention (El elay based on the scores of		•	
(** Only complete Review Cobserv Evaluat O Hearin Vision	e if child is eligible via dev v of child's history via v of child's history via vation tion tool	e Eligibility Status elopmental delay or not eligible) medical/educational/other parent/family interview nfant & Toddler Developme nental Inventory		C.	ompletion date



Summary of Evaluation Findings

Your E/A team summary should clearly describe the setting of the evaluation, who was present, and any adaptations that were made to the tool or environment (interpreters, sign language, adaptive equipment, etc.). It should also include any additional concerns shared by the family that were not included with the referral and any hearing and vision recommendations. Additionally, this summary should describe what the team learned during the evaluation about the child's unique strengths and needs and how they participated in family routines and activities that led to the eligibility determination.

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

FI-03

If your child is eligible for Ohio Early Intervention:

Ohio El proposes to work with you to develop an Individualized Family Service Plan (IFSP), including "outcomes" (or goals) and early intervention services needed to meet those outcomes. When Ohio El determines that your child is eligible, you must receive prior written notice at least ten calendar days before beginning or changing an El service, which will be added to your family's plan during an IFSP meeting. If desired, you will be able to waive the ten calendar days prior to beginning an El service within Section 6 of the IFSP.

Your El service coordinator will work with you to schedule an IFSP meeting.

Service Coordinator name	Phone number	Email address

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.

Ohio El proposes to exit your child from the El 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.

As the parent, you have dispute resolution options available. A copy of your El Parent Rights brochure is enclosed. Please contact your El 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.

Service Coordinator name

Phone number

Community supports and resources which may be of interest:

Ideas and suggestions for promoting your child's development:

Fmail address

Date of birth: