Form EI-03

Today's date	Child's name	Ch	ild's DOB	Parent nam	e(s)	ETID number
Prior Wr	ritten Notice	of Eligibility	y Detei	minatio	n	
Ch	nild's age	Adjusted a	ge (if applical	ole)	Date of eligibility	y determination
Reason(s) f	or Referral					
Eligibility S	tatus					
	is eligible for Ohio I ihood of resulting in a	-		to a diagnose	ed physical or mer	ntal condition with
<i>a. y</i>	Diagnosed condition Documentation used	d to confirm diagr				
•	nild is eligible for El due to	•				·
	is eligible for Ohio I on team, via **	Early Intervention	n (EI) due t	o a developr	nental delay, as de	etermined by the
	•	evaluation tool or Communication Communication		/Emotional	nion, in the follow □ Fine Motor □ Gross Motor	ving area(s): □ Adaptive
	is NOT eligible for (our child shows no d	•			•	
(** Only complete	sed to Determine e if child is eligible via dev of child's history via	elopmental delay or r	ot eligible)	ecords		Completion date
	of child's history via	parent/family into	erview			
ObservEvaluation	tion tool					
0	☐ Bayley Scales of Ir☐ Battelle Developm		evelopmer	it		
• Hearin	g Checklist	ientai inventory				
	Checklist (optional):					
• Other	(Optional).					



Child's name:	Date of birth:	ETID number:

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 Tea	am Members		
Evaluator name:	Discipline:		
	☐ Developmental Specialist ☐ Speech-Language Pathologist		
Phone:	☐ Pre-K/K Educator ☐ Occupational Therapist		
Fina ail:	☐ 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		
Financia	☐ 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:	\square Vision Specialist \square Nurse		
	☐ Hearing Specialist ☐ Other:		

EI-03 Page 2 of 3

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	Email address					
Community supports and resources which may be of interest:							
Ideas and suggestions for promoting your child's development:							

Date of birth:

ETID number:

Child's name:

EI-03 Page 3 of 3