

# Form EI-03

Today's date

Child's name

Child's DOB

Parent name(s)

ETID number

## Prior Written Notice of Eligibility Determination

Child's age

Adjusted age (if applicable)

Date of eligibility determination

### 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. \*\*

### 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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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 Team Members

**Evaluator name:**

Phone:

Email:

*Discipline:*

- |   |  |
|---|--|
| <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Pre-K/K Educator         | <input type="checkbox"/> Occupational Therapist      |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other: _____                |

**Evaluator name:**

Phone:

Email:

*Discipline:*

- |   |  |
|---|--|
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| <input type="checkbox"/> Vision Specialist        | <input type="checkbox"/> Nurse                       |
| <input type="checkbox"/> Hearing Specialist       | <input type="checkbox"/> Other: _____                |

Child's name:

Date of birth:

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**If your child is eligible for Ohio Early Intervention:**

Ohio EI 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 EI determines that your child is eligible, you must receive prior written notice at least ten calendar days before beginning or changing an EI 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 EI service within Section 6 of the IFSP.

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

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Service Coordinator name

\_\_\_\_\_

Phone number

\_\_\_\_\_

Email address

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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.

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.

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.

\_\_\_\_\_

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: