Do not alter Essex County Forms they have been designed to meet State and Federal requirements.

EARLY INTERVENTION PROGRAM
MULTIDISCIPLINARY EVALUATION SUMMARY FORM

Child's Name: _____
Last First Middle

DOB: **Date of Evaluation Establishing Eligibility:**

MULTIDISCIPLINARY SUMMARY TYPE

☐ MDE Summary – Initial Eligibility

☐ MDE Summary – Ongoing Eligibility

☐ **NOT ELIGIBLE**

Write V79.3 – Not Eligible
Attach evaluation report
Attach Core/ Supplemental Evaluation Summary Sheets

☐ **ELIGIBLE - BASED ON DIAGNOSED CONDITION**

Sufficient to determine eligibility. Submit the following to assist in developing service plan:
1. This page, Indicate Diagnostic Condition in Part A. Attach documentation of diagnosis.
2. Attach *Core Evaluation Summary Form*, *Supplemental Summary Form(s)*, and *Narrative Summary*.
3. Attach all evaluation reports.

☐ **ELIGIBLE - BASED ON DELAY**

Submit the following to assist in developing service plan:
1. This page.
2. *Core Evaluation Summary Form, Supplemental Evaluation Summary Form(s)*, and *Narrative Summary.*
3. Attach all evaluation reports.
4. Indicate ICD Code in Part B.

A. Diagnosed Physical and Mental Conditions With a High Probability of Developmental Delay. Complete this section only if child is eligible based on diagnosed condition. Attach documentation of diagnosis by physician or clinician.

☐ 270.2 - Albinism
☐ 759.89 - Angelman
☐ 743.45 - Aniridia
☐ 728.3 - Arthrogryposis
☐ 314.00 - Attention Deficit Disorder w/o Hyperactivity
☐ 314.01 - Attention Deficit Disorder with Hyperactivity
☐ 369.00 - Blindness, both eyes
☐ 369.1 - Blindness one eye, low vision other eye
☐ 759.89 - CHARGE Association
☐ 749.1 - Cleft Lip
☐ 749.0 - Cleft Palate
☐ 749.2 - Cleft Palate with Cleft Lip
☐ 389.00 - Conductive Hearing Loss Unspecified
☐ 742.3 - Congenital Hydrocephalus
☐ 359.0 - Congenital Hereditary Muscular Dystrophy
☐ 315.4 - Dyspraxia Syndrome
☐ 758.0 - Down (Trisomy 21 or 22, G)
☐ 758.2 - Edwards (Trisomy 18 D 1)
☐ 313.9 - Emotional Disturbance of Childhood Unspecified
☐ 742.0 - Encephalocele
☐ 760.71 - Fetal Alcohol
☐ 759.83 - Fragile X
☐ 299.0 - Infantile Autism active state
☐ 343.9 - Infantile Cerebral Palsy Unspecified
☐ 345.60 - Infantile Spasms w/o intractable epilepsy
☐ 345.61 - Infantile Spasms with intractable epilepsy
☐ 772.1 - Intraventricular Hemorrhage
☐ 774.7 - Kernicterus
☐ 765.01 - Less than 500 grams - Low Birth Weight
☐ 765.02 - 500 - 749 grams - Low Birth weight
☐ 765.03 - 750 - 999 grams - Low Birth Weight
☐ 755.58 - Lobster Claw (Cleft Hand Congenital)
☐ 369.20 - Low vision both eyes - NOS
☐ 742.1 - Microcephalus
☐ 389.2 - Mixed conductive and sensorineural hearing loss
☐ 742.4 - Multiple anomalies of brain - NOS
☐ 377.23 - Optic nerve coloboma (bilateral), Acquired
☐ 743.57 - Optic nerve coloboma (bilateral), Congenital
☐ 359.8 - Other Myopathies
☐ 758.1 - Patau's (Trisomy 13 D 1)
☐ 779.7 - Preventricular Leukomalacia
☐ 299.80 - Pervasive Developmental Disorder (PDD)
☐ 755.4 - Phocomelia (absence of limb)
☐ 759.81 - Prader-Willi
☐ 309.81 - Prolonged Post Traumatic Stress Disorder
☐ 742.2 - Reduction deformities of brain (Holoprosencephaly/Lissencephaly)
☐ 362.21 - Retinopathy of prematurity (grades 4 & 5)
☐ 389.10 - Sensorineural Hearing Loss Unspecified
☐ 741.0 - Spina Bifida with hydrocephalus
☐ 741.9 - Spina Bifida w/o hydrocephalus
☐ 952.9 - Spinal Cord Injury Unspecified
☐ 744.00 - Unspecified anomalies of ear with hearing impairment
☐ 379.53 - Visual deprivation nystagmus
☐ 335.0 - Werdnig-Hoffman Disease (Infantile Spinal Muscular Dystrophy)

B. Indicate Diagnostic Condition and ICD Code(s) below if eligible due to delay or if different from above.

1. 2.

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EARLY INTERVENTION PROGRAM
CORE EVALUATION SUMMARY FORM

INSTRUCTIONS: This form must be accompanied by a *Multidisciplinary Evaluation Summary Form*, a *Supplemental Evaluation Summary Form* (when applicable), and a *Narrative Summary*. Please print or type.

Child's Name: _____
Last First Middle

DOB:

EI Evaluator Name: _____ Phone#: (_____) _____

Provider ID#: _____ Fax#: (_____) _____

Contact Person: _____

Core Evaluation - Individuals Involved

Name: _____
Specialty: _____
Instrument(s): _____

☐ Check if Bilingual Evaluation Performed
Language: _____
Summary of evaluation must be translated.
Dates of Core: From To

Name: _____
Specialty: _____
Instrument(s): _____

Name: _____
Specialty: _____
Instrument(s): _____

☐ Family Assessment Offered and Refused ☐ Family Assessment Completed and Attached

Disciplines Involved in Core Evaluation:

☐ Audiologist
☐ Nurse
☐ Nurse Practitioner
☐ Nutritionist
☐ Occupational Therapist
☐ Pediatrician
☐ Physical Therapist
☐ Other Physician
☐ Physician Assistant
☐ Psychologist
☐ Social Worker
☐ Special Educator
☐ Speech/Language Pathologist
☐ Other

(2) Method:
P - Informed Clinical Opinion T - Standardized Test

(1) Developmental Status Codes:
A - No Delay (development within acceptable ranges)
B - 2.0+ SD below the mean (sufficient alone for eligibility)
C - 1.5+ SD below the mean (similar delay in another functional area needed to establish eligibility)
D - 12 month delay (sufficient alone for eligibility)
F - 33% or more delay (sufficient alone for eligibility)
G - 25% or more delay (similar delay in another functional area needed to establish eligibility)
K – Qualitative Criteria (communication domain only)
L – 1.0+ SD below the mean in one area (ongoing eligibility only)

EVALUATION SUMMARY			**Diagnosed Condition(s)**	**ICD Code**
Functional Area	Developmental Status (1)	Method (2)		
Adaptive				
Cognitive				
Communication				
Social/Emotional				
Physical				

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EARLY INTERVENTION PROGRAM
SUPPLEMENTAL EVALUATION SUMMARY FORM

Child's Name: ____
Last First Middle

DOB:

EI Evaluator Name: ______________________________
Provider ID#:
Contact Person:

Phone: (_____) ______________
Fax: (_____) ________________

Supplemental Evaluation

☐ Bilingual Evaluation Evaluation Type: _______
☐ Physician ☐ Non-Physician
Dates: From: To:
Name: ________________________________
Discipline: _____________________________

Functional Area	Developmental Status (1)	Method (2)

Supplemental Evaluation

☐ Bilingual Evaluation Evaluation Type: _______
☐ Physician ☐ Non-Physician
Dates: From: To:
Name: ________________________________
Discipline: _____________________________

Functional Area	Developmental Status (1)	Method (2)

Supplemental Evaluation

☐ Bilingual Evaluation Evaluation Type: _______
☐ Physician ☐ Non-Physician
Dates: From: To:
Name: ________________________________
Discipline: _____________________________

Functional Area	Developmental Status (1)	Method (2)

Supplemental Evaluation

☐ Bilingual Evaluation Evaluation Type: _______
☐ Physician ☐ Non-Physician
Dates: From: To:
Name: ________________________________
Discipline: _____________________________

Functional Area	Developmental Status (1)	Method (2)

(1) Developmental Status Codes

A - No Delay (development within acceptable ranges)
B - 2.0+ SD Below the mean (sufficient alone for eligibility)
C - 1.5+ SD Below the mean (similar delay in another functional area needed to establish eligibility)
D - 12 month delay (sufficient alone for eligibility)
F - 33% or more delay (sufficient alone for eligibility)
G - 25% or more delay (similar delay in another functional area needed to establish eligibility)
K – Qualitative Criteria (communication domain only)
L – 1.0+ SD below the mean in one area (ongoing eligibility only)

(2) Method

P - Informed Clinical Opinion T - Standardized Test

Evaluation Type Code

A - Assistive Technology
B - Audiology
F - Nursing
G - Nutrition
H - Occupational Therapy
I - Physical Therapy
J - Psychological Services
L - Social Work
M - Special Instruction
N - Speech and Language
Q - Vision

List Diagnosis and ICD Numbers:

1.

2.