

Form EI-12

Documentation of Diagnosed Condition

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 eligibility for EI may be established for this child for one year. 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.**

Child's name	Child's DOB	Parent name(s)
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Please state the child's specific diagnosis in the box. Do **not** include "global delay," "developmental delay," or developmental concerns, such as "speech concerns."

Select one box below

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)

- | | |
|-------------------------------------|---|
| <input type="radio"/> Communication | <input type="radio"/> Social/emotional |
| <input type="radio"/> Motor | <input type="radio"/> Adaptive/self-care/independence |
| <input type="radio"/> Vision | <input type="radio"/> Cognitive/problem solving |
| <input type="radio"/> Hearing | <input type="radio"/> 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

Signature Email Date

Please return this form to the child's Early Intervention service coordinator

Service coordinator name Fax number Email

Service coordinator use only

Date form received _____ EIDS number _____