Eligibility Determination Form

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date of Eligibility Determination:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Age:</th>
<th>Adjusted Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Parent’s Name: | Service Coordinator’s Name |

<table>
<thead>
<tr>
<th>Eligibility determination type (check one):</th>
<th>Initial</th>
<th>Annual</th>
<th>Interim</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Eligibility Established by Records (When this box is checked only the statement of eligibility and a signature must be completed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records used:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Statement of Eligibility:

☐ Child is determined NOT eligible for the Infant & Toddler Connection of Virginia

☐ Referral(s) were made to:

☐ Child is determined eligible for the Infant & Toddler Connection of Virginia based on the following criteria (check all that apply):

☐ Developmental Delay – Children who are functioning at least 25% below their chronological or adjusted age in at least one area of development.

☐ Atypical development

☐ A diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

These conditions include, but are not limited to the following:

☐ seizures with significant encephalopathy;
☐ significant central nervous system anomaly;
☐ severe Grade 3 intraventricular hemorrhage with hydrocephalus or Grade 4 intraventricular hemorrhage;
☐ symptomatic congenital infection;
☐ effects of toxic exposure including fetal alcohol syndrome, drug withdrawal and exposure to chronic maternal use of anticonvulsants, antineoplastics, and anticoagulants;
☐ meningomyelocele;
☐ congenital or acquired hearing loss;
☐ visual disabilities;
☐ chromosomal abnormalities, including Down syndrome;
☐ brain or spinal cord trauma, with abnormal neurologic exam at discharge;
☐ inborn errors of metabolism;
☐ microcephaly;
☐ severe attachment disorders;
☐ failure to thrive;
☐ autism spectrum disorder;
☐ endocrine disorders with a high probability of resulting in developmental delay;
☐ hemoglobinopathies with a high probability of resulting in developmental delay;
☐ cleft lip or palate;
☐ periventricular leukomalacia;
☐ gestational age less than or equal to 28 weeks;
☐ NICU stay of greater than or equal to 28 days;
☐ other physical or mental conditions at the multidisciplinary team members' discretion

Specify other: ____________________________

Methods and documents used to determine eligibility (If “Eligibility Established by Records” is not checked above).

☐ Review of pertinent medical records less than six (6) months old from the primary care physician and other sources related to the child’s current health status, physical development (including vision and hearing), and medical history. Records Reviewed:

☐ Review of other records, such as birth records, newborn screening results and early medical history, with parent consent, even if those records are more than six (6) months old.

☐ Ongoing Assessment (only for interim or annual determination)

☐ Parent Report
☐ Formal/informal observation
☐ Informed clinical opinion
☐ Part C Vision Screening
☐ Part C Hearing Screening
☐ Comprehensive developmental screening
  o Person Completing Developmental Screening:
  o Developmental Screening Tool Used:
☐ Other
  o Specify other:
Eligibility Determination Form

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date of Eligibility Determination:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Age:</th>
<th>Adjusted Age:</th>
</tr>
</thead>
</table>

**Eligibility Narrative**
(Highlights of the information and how it was used to determine eligibility.)

---

**Eligibility Team**
The following individuals participated in the eligibility determination process:

- **Service Coordinator (signature):**
  - Attended Meeting
  - Submitted Written Report
  - Reviewed Written Report from Outside Source
  - Participated by Phone, Email, etc.

- **Provider (signature and credentials):**
  - Discipline:
    - Educator/Special Educator
    - Occupational Therapist
    - Physical Therapist
    - Speech-Language Pathologist
    - Nurse
    - Other
  - Attended Meeting
  - Submitted Written Report
  - Reviewed Written Report from Outside Source
  - Participated by Phone, Email, etc.

- **Provider (signature and credentials):**
  - Discipline:
    - Educator/Special Educator
    - Occupational Therapist
    - Physical Therapist
    - Speech-Language Pathologist
    - Nurse
    - Other
  - Attended Meeting
  - Submitted Written Report
  - Reviewed Written Report from Outside Source
  - Participated by Phone, Email, etc.

- **Provider (signature and credentials):**
  - Discipline:
    - Educator/Special Educator
    - Occupational Therapist
    - Physical Therapist
    - Speech-Language Pathologist
    - Nurse
    - Other
  - Attended Meeting
  - Submitted Written Report
  - Reviewed Written Report from Outside Source
  - Participated by Phone, Email, etc.

*Two different disciplines must be represented on this form unless eligibility is established by records, in which case only one signature is needed. Typed names or electronic signatures are acceptable.*