EARLY INTERVENTION PROGRAM
SUPPLEMENTAL EVALUATION SUMMARY FORM

Child's Name: _____
        Last   First   Middle

DOB: _____/_____/_____

EI Evaluator Name: _____   Phone: (_____) _____

Provider ID#: _____   Fax: (_____) _____

Contact Person: _____

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)

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

List Diagnosis and ICD Numbers:

1. _____ 2. _____