

DEVELOPMENTAL EVALUATION REPORT

Date Report Sent to Parent/Caregiver: _____

At this time, your child **is** eligible for the Arizona Early Intervention Program.

At this time, your child **is not** eligible for the Arizona Early Intervention Program.

Child's Name (*Last, First, M.I.*): _____ Date of Birth: _____

Parent's Name: _____ Phone Number: _____

Address (*No., Street*): _____

City: _____ State: _____ ZIP Code: _____

Child's Language: _____ Parent's Language: _____

Age at Evaluation: _____ Adjusted Age: _____

Referral Date: _____ Date of Report: _____

Vision Screening Checklist

Date of Completion: _____ Administered By: _____

Results: _____

Hearing Screening Checklist – Type (*OAE, ABR, Other*): _____

Date of Completion: _____ Administered By: _____

Results: _____

SUMMARY

This summary **MUST** always be completed for any child for whom an evaluation was used to determine eligibility. Briefly summarize birth/medical/developmental history, observation, parent report, medical records information and include any other evaluation scores. Please indicate if evaluation scores were not able to be determined **OR** the scores indicate a delay that is less than 50% (standard score above 70), but the team is using informed clinical opinion to determine the child's eligibility.

Child's Name (*Last, First, M.I.*): _____ Date of Birth: _____

SUMMARY (*Continued*)

Child's Name (Last, First, M.I.): _____ Date of Birth: _____

TEST SCORES

Based on the standard bell curve and AzEIP eligibility criteria (50% delay in one area, or a standard score of 70 or below), a standard score of 85 to 115 is considered within normal limits. A standard score between 84-78 suggests a mild delay; standard scores of approximately 77-71 suggest a moderate delay and standard scores of 70 or below suggest a significant delay in development.

Procedure/Evaluation Tool(s) Used	Developmental Area	Scores	Administered by
	Cognitive (<i>learning, play skills, problem-solving</i>)		
	Physical Development a. Gross Motor (<i>crawling, walking, moving</i>) b. Fine Motor (<i>eye/hand coordination</i>)		
	Social/Emotional (<i>interactions with others and toys</i>)		
	Adaptive/Self-help (<i>feeding, dressing, toileting</i>)		
	Communication a. Expressive (<i>conveying wants/needs, talking</i>) b. Receptive (<i>understanding language</i>)		

TEAM SIGNATURES

Name:	Discipline:	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____