

RECORD REVIEW REPORT

[\(Link to Instructions for completing GCI-1157A and GCI-1157B\)](#)

- 1. Child's Name (*Last, First, M.I.*): _____
- 2. Date of Birth: _____
- 3. Parent's Name: _____
- 4. I-TEAMS ID#: _____
- 5. Region: _____
- 6. Service Providing Agency: _____
- 7. Medical records obtained from (*Clinic, Hospital, Agency*): _____
- 8. Name of Qualified Health Professional(s) documented in the records: _____
- 9. Date of the medical records: _____
- 10. Name of EI Service Provider completing the record review: _____
- 11. EI Service Provider's Discipline: _____
- 12. Records submitted identify that _____

13. Select All Established Conditions OR Significant, 50 percent, developmental delay(s) that

Apply:

Established Condition(s)

- Auditory Impairment
- Cerebral Palsy
- Chromosomal Abnormality
- Congenital Infections
- Disorders Reflecting a Disturbance of the Nervous System
- Disorders Secondary to Toxic Substance Exposure (FAS)
- Hydrocephalus
- Intraventricular Hemorrhage Grade III or IV

- Metabolic Disorder
- Neural Tube Defect
- Pediatric Undernutrition
- Periventricular Leukomalacia
- Severe Attachment Disorder
- Visual Impairment
- Other established condition not listed above:

Significant, 50 percent, developmental delay in the area(s) of:

- Adaptive Development
- Cognitive Development
- Communication Development
- Physical Development (fine or gross motor)
- Social Emotional Development

14. Additional information (*complete as needed*):

The Record Review Report will be sent to the Service Coordinator upon completion to be maintained in the child's record.

15. _____

Signature of team member completing review	Discipline	Date
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