GCI-1043A FORFF (6-16)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Arizona Early Intervention Program (AzEIP)

**DEVELOPMENTAL EVALUATION REPORT**

[ ]  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 DATE OF BIRTH

PARENT’S NAME PHONE NO.

      (   )    -

ADDRESS *(NO., Street, City State, ZIP)*

CHILD’S LANGUAGE PARENT’S LANGUAGE

AGE AT EVALUATION CORRECTED AGE

DATE OF EVALUATION Time OF EVALUATION DATE OF REPORT

**Procedure/Evaluation
Tool(s) Used Developmental Area Scores Administered by**

**[ ]  Vision Screening Checklist** Date Completed:

**[ ]  Hearing Screening (Indicate type)**

**OAE, ABR, Other:** Date Completed:

**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.

**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**

**Developmental Area 1: Cognitive** *(learning, play skills, problem-solving):*

 **Tool**:       **Score:**       **Administered by:**

**Developmental Area 2: Physical Development:**

 **a. Gross Motor** *(crawling, walking, moving)*

 **b. Fine Motor** *(eye/hand coordination):*

 **Tool**:       **Score a. Gross Motor:**       **Score b. Fine Motor:**       **Administered by:**

**Developmental Area 3: Social/Emotional** *(Interactions with others and toys):*

 **Tool**:       **Score:**       **Administered by:**

**Developmental Area 4: Adaptive / Self-help** *(feeding, dressing, toileting):*

 **Tool**:       **Score:**       **Administered by:**

**Developmental Area 5: Communication**

1. **Expressive** (conveying wants/needs, talking):
2. **Receptive** (understanding language):

**Tool**:       **Score a. Expressive:**       **Score b. Receptive:**       **Administered by:**

**TEAM SIGNATURES**

NAME:       DISCIPLINE:       DATE:

NAME:       DISCIPLINE:       DATE:

NAME:       DISCIPLINE:       DATE:

NAME:       DISCIPLINE:       DATE:

For text below see DES ADA Statement JAWS readable.docx

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