



## Eligibility Determination Form

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Age/Adjusted Age:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Service Coordinator's Name** \_\_\_\_\_

Check one eligibility determination:  Initial  Annual

**Date of Eligibility Determination:** \_\_\_\_\_

**Statement of Eligibility:** Eligibility determination activities pursuant to 34 CFR 303.300 and 303.322 were conducted for this child and resulted in the findings as stated below.

- 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.**

|  |   |  |   |  |   |  |  |  |   |  |   |  |  |   |   |   |  |  |  |  |  |
|--|---|--|---|--|---|--|--|--|---|--|---|--|--|---|---|---|--|--|--|--|--|
| <p>Check (✓) the diagnosed physical or mental condition for which there is documentation.</p>  | <p>These conditions include, but are not limited to the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> seizures with significant encephalopathy;</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> brain or spinal cord trauma, with abnormal neurologic exam at discharge;</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> significant central nervous system anomaly;</td> <td style="padding: 2px;"><input type="checkbox"/> inborn errors of metabolism;</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> severe Grade 3 intraventricular hemorrhage with hydrocephalus or Grade 4 intraventricular hemorrhage;</td> <td style="padding: 2px;"><input type="checkbox"/> microcephaly;</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> symptomatic congenital infection;</td> <td style="padding: 2px;"><input type="checkbox"/> severe attachment disorders;</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> effects of toxic exposure including fetal alcohol syndrome, drug withdrawal and exposure to chronic maternal use of anticonvulsants, antineoplastics, and anticoagulants;</td> <td style="padding: 2px;"><input type="checkbox"/> failure to thrive;</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> myelodysplasia;</td> <td style="padding: 2px;"><input type="checkbox"/> autism spectrum disorder;</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> congenital or acquired hearing loss;</td> <td style="padding: 2px;"><input type="checkbox"/> endocrine disorders with a high probability of resulting in developmental delay;</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> visual disabilities;</td> <td style="padding: 2px;"><input type="checkbox"/> hemoglobinopathies with a high probability of resulting in developmental delay;</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> chromosomal abnormalities, including Down syndrome;</td> <td style="padding: 2px;"><input type="checkbox"/> cleft lip or palate; or</td> </tr> <tr> <td></td> <td style="padding: 2px;"><input type="checkbox"/> other physical or mental conditions at the multidisciplinary team members' discretion</td> </tr> </table> | <input type="checkbox"/> seizures with significant encephalopathy; | <input type="checkbox"/> brain or spinal cord trauma, with abnormal neurologic exam at discharge; | <input type="checkbox"/> significant central nervous system anomaly; | <input type="checkbox"/> inborn errors of metabolism; | <input type="checkbox"/> severe Grade 3 intraventricular hemorrhage with hydrocephalus or Grade 4 intraventricular hemorrhage; | <input type="checkbox"/> microcephaly; | <input type="checkbox"/> symptomatic congenital infection; | <input type="checkbox"/> severe attachment disorders; | <input type="checkbox"/> effects of toxic exposure including fetal alcohol syndrome, drug withdrawal and exposure to chronic maternal use of anticonvulsants, antineoplastics, and anticoagulants; | <input type="checkbox"/> failure to thrive; | <input type="checkbox"/> myelodysplasia; | <input type="checkbox"/> autism spectrum disorder; | <input type="checkbox"/> congenital or acquired hearing loss; | <input type="checkbox"/> endocrine disorders with a high probability of resulting in developmental delay; | <input type="checkbox"/> visual disabilities; | <input type="checkbox"/> hemoglobinopathies with a high probability of resulting in developmental delay; | <input type="checkbox"/> chromosomal abnormalities, including Down syndrome; | <input type="checkbox"/> cleft lip or palate; or |  | <input type="checkbox"/> other physical or mental conditions at the multidisciplinary team members' discretion |
| <input type="checkbox"/> seizures with significant encephalopathy;   | <input type="checkbox"/> brain or spinal cord trauma, with abnormal neurologic exam at discharge;   |  |   |  |   |  |  |  |   |  |   |  |  |   |   |   |  |  |  |  |  |
| <input type="checkbox"/> significant central nervous system anomaly;   | <input type="checkbox"/> inborn errors of metabolism;   |  |   |  |   |  |  |  |   |  |   |  |  |   |   |   |  |  |  |  |  |
| <input type="checkbox"/> severe Grade 3 intraventricular hemorrhage with hydrocephalus or Grade 4 intraventricular hemorrhage;   | <input type="checkbox"/> microcephaly;  |  |   |  |   |  |  |  |   |  |   |  |  |   |   |   |  |  |  |  |  |
| <input type="checkbox"/> symptomatic congenital infection;   | <input type="checkbox"/> severe attachment disorders;   |  |   |  |   |  |  |  |   |  |   |  |  |   |   |   |  |  |  |  |  |
| <input type="checkbox"/> effects of toxic exposure including fetal alcohol syndrome, drug withdrawal and exposure to chronic maternal use of anticonvulsants, antineoplastics, and anticoagulants; | <input type="checkbox"/> failure to thrive;   |  |   |  |   |  |  |  |   |  |   |  |  |   |   |   |  |  |  |  |  |
| <input type="checkbox"/> myelodysplasia;   | <input type="checkbox"/> autism spectrum disorder;  |  |   |  |   |  |  |  |   |  |   |  |  |   |   |   |  |  |  |  |  |
| <input type="checkbox"/> congenital or acquired hearing loss;  | <input type="checkbox"/> endocrine disorders with a high probability of resulting in developmental delay;   |  |   |  |   |  |  |  |   |  |   |  |  |   |   |   |  |  |  |  |  |
| <input type="checkbox"/> visual disabilities;  | <input type="checkbox"/> hemoglobinopathies with a high probability of resulting in developmental delay;  |  |   |  |   |  |  |  |   |  |   |  |  |   |   |   |  |  |  |  |  |
| <input type="checkbox"/> chromosomal abnormalities, including Down syndrome;   | <input type="checkbox"/> cleft lip or palate; or  |  |   |  |   |  |  |  |   |  |   |  |  |   |   |   |  |  |  |  |  |
|  | <input type="checkbox"/> other physical or mental conditions at the multidisciplinary team members' discretion  |  |   |  |   |  |  |  |   |  |   |  |  |   |   |   |  |  |  |  |  |

**Methods and documents used to determine eligibility.**

|   |  |   |  |   |  |  |  |  |  |  |   |
|---|--|---|--|---|--|--|--|--|--|--|---|
| <p>Check (✓) if used in eligibility determination</p>   | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> 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:</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> 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. Person Completing Developmental Screening: _____ Developmental Screening Tool Used: _____</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Parent Report</td> <td style="padding: 2px;"><input type="checkbox"/> Comprehensive developmental screening</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Formal/informal observation</td> <td style="padding: 2px;"><input type="checkbox"/> Part C Vision Screening</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Informed clinical opinion</td> <td style="padding: 2px;"><input type="checkbox"/> Part C Hearing Screening</td> </tr> </table> | <input type="checkbox"/> 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: |  | <input type="checkbox"/> 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. Person Completing Developmental Screening: _____ Developmental Screening Tool Used: _____ |  | <input type="checkbox"/> Parent Report | <input type="checkbox"/> Comprehensive developmental screening | <input type="checkbox"/> Formal/informal observation | <input type="checkbox"/> Part C Vision Screening | <input type="checkbox"/> Informed clinical opinion | <input type="checkbox"/> Part C Hearing Screening |
| <input type="checkbox"/> 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:               |  |   |  |   |  |  |  |  |  |  |   |
| <input type="checkbox"/> 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. Person Completing Developmental Screening: _____ Developmental Screening Tool Used: _____ |  |   |  |   |  |  |  |  |  |  |   |
| <input type="checkbox"/> Parent Report  | <input type="checkbox"/> Comprehensive developmental screening   |   |  |   |  |  |  |  |  |  |   |
| <input type="checkbox"/> Formal/informal observation  | <input type="checkbox"/> Part C Vision Screening   |   |  |   |  |  |  |  |  |  |   |
| <input type="checkbox"/> Informed clinical opinion  | <input type="checkbox"/> Part C Hearing Screening  |   |  |   |  |  |  |  |  |  |   |

**Eligibility Narrative**

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



## Eligibility Determination Form

**Child's Name:**

**Date of Birth:**

**Age/Adjusted Age:**

### Eligibility Team

The following individuals participated in the eligibility determination process:

|   |  |
|---|--|
| <i>Service Coordinator (signature):</i> | <input type="checkbox"/> Attended Meeting<br><input type="checkbox"/> Submitted Written Report<br><input type="checkbox"/> Participated by Phone |
| <i>Provider (signature and title)</i>   | <input type="checkbox"/> Attended Meeting<br><input type="checkbox"/> Submitted Written Report<br><input type="checkbox"/> Participated by Phone |
| <i>Provider (signature and title)</i>   | <input type="checkbox"/> Attended Meeting<br><input type="checkbox"/> Submitted Written Report<br><input type="checkbox"/> Participated by Phone |
| <i>Provider (signature and title)</i>   | <input type="checkbox"/> Attended Meeting<br><input type="checkbox"/> Submitted Written Report<br><input type="checkbox"/> Participated by Phone |

Two different disciplines must be represented on this form.  
 Typed names or electronic signatures are acceptable.