

Date: _____
mm/dd/yr

**STATEMENT OF ELIGIBILITY - EARLY INTERVENTION
PHYSICAL OR MENTAL CONDITION LIKELY TO RESULT IN
DEVELOPMENTAL DELAY**

Child's Name: _____ Birthdate: _____

Program: _____ Resident District: _____

The team has obtained the following requirement:

A medical condition statement documenting that the child has a diagnosed physical or mental condition that is likely to result in a developmental delay (form 581-5150D-X):

Physician/Physician Assistant./Nurse Practitioner _____ Date

The team has determined that the child meets the following criteria:

Yes no 1. The child has a physical or mental condition that is likely to result in developmental delay as described below:

The team agrees that this child _____ does _____ does not qualify for early intervention services.

Signatures of Team Members	Title/Agency	Agree	Disagree
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

The physician has indicated that this child has a:

- Vision Impairment
- Hearing Impairment
- Orthopedic Impairment
- A copy of the evaluation report and the eligibility statement is given to the parent(s).

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This form is used to:

- Document the child's eligibility for early intervention.

Directions:

1. Enter the month, day and year the eligibility statement is completed.
2. Enter the child's full legal name.
3. Enter the child's birthdate.
4. Enter the name of the agency completing the eligibility statement.
5. Enter the name of the child's resident school district.
6. Indicate the name of the physician, physician assistant, or nurse practitioner who completed the medical condition statement and the date the medical condition statement was completed.
7. Indicate if the child has a physical or mental condition that is likely to result in developmental delay. Describe the child's condition and how the condition impacts the child's development.
8. Enter the team's decision regarding whether or not the child qualifies for early intervention services.
9. Have each member of the team sign his/her name, the agency they represent and whether they agree or disagree with the team's eligibility decision.
10. Check the bottom box(s) if the physician, physician assistant, or nurse practitioner indicated that the child has a vision, hearing, and/or orthopedic impairment.
11. Give a copy of the evaluation report and the eligibility statement to the parent(s).