



INSTRUCTIONS: To be signed by a physician, advanced practice registered nurse, or a physician assistant. The purpose of this form is to collect information about the child's developmental history for the initial eligibility determination process and obtain physician authorization to treat the child pursuant to state and federal laws and regulations under Part C of the Individuals with Disabilities Education Act (IDEA). Contact information for the local First Steps office is below. Additional information about Indiana First Steps and IDEA Part C can be found at www.firststeps.in.gov.

CHILD INFORMATION					
Name of child			Date of birth (mm / dd / yyyy)	Gender: Male Female	
Race	Ethnicity	Primary language	Birth weight (grams)	Gestational age (weeks)	
Street address (number and st	reet)	City	ZIP	County	
Reason for referral to First Ste	ps				
	CHILD'	S DEVELOPMENTAL AN	ID MEDICAL HISTORY		
Diagnosed physical or n	nental condition with a hid	nh probability of developm	ental delay (select all that apply)		
Diagnosed physical or mental condition with a high probability of developmental delay (select all that apply) Chromosomal abnormalities Sensory impairments, including vision or hearing					
			☐ Severe attachment disorders		
				Toxic exposure – fetal alcohol syndrome diagnosis	
			☐ Toxic exposure – neonatal abs	Toxic exposure – neonatal abstinence syndrome diagnosis	
☐ Inborn errors of metabolism ☐ Toxic exposure – other diagnosis					
☐ Low birth weight of ≤ 15	i00 grams	☐ Not applicable	lot applicable		
Suspected development	tal delay (select all that a	Newborn screening(s) w	Newborn screening(s) with atypical results:		
☐ Adaptive Skills ☐ Gross Motor			-, ,	☐ Heel Stick	
☐ Cognitive ☐ Language, Receptive				☐ Hearing	
☐ Social/Emotional ☐ Language, Expressive			☐ Pulse Oximetry		
☐ Fine Motor ☐ Feeding Skills					
Diagnosed medical conditions (please specify)			ICD codes (highest specificity)	ICD codes (highest specificity)	
Current medications			Medical precautions	Medical precautions	
Please provide specific comments and concerns about this child's development:					
MEDICAL PROVIDER INFORMATION					
By signing, I authorize Indiana First Steps to evaluate and treat this child pursuant to state and federal laws and regulations under Part C of the Individuals					
with Disabilities Education Act (IDEA).					
Signature of physician / advance	ced practice registered nurse / pl	Date (mm / dd / yyyy)	Date (mm / dd / yyyy)		
Name of physician / advanced practice registered nurse / physician assistant			Specialty of medical provider	Specialty of medical provider	
Thaile of physician / data look phasics registered has co, physician decision.			Specially States and Special States		
Name of practice					
Name of practice					
Otrock and discount in	delve e e)	0.4.	Louis	T 710	
Street address (number and ad	aaress)	City	State	ZIP	
Telephone number	Fax nur	nber	Email address		
CEDVICE COORDINATOR INFORMATION					
SERVICE COORDINATOR INFORMATION					
Name of Service Coordinator			Cluster	Cluster	
Telephone number	Fax nur	nber	Email Address		
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Indiana First Steps Regional Office Contact Information

Cluster A (northwest Indiana)

Phone: 219-662-7790 Fax: 219-662-7510

serves Jasper, Lake, LaPorte, Newton, Porter, Pulaski and Starke counties

Cluster B (northeast Indiana)

Phone: 574-293-2813 Fax: 574-293-2300

serves DeKalb, Elkhart, Fulton, Kosciusko, LaGrange, Marshall, Noble, St. Joseph, Steuben and Whitley counties

Cluster C (north central Indiana)

Phone: 260-444-2994 Fax: 260-444-4314

serves Adams, Allen, Grant, Huntington, Miami, Wabash and Wells counties

Cluster D (mid north Indiana)

Phone: 765-420-1404 Fax: 765-420-1406

serves Benton, Boone, Carroll, Cass, Clinton, Fountain, Howard, Montgomery, Tippecanoe, Warren and White counties

Cluster F (west central Indiana)

Phone: 812-917-2950 Fax: 812-917-2862

serves Clay, Daviess, Greene, Knox, Martin, Owen, Parke, Putnam, Sullivan, Vermillion and Vigo counties

Cluster G (central Indiana)

Phone: 317-257-2229 Fax: 317-205-2592

serves Hamilton, Hendricks, Johnson, Marion, Morgan and Tipton counties

Cluster H (east central Indiana)

Phone: 765-393-0510 Fax: 812-373-3620

serves Blackford, Delaware, Henry, Jay, Madison, Randolph and Wayne counties

Cluster I (southern Indiana)

Phone: 812-913-7333 Fax: 877-674-2285

serves Clark, Crawford, Dubois, Floyd, Gibson, Harrison, Orange, Perry, Pike, Posey, Scott, Spencer, Vanderburgh, Warrick and

Washington counties

Cluster J (southeast Indiana)

Phone: 812-314-2982 Fax: 812-373-3620

serves Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Hancock, Jackson, Jefferson, Jennings, Lawrence, Monroe, Ohio,

Ripley, Rush, Shelby, Switzerland and Union counties