



# FIRST STEPS PART C ELIGIBILITY DETERMINATION STATEMENT

State Form 50054 (R6 / 12-15)

Division of Disability and Rehabilitative Services



First Steps

Effective May 01, 2006

County	Date (month, day, year)	
Name of person completing this form	Title	
Name of child	Date of birth (month, day, year)	
Family name	Date of referral (month, day, year)	
Eligibility determination activities pursuant to Sections 303.300 and 303.322 of 34 C.F.R. Part 303 were conducted for this child and are recorded in Section 3 of the IFSP document and resulted in the findings as stated below.		Service Coordinator initials

- Medical diagnosis with a high probability of developmental delay (*attach signed and dated physician statement*)
- Chromosomal abnormalities or genetic disorder   
 Neurological disorder   
 Severe toxic exposure, including prenatal exposure  
 Sensory impairments, including vision or hearing   
 Congenital malformation   
 Neurological abnormality in the newborn period  
 Low birth weight  $\leq$  1500 grams

Primary	ICD-10 code
Secondary	ICD-10 code

### Confirmation Of Development Delay:

- One and one-half (1.5) standard deviations below the mean OR 20% delay in two (2) or more developmental domains (*check methodology below*)
- Administered STANDARDIZED Assessment(s) OR Criterion-referenced tool (*As documented in Section 3 of the IFSP*)  
 Informed Clinical Opinion (*provide a statement on page 2 utilizing at least 3 areas of Section 3 of the IFSP*)  
 If a standardized tool is not available or appropriate, a child may be determined to have one and one-half (1.5) standard deviations below the mean OR 20% delay in two (2) or more developmental domains by informed clinical opinion of a multidisciplinary team, including the parent and documentation from the child's primary health care provider.
- Two (2) standard deviations below the mean OR 25% delay in one (1) developmental domain (*check methodology below*)
- Administered STANDARDIZED Assessment(s) OR Criterion-referenced tool (*As documented in Section 3 of the IFSP*)  
 Informed Clinical Opinion (*provide a statement on page 2 utilizing at least 3 areas of Section 3 of the IFSP*)  
 If a standardized tool is not available or appropriate, a child may be determined to have two (2) standard deviations below the mean OR 25% delay in one (1) developmental domain by informed clinical opinion of a multidisciplinary team, including the parent and documentation from the child's primary health care provider.

1. As determined by the multidisciplinary team, the child is determined **NOT ELIGIBLE** due to: \_\_\_\_\_
- The parent agrees with the decision.  
 The parent does NOT agree with the decision, and therefore has been informed of their rights and responsibilities.  
 The parent continues to have questions/concerns relating to the team's decision, and therefore has been informed of their rights and responsibilities.

2. As determined by the multidisciplinary team, the child is determined **ELIGIBLE**.

3. Eligible, but not in need of services at this time.

**INFORMED CLINICAL OPINION**

This child is eligible based on informed clinical opinion. Eligibility is based on the completion of the AEPS, which includes the parent / caregiver's report of developmental history, the review of pertinent records related to the child's health status / medical history (as recorded in Section 3 of the IFSP), and at least one (1) of the following assessment procedures documenting delayed development:

- Observational assessment or planned observation of a child's behaviors and parent / child interaction
- Non-standardized assessment
- Other: \_\_\_\_\_

Provide a statement of informed clinical opinion documenting eligibility.

**VERIFICATION OF RIGHTS**

*Check as appropriate*

- Yes  No Conducted in family's native language / mode of communication
- Yes  No Instruments were free from racial / cultural discrimination
- Yes  No No single procedure was used to determine eligibility
- Yes  No Instruments were administered by qualified personnel
- Yes  No Assessment of child's needs completed
- Yes  No Assessment of child's strengths completed

**CONFIRMATION OF ELIGIBILITY**

The following Multidisciplinary Team members agree that the child (  does  does not ) meet Part C eligibility criteria:

DATE	NAME	POSITION	METHOD OF PARTICIPATION OR SIGNATURE
		Parent *	
		Parent *	
		Intake Coordinator	
		Service Coordinator	
		First Discipline	
		Second Discipline	
		Physician	

\* The parent(s) is a required member of the eligibility team.