

Student Name: _____ DOB: _____

Building: _____ Reviewer Name: _____

Date of Evaluation Report: _____ Eligible: ____ Yes ____ No

____ Evaluation⇒ (Must meet initial criteria)

____ Reevaluation⇒ (Must address criteria components)

Based on information in the Evaluation Report and the student file, the child identified as eligible under Developmental Delay must meet the requirements below.

Developmental Delay

The child must meet *one* of the following to be determined eligible for Infant and Toddler Intervention Services under Developmental Delay:

1. ____ A medically diagnosed physical or mental condition or disorder that has a high probability of resulting in a developmental delay regardless of whether the child has a demonstrated need or delay.

Physical or Mental condition _____

2. ____ A developmental delay that is demonstrated by a score of 1.5 standard deviations or more below the mean in at least one developmental area as measured by appropriate diagnostic measures and procedures.

____ Cognitive Development _____ Standard Deviation

____ Communication Development _____ Standard Deviation

____ Physical Development (including vision and hearing) _____ Standard Deviation

____ Social or Emotional Development _____ Standard Deviation

____ Adaptive Development _____ Standard Deviation

3. ____ A developmental delay that is determined through the use of informed clinical opinion as an independent basis.

Rationale _____

Review of Eligibility Determination

To determine compliance with eligibility determination, one of the following **MUST** be checked.

____ The documentation supports the team decision.

____ The documentation does not support the team decision.

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1350