

Indiana First Steps
Eligibility Determination Multidisciplinary
Assessment Summary Report

Child Name: _____	CHILD ID#: _____		
DOB: _____	DOE: _____	CA: _____	AA: _____
Address: _____		Phone: _____	
City: _____		Zip Code: _____	
Parent(s) Name: _____			
Intake/Service Coordinator: _____			
Assessment location: _____			
Primary Care Physician: _____		Phone: _____	
Confirmed diagnosis: _____			

Eligibility Team Members: **Please print discipline and name.		
<u>Discipline:</u>	<u>Name:</u>	<u>Signature:</u>

TIME IN: _____	TIME OUT: _____	Total F-to-F Minutes: _____
Parent Signature: _____		
15 Min Team Prep: Y / N	15 Min Team Debrief: Y / N	Total Minutes: _____

Important Background Information:

Child Name: _____ DOB: _____ Date: _____

Fine Motor:

Current Skills:

Raw Score: _____ Cut off Score: _____ Provider initials: _____
____ Above Cut off Score __ 1 standard Deviation __ 1½ standard deviation __ 2 standard deviations
Possible Supports Needed/Goals: Strategies to Enhance Goal:

Gross Motor:

Current Skills:

Raw Cut _____ Cut off Score: _____ Provider initials: _____
____ Above Cut off score __ 1 standard Deviation __ ½ standard deviation __ 2 standard deviations
Possible Supports Needed/Goals: Strategies to Enhance Goal:

Child Name: _____ DOB: _____ Date: _____

Adaptive:

Current Skills:

Raw Score: _____ Cut off Score: _____ Provider initials: _____
____ Above Cut off score __ 1 standard Deviation __ 1½ standard deviation __ 2 standard deviations
Possible Supports Needed/Goals: _____ Strategies to Enhance Goal: _____

Cognitive:

Current Skills:

Raw Score: _____ Cut off Score: _____ Provider initials: _____
____ Above cut off score __ 1 standard Deviation __ 1½ standard deviation __ 2 standard deviations
Possible Supports Needed/Goals: _____ Strategies to Enhance Goal: _____

Child Name: _____ DOB: _____ Date: _____

Social Communication:

Current Skills:

Raw Score: _____ Cut off Score: _____ Provider initials: _____
____ Above cut off score __ 1 standard Deviation __ 1½ standard deviation __ 2 standard deviations
Possible Supports Needed/Goals: Strategies to Enhance Goal:

Social:

Current Skills:

Raw Score: _____ Cut off Score: _____ Provider initials: _____
____ Above cut off score __ 1 standard Deviation __ 1½ standard deviation __ 2 standard deviations
Possible Supports Needed/Goals: Strategies to Enhance Goal:

Child's Name: _____ DOB: _____ Date: _____

Comments/Observations Regarding Child's Current Levels:

Other Comments:

Most appropriate person to attend Eligibility and IFSP meeting: _____

The SPOE Service Coordinator responsible for intake will mail a copy to the parent/family with the ten day notice.