

**MONROE COUNTY EARLY INTERVENTION PROGRAM
SUPPLEMENTAL- CORE EVALUATION SUMMARY**

Child's Name: _____ **DOB:** _____

Evaluation Agency/Independent: _____

Name/Credentials of Person(s) performing Evaluation: _____

EVALUATION SUMMARY

Date of Supplemental or Core Evaluation: _____

Specialist(s) Involved:

- | | | |
|------------------------------|---------------------------|-----------------------------------|
| _____ Audiologist | _____ Pediatrician | _____ Social Worker |
| _____ Nurse | _____ Physical Therapist | _____ Special Educator |
| _____ Nurse Practitioner | _____ Psychologist | _____ Speech/Language Pathologist |
| _____ Nutritionist | _____ Other Physician | _____ Other |
| _____ Occupational Therapist | _____ Physician Assistant | |

Functional Area	Devel Status	Test(s) Used for Evaluation	Method of Determination
Adaptive	_____	_____	_____
Cognitive	_____	_____	_____
Communication	_____	_____	_____
Social/Emotional	_____	_____	_____
Physical	_____	_____	_____

Developmental Status Codes

- | | |
|-------------------------|--------------------------------|
| A. No delay | G. 25%+ delay 2 areas |
| B. 2+ SD 1 area | H. Suspect (screening only) |
| C. 1.5+ SD 2 areas | I. Slight delay (not eligible) |
| D. 12 mo.+ delay 1 area | J. NA (supplemental eval) |
| F. 33%+ delay 1 area | K. Qualitative Criteria |
| | L. 1.0+ SD in one area |

Method of Determination

- T. Standardized Test
P. Professional Judgement/
Clinical Opinion

Bilingual Evaluation? Yes _____ No _____

Diagnosis: _____

ICD-9 Diag Code: _____

Comments

Completed by: _____ **Date:** _____

Attach Supplemental or Core Evaluation Report to this form.