**Statement of Eligibility for Early Intervention (Birth to Age 3)**

**(Orthopedic Impairment 70)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name |  | Birthdate | |  |
| School |  | Date of Initial Eligibility |  | |

***The team has obtained the following assessments (attach documentation 1-5):***

1. The team has reviewed existing information, including information from the parent(s), the student’s cumulative records, and individualized family service plans.Evaluation documentation includes relevant information from these sources used in the eligibility determination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Reviewed

2. A medical statement or a health assessment statement indicating a diagnosis of an orthopedic or neuromotor impairment or a description of the motor impairment:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Physician, Nurse Practitioner, or Physician’s Assistant | | Date/Conducted | Date/Reviewed |

3. A standardized motor assessment, including the areas of fine motor, gross motor, and self-help, when appropriate, by a specialist knowledgeable about orthopedic or neuromotor development:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Examiner | | Date/Conducted | Date/Reviewed |

4. Assessments to determine the impact of the suspected disability:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Examiner | | Date/Conducted | Date/Reviewed |

5. Additional assessments that are necessary to identify the child’s educational needs:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Examiner | | Date/Conducted | Date/Reviewed |

***The child meets one or more of the following criteria:***

|  |  |  |
| --- | --- | --- |
| Yes | No | The child has a motor impairment which results in deficits in the quality, speed, or accuracy of movement. These deficits are documented by a score of 2 or more standard deviations below the mean in fine motor, gross motor and/or self-help; *or* |
| yes | no | The child has functional deficits in at least two of the three motor areas; *AND* |
| yes | no | The child’s condition is permanent or is expected to last for more than 60 calendar days. |

***The team agrees that this child***  ***does***  ***does not qualify for early intervention services.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Signatures of Team Members** | |  | | **Title** | | **Agree** | | **Disagree** | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |

A copy of the evaluation report and the eligibility statement is given to the parent(s).

**Statement of Eligibility for Early Intervention (Birth to Age 3)**

**(Orthopedic Impairment 70)**

**This form is used to:**

1. document that the child meets the eligibility criteria for orthopedic impairment;
2. meet the requirements of 34 CFR 300.5 and OAR 581-015-2160 or OAR 581-15-2780 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive early intervention services;
3. document the date that initial eligibility was established and the date that the eligibility is re-established; and
4. provide a place for the team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

**Directions:**

1. Enter the date the form was completed by the team.
2. Enter the child’s complete legal name; do not use a nickname.
3. Enter the child’s date of birth.
4. Enter the date of initial eligibility.
5. List the required evaluation elements. Indicate the name of the test(s) used, the examiner who conducted the test(s) and the testing date(s). If data is being reviewed only (e.g., for reevaluation), indicate the review date. *Attach documentation of each evaluation.*
6. Indicate if the child meets the eligibility criteria.
7. Have each team member (including the parents) sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
8. Place a copy of this form with all attachments into the child’s file.
9. Give a copy of the evaluation report and eligibility statement to the parent(s).