

**Illinois Department of Human Services
Bureau of Early Intervention Required Service Report Guidelines/Format for
Evaluation/Assessment/Direct Service Reports**

Evaluation and assessment includes initial and ongoing procedures such as tests or observation or review of existing documentation used by appropriate qualified personnel to determine a child's initial and ongoing eligibility and to assist in the development of the Individualized Family Service Plan (IFSP). Upon completion of an evaluation or assessment, a written report of findings is required and must be submitted in the "Early Intervention Evaluation/ Assessment Report Format" to the Child and Family Connections office within **14 calendar days** of receipt of the request to perform the evaluation or assessment. Providers must complete the entire report prior to submission. Incomplete reports are not acceptable and will be returned to the provider for revisions required to bring the report into compliance with the required format (See required Report Format below).

NOTE: Providers must accept evaluations and assessments that have been completed prior to the initial IFSP meeting or that have been completed to determine the need to add a new service to an existing IFSP when beginning direct services unless the evaluations/assessments are more than six (6) months old. Early Intervention will not pay for the direct service provider to duplicate initial evaluations and assessments.

Recommendations for goals, outcomes, and strategies for services, with frequency, intensity, duration and location **will be determined at the IFSP meeting** in collaboration with the child's family and are based on the family's identified priorities and concerns and the Principles of Early Intervention (see page 1). **It is inappropriate for providers to approach a child's family to discuss eligibility for EI services and/or recommendations for frequency, intensity or location of services prior to the IFSP meeting.** Eligibility is not determined by one provider alone. Eligibility is determined based upon consensus of the multidisciplinary team. Also, family centered functional outcomes that focus on child development and family training, education and support **must** be written at the IFSP meeting **prior** to the determination of service delivery (see definition of functional outcomes".) **Providers may discuss the results of evaluations and /assessments only with families prior to the meeting.**

Part C of the Individual With Disabilities Education Act (IDEA) requires that services be provided in the "Natural Environment". Part C of IDEA defines Natural Environment as "settings that are natural or normal for the child's age peers who have no disabilities" (see Attachment 2 for Natural Environments Requirements/Worksheet.) If it is determined that a child will receive services in a non-natural environment, this worksheet must be completed at the IFSP meeting.

When determining **initial eligibility** a child will be determined eligible based upon one of the following reasons as stated in 89 Illinois Administrative Code 500.50(a):

Subsection (a)

An Illinois child under the age of 36 months of age and his or her family are eligible for services set forth in this Part if the child:

1. is experiencing a Department determined eligible level of developmental delay; or
2. is experiencing a medically diagnosed physical or mental condition that typically results in developmental delay; or
3. is, according to informed clinical judgment of qualified staff based upon a multidisciplinary evaluation and assessment, at risk of substantial developmental delay. As defined in 89

ATTACHMENT 1– cont.

Illinois Administrative Code 500.20, “at risk of substantial developmental delay, according to informed clinical judgment” means that there is consensus of qualified staff based upon multidisciplinary evaluation and assessment that development of a Department determined eligible level of delay is probable if early intervention services are not provided, because a child is experiencing either:

- a parent who has been medically diagnosed as having a severe disorder as set forth under axis I and axis II of the Diagnostic and Statistical Manual IV (DSM IV); **or**
- three or more of the following risk factors:
 - current alcohol or substance abuse by the primary caregiver;
 - primary caregiver who is currently less than 15 years of age;
 - current homelessness of the child;
 - chronic illness of the primary caregiver;
 - alcohol or substance abuse by the mother during pregnancy with the child;
 - primary caregiver with a level of education equal to or less than the 10th grade, unless that level is appropriate to the primary caregiver’s age;
 - an indicated case of abuse or neglect regarding the child and the child has not been removed from the abuse or neglect circumstances.

On an annual basis **a re-determination of eligibility** must occur. If the child is not found eligible based upon Subsection (a) above, the child must meet the criteria as set forth in 89 Illinois Administrative Code 500.50(c) below:

Subsection (c)

Eligibility shall be determined annually. Children will continue to be eligible if they:

1. have entered the program under any of the eligibility criteria in subsection (a) but no longer meet the current eligibility criteria under this Section; **and**
2. either:
 - A. continue to have any measurable delay; **or**
 - B. have not attained a level of development in each area, including cognitive, physical (including vision and hearing), language, speech and communication, psycho-social, or self-help skills, that is at least at the mean of the child’s age equivalent peers; **and**
3. have been determined by the multidisciplinary team to require the continuation of early intervention services in order to support continuing developmental progress, pursuant to the child’s needs, and provided in an appropriate developmental manner. The type, frequency, and intensity of services will differ from the initial IFSP because of the child’s developmental progress, and may consist of only service coordination, evaluation and assessments.

If the child is re-determined eligible based upon Subsection (c) above, please mark “Annual re-determination/required for progress” under “RESULTS/IMPLICATIONS” found in the “Required Report Format” below.

Six Month Review

A periodic review of each child’s IFSP must occur every six months or more frequently if conditions warrant, or if the family requests such a review, to determine if adjustment of the IFSP is needed. Providers are required to submit a direct service report to each individual child’s service coordinator prior to the six month review. This report would be a summary of a provider’s record notes and must be written using the required report format. Providers are not required to address the following sections of the required report format when completing a direct service report for a six month review: 1) F; 2) Results/Implications; 3) I; or 4) J. If a formal assessment is completed for the six month review, the provider is not required to address the following: 1) Results/Implications; 2) I; or 3) J.

REQUIRED REPORT FORMAT

Name: _____ EI #: _____

Evaluation/Assessment Date: _____ Date of Birth: _____

Age: _____ Adjusted Age: _____

Evaluation/Assessment: OT _____ PT _____ DT _____ SLP _____ SW _____ Other _____

Evaluator: _____ Service Coordinator: _____

Child is being observed in _____home _____daycare _____clinic _____other

A.) Diagnosis/Reason for Referral:

B.) Concerns expressed by parents in regard to their child’ s development:

C.) Medical History/Reports:

D.) Behavioral Observation: (description of child during the assessment)

E.) Clinical Observation: (should address typical/atypical observation)

F.) Tests Conducted
(standardized
assessment tools)

	<u>Score</u>	<u>Age Equivalent</u>	<u>Percent of Delay</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G.) Clinical Narrative of Developmental Domains Evaluated (should address typical/atypical development, specific areas of concern, functional skills & strengths, etc.)

H.) Further assessments recommended: (including assistive technology, family training, health consultation, diagnostic services, nursing, nutrition, psychological, and vision/hearing screening) (please state reason)

RESULTS/IMPLICATIONS:

Based on EI criteria, this child may be eligible for Early Intervention Services in the State of Illinois due to: (please check one)

	E01	Department determined eligible level of delay or greater in one or more areas of development
	E02	diagnosis of qualifying medical condition/listed
	E03	Clinical Judgment that child is experiencing a Department determined eligible level of delay or greater (see I below)
	E04	Clinical Judgment - medical diagnosis unlisted
	E05	Clinical Judgment - at risk due to parent diagnosis DD (developmental disorder) under axis I and axis II of the Diagnostic and Statistical Manual IV (DSM IV)
	E06	Clinical Judgment - at risk due to parent diagnosis SMD (severe mental disorder) under axis I and axis II of the Diagnostic and Statistical Manual IV (DSM IV)
	E11	Clinical Judgment - at risk for developmental delay due to 3 or more qualifying risk factors as stated by DHS.
	E12	Annual re-determination / required for progress (Check here if child is determined eligible based upon Subsection (c) above. Must address section J below in report).
		Further assessments/evaluations are needed in order to determine eligibility.
		This child has not met the eligibility criteria for Early Intervention services in Illinois.

I.) Justification for Clinical Judgment: (should address the following: 1) reason(s) that child was unable to be appropriately and accurately tested using a formal assessment tool to determine eligibility; **and** 2) observed atypical development that may be causing the child to experience a Department determined eligible level of delay or greater.)

J.) Justification for Annual Re-determination / Required for Progress: (should address requirements stated in 89 Illinois Administrative Code 500.50(a) and (c).)

(For A through J use additional pages as necessary)

Recommendations for areas that intervention may be needed: (please check all that may apply)

- _____ cognitive development
- _____ physical development, including vision and hearing
- _____ language, speech and communication development
- _____ social-emotional development
- _____ adaptive self-help skills development

Evaluator Signature

Date

Printed Name

Phone Number

NOTES:

- Bill for evaluation/assessment report writing time using the evaluation/assessment code identified under your credentialed/enrolled profession.
- Bill for the time to write direct service or discharge reports which require no testing procedure using the IFSP Development code identified under your credentialed / enrolled profession. See definition of IFSP development found in the definition section of this document to determine the types of service that are considered billable under IFSP development procedure codes.
- Early Intervention does not pay a provider to write reports other than those required by Early Intervention for the initial or annual IFSP review, the six month review, transition or discharge.