

## EARLY INTERVENTION TEAM REPORT\*

### WISCONSIN EARLY INTERVENTION ELIGIBILITY DETERMINATION

Child's Name:

This child meets the eligibility criteria for early intervention services  
(Check 1 or 2)\*:

1A) A developmental delay of 25% or greater or -1.3 standard deviation in the following area(s):

1B) Atypical development based on

2) A diagnosed physical or mental condition exists which has a high probability of resulting in a developmental delay.

The diagnosis is:

The related conditions are:

The EI Team reviewed the following documents identifying the diagnosis:

This child meets the eligibility criteria for early intervention services, however, family declines IFSP development at this time.

This child does not meet eligibility criteria for Birth to 3 services:

Offer to re-screen the child within 6 months.

Notes:

The following community resources might benefit the family:

The following information was given to the family:

This eligibility determination is being made based upon the following:

Observations

Assessments

Parental Input

Test results. Name of test:

Other options considered?

Why rejected?

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You have the right to refuse consent to the eligibility determination. Accompanying this EI-Team report is a copy of the parent and child rights statement. These are a brief review of the rights. If you would like a complete copy of the parent and child rights, please contact the Service Coordinator.

**PARTICIPANTS IN EARLY INTERVENTION TEAM MEETING**

Signature	Title
	Parent/Guardian
	Parent/Guardian
	County Coordinator
	Service Coordinator

**Date:**

\* HFS 90.08(7)(h); HFS 90.08(7)(c); HFS 90.08(7)(h)(1); HFS 90.10(5)(a)