

Certification of Early Intervention Eligibility

Educational and Developmental Intervention Services (EDIS) - Early Intervention Services

Location of EDIS Program:

1. Child/Family Information

Child's Name: (first, middle initial, last)

Date of Birth: (DDMMYYYY)

Sponsor's Name: (first, last)

FM DEERS Prefix and Sponsor's SSN:

Date of Referral: (DDMMYYYY)

Date of Eligibility Meeting: (DDMMYYYY)

2. DOD School Enrollment Eligibility

The child, but for his/her age, is eligible to enroll in a DOD school: Yes No

If eligible, the child's DOD school enrollment status is:

Space-required/tuition-free

Space-available/tuition-free

Space-available/tuition-paying

3. Early Intervention Eligibility. Based on a comprehensive, multidisciplinary assessment/evaluation, the child is:

Not eligible for early intervention services from EDIS: (specify reason) _____

Tracking: No Yes (specify tracking plan such as frequency, duration and by whom) _____

Eligible for early intervention services from EDIS: (check all that apply)

Developmental Delay: (specify percentage of delay or standard deviation under area of delay)

<input type="checkbox"/> Communication	<input type="checkbox"/> Social-Emotional	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Adaptive	<input type="checkbox"/> Physical-Motor

Biological Risk: (specify diagnosis and ICD9 code) _____

Based on child's eligibility to enroll in a DOD school, early intervention services from EDIS are:

Space-required/non-paying

Space-available/non-paying

Family does does not want early intervention services.

4. Parent/Guardian Statement and Signature(s)

Privacy Act Statement: 20 USC Chapter 33 (Individuals with Disabilities Education Act) authorizes collection of this information. The primary purpose for collecting this information is to certify eligibility for early intervention services. EDIS will use this information to document eligibility. Disclosure is voluntary, however, failure to provide this information may affect participation in EDIS.

Yes No I received a copy of the early intervention procedural safeguards and due process procedures and an explanation of this information.

Yes No I understand the procedural safeguards and due process procedures.

Yes No I participated in the eligibility determination for my child with the EDIS team.

Yes No I agree with the eligibility decision.

Parent/Guardian: (Signature and Date)

Parent/Guardian: (Signature and Date)

Prepared by: (Signature and Title of EDIS Staff Member)

Original: EDIS Convenience Record - **Copy:** Parent and OREC