

INTEGRATED EVALUATION SUMMARY FOR CORE EVALUATION (ONLY)

(Please Type)

CHILD'S NAME: _____ DOB: _____ C.A. _____

CHILD RESIDES WITH: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

WCDH EIOD: _____

INITIAL / ONGOING SERVICE COORDINATOR: _____

Circle One

AGENCY: _____

AREAS OF CONCERN: _____

HEALTH STATUS: _____

EVALUATION TYPE **DATE** **LOCATION** **EVALUATOR NAME/AGENCY** **ASSESSMENT INSTRUMENTS**

1. _____

2. _____

3. _____

4. _____

SUMMARY OF RESULTS – To include information on prior outside evaluations that is appropriate to eligibility.

COGNITIVE (*curiosity and interest, early objective use, imitation, play schemes, problem solving, early concepts*)

COMMUNICATION (*expressive and receptive language levels, oral motor functioning*)

ADAPTIVE (attachment status, self-help skills)

SOCIAL-EMOTIONAL (relatedness, regulation of attention, behavior, and emotion)

PHYSICAL (fine and gross motor, motor planning, regulation of sensory input)

MUST BE COMPLETED BY EVALUATION AGENCY

THE RESULT OF THIS EVALUATION (CORE AND SUPPLEMENTAL) INDICATE THAT THIS CHILD IS (Circle one) IS NOT ELIGIBLE TO RECEIVE SERVICES UNDER THE WCDH EARLY INTERVENTION PROGRAM BASED ON SDOH ELIGIBILITY CRITERIA AS PER THE ATTACHED EVALUATION DATA SHEET
--

FUNCTIONAL OUTCOMES ARE SKILLS THE CHILD NEEDS TO MASTER IN ORDER TO FUNCTION DURING FAMILY/COMMUNITY ROUTINES AND ACTIVITIES (PLAY, MEAL TIMES, BED TIMES, SOCIAL RELATIONSHIPS)
(NOTE: According to NYS Reg. Sec.69-4.8(a)(4)(iv) evaluators should avoid making recommendations for frequency and duration of specific services.)

COGNITIVE:

- 1.
- 2.
- 3.
- 4.

COMMUNICATION:

- 1.
- 2.
- 3.
- 4.

ADAPTIVE:

- 1.
- 2.
- 3.
- 4.

SOCIAL-EMOTIONAL:

- 1.
- 2.
- 3.
- 4.

PHYSICAL/HEALTH STATUS:

- 1.
- 2.
- 3.
- 4.

THE FOLLOWING COMMUNITY RESOURCES AND/OR SUPPORTS WOULD BENEFIT THIS CHILD AND FAMILY:

- 1.
- 2.
- 3.
- 4.

COMPLETED BY: _____

TITLE: _____ AGENCY: _____ DATE: _____