

**Early Intervention  
Evaluation and Assessment Worksheet for Part C Eligible Children**

\_\_\_\_\_ County Board of MRDD

Item #	Question	Reviewer Guidelines	ID#	ID#	ID#	ID#	S/P/N/NA
1.	Is the County Board Responsible for evaluations/assessments?		Yes ____ No ____  Comments:	Yes ____ No ____  Comments:	Yes ____ No ____  Comments:	Yes ____ No ____  Comments:	
2.	Did the child enter HMG with a suspected delay or with a diagnosed physical or mental condition (DPMC)?		_____ Suspected Delay Date of suspected delay  __/__/____  OR  _____ Diagnosed Physical or Mental Condition (DPMC) Date of Referral  __/__/____	_____ Suspected Delay Date of suspected delay  __/__/____  OR  _____ Diagnosed Physical or Mental Condition (DPMC) Date of Referral  __/__/____	_____ Suspected Delay Date of suspected delay  __/__/____  OR  _____ Diagnosed Physical or Mental Condition (DPMC) Date of Referral  __/__/____	_____ Suspected Delay Date of suspected delay  __/__/____  OR  _____ Diagnosed Physical or Mental Condition (DPMC) Date of Referral  __/__/____	

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3.	Type of Evaluation/Assessment  (Check all that apply)		<input type="checkbox"/> Initial Evaluation/ Assessment for Eligibility for HMG  <input type="checkbox"/> Initial Assessment for Program Planning	<input type="checkbox"/> Initial Evaluation/ Assessment for Eligibility for HMG  <input type="checkbox"/> Initial Assessment for Program Planning	<input type="checkbox"/> Initial Evaluation/ Assessment for Eligibility for HMG  <input type="checkbox"/> Initial Assessment for Program Planning	<input type="checkbox"/> Initial Evaluation/ Assessment for Eligibility for HMG  <input type="checkbox"/> Initial Assessment for Program Planning	
4.	Date of referral to HMG  Date of referral to the county board.		____/____/____  ____/____/____	____/____/____  ____/____/____	____/____/____  ____/____/____	____/____/____  ____/____/____	
5.	Were the initial evaluation for eligibility and/or assessment for program planning completed within 45 days of referral to the HMG system?		Yes ____ No ____  If no, is there documentation of exceptional family circumstances, making it impossible to complete within 45 days?  Yes ____	Yes ____ No ____  If no, is there documentation of exceptional family circumstances, making it impossible to complete within 45 days?  Yes ____	Yes ____ No ____  If no, is there documentation of exceptional family circumstances, making it impossible to complete within 45 days?  Yes ____	Yes ____ No ____  If no, is there documentation of exceptional family circumstances, making it impossible to complete within 45 days?  Yes ____	

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			No ____	No ____	No ____	No ____	
6.	Were the following areas included?		Cognitive: Yes ____ No ____  Physical: Yes ____ No ____  Social/Emotional Yes ____ No ____  Adaptive: Yes ____ No ____  Communication: Yes ____ No ____	Cognitive: Yes ____ No ____  Physical: Yes ____ No ____  Social/Emotional Yes ____ No ____  Adaptive: Yes ____ No ____  Communication: Yes ____ No ____	Cognitive: Yes ____ No ____  Physical: Yes ____ No ____  Social/Emotional Yes ____ No ____  Adaptive: Yes ____ No ____  Communication: Yes ____ No ____	Cognitive: Yes ____ No ____  Physical: Yes ____ No ____  Social/Emotional Yes ____ No ____  Adaptive: Yes ____ No ____  Communication: Yes ____ No ____	
7.	Were evaluation/assessment reports shared with family within 45 days of referral to HMG?		Yes ____  No ____	Yes ____  No ____	Yes ____  No ____	Yes ____  No ____	
8.	If assessment for program planning is included, does it include:  Strengths and needs/recommendations for follow up?		Yes ____  No ____	Yes ____  No ____	Yes ____  No ____	Yes ____  No ____	

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9.	Does each evaluation and assessment report developed at entry to HMG include documentation that an individual with expertise in the area of the suspected need was part of the evaluation and/or assessment? (May be an EIS).		Yes ____ No ____	Yes ____ No ____	Yes ____ No ____	Yes ____ No ____	
10.	Were at least two disciplines involved in each evaluation/assessment?		Yes ____ No ____	Yes ____ No ____	Yes ____ No ____	Yes ____ No ____	
11.	Is the county board responsible for the completion of screenings?  If yes, were the screenings completed within 45 days of referral to HMG?		Yes ____ No ____	Yes ____ No ____	Yes ____ No ____	Yes ____ No ____	