

## Developmental Evaluation Summary Form Instructions

This evaluation summary is to be used when the Comprehensive Multidisciplinary Evaluation (CME) has been completed, but the formal report has not yet been written by the initial IFSP meeting. Use of this form ensures the family can be fully informed regarding their child's development in order to participate in developing the IFSP.

The full Comprehensive Multidisciplinary Evaluation report must still be given to the family within 30 days of the child's initial Evaluation date. The Evaluation Summary Form is not to replace the CME Report. Please refer to DDS Service Definitions and Standards for additional information and for instructions regarding billing for the evaluation.

<b>Today's Date:</b>	The date you are completing the form
<b>Child's Name:</b>	Child's first and last name
<b>DOB:</b>	Child's Date of Birth
<b>Parent(s) / Guardian(s):</b>	Parent(s) name or name of Guardian. If child is in State Custody, you can include the name of the foster parent(s) and CYFD Case worker. (Please make sure the information is confidential from birth family if needed).
<b>Physician:</b>	The child's primary care Physician
<b>Evaluation Date:</b>	The date the child received the Comprehensive Multidisciplinary Evaluation (CME)
<b>Eligibility:</b>	Enter the category for which the child is eligible for the FIT Program. Please specify the developmental domain(s) in which the evaluation shows 25% delay; or the diagnosis for the established condition or biological / medical risk; or area(s) of environmental risk.
<b>Current Service Providers:</b>	Please list all providers working with child. e.g.. NMSBVI, NMSD, CMS, Med. Fragile etc.

<b>Contact information:</b>	Phone/Address of current providers
<b>Strengths:</b>	Record strengths that the child demonstrated during the evaluation process.
<b>Developmental Levels:</b>	Record the age ranges of the child's development in each developmental domain that were determined through the evaluation.
<b>Vision:</b>	Record any vision history and / or concerns, including the results of the vision screening tool (Vision must be address as part of the evaluation process)
<b>Hearing:</b>	Enter the results of the Newborn Hearing screening (For children under 6 months of age) or the results of a hearing screening or audiological test for children over 6 months. (Hearing must be address as part of the evaluation process)
<b>Medical:</b>	Enter any pertinent health information in this section.
<b>Recommended Strategies:</b>	The evaluation team should recommended strategies for addressing the child's development.
<b>Parent/ Guardian signature:</b>	Parent(s)/Guardian(s) signs
<b>Staff Signature:</b>	Staff completing the form signs