

03.05.00 Developmental Delay

Student Name: _____ DOB _____

Building: _____ Reviewer Name: _____

Date of Evaluation Report: _____ Eligible: ___ Yes ___ No

Evaluation⇒ (Must meet initial criteria) Reevaluation⇒ (Must address criteria components)

Based on information in the Evaluation Report and the student file, the child identified as eligible under

Developmental Delay

The child must meet **one of the following** to be determined eligible for Infant and Toddler Intervention Services under Developmental Delay:

1. _____ A medically diagnosed physical or mental condition or disorder that has a high probability of resulting in a developmental delay regardless of whether the child has a demonstrated need or delay.

Physical or Mental condition _____

OR

2. _____ A delay of 1.5 standard deviations (SD) or more below the mean in at least one developmental area as measured by appropriate diagnostic measures and procedures.

_____ Cognitive Development _____ Physical Development (including vision and hearing)
_____ Communication Development _____ Social or Emotional Development
_____ Adaptive Development

Test Name _____ SD _____

Test Name _____ SD _____

Review of Eligibility Determination

To determine compliance with eligibility determination, one of the following **MUST** be checked.

_____ The documentation supports the team decision.

_____ The documentation does not support the team decision.

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1350