

Child's Name: _____ <div style="display: flex; justify-content: space-between;"> Last First Middle </div> DOB: ____/____/____ Date of Evaluation Establishing Eligibility: ____/____/____		
MULTIDISCIPLINARY SUMMARY TYPE <input type="checkbox"/> MDE Summary – Initial Eligibility <input type="checkbox"/> MDE Summary – Ongoing Eligibility		<input type="checkbox"/> NOT ELIGIBLE Write V79.3 – Not Eligible Attach evaluation report Attach Core/ Supplemental Evaluation Summary Sheets
<input type="checkbox"/> ELIGIBLE - BASED ON DIAGNOSED CONDITION Sufficient to determine eligibility. Submit the following to assist in developing service plan: 1. This page, Indicate Diagnostic Condition in Part A. Attach documentation of diagnosis. 2. Attach <i>Core Evaluation Summary Form, Supplemental Summary Form(s), and Narrative Summary.</i> 3. Attach all evaluation reports.		<input type="checkbox"/> ELIGIBLE - BASED ON DELAY Submit the following to assist in developing service plan: 1. This page. 2. <i>Core Evaluation Summary Form, Supplemental Evaluation Summary Form(s), and Narrative Summary.</i> 3. Attach all evaluation reports. 4. Indicate ICD Code in Part B.
A. Diagnosed Physical and Mental Conditions With a High Probability of Developmental Delay. Complete this section only if child is eligible based on diagnosed condition. Attach documentation of diagnosis by physician or clinician.		
<input type="checkbox"/> 270.2 - Albinism <input type="checkbox"/> 759.89 - Angelman <input type="checkbox"/> 743.45 - Aniridia <input type="checkbox"/> 728.3 - Arthrogryposis <input type="checkbox"/> 314.00 - Attention Deficit Disorder w/o Hyperactivity <input type="checkbox"/> 314.01 - Attention Deficit Disorder with Hyperactivity <input type="checkbox"/> 369.00 - Blindness, both eyes <input type="checkbox"/> 369.1 - Blindness one eye, low vision other eye <input type="checkbox"/> 759.89 - CHARGE Association <input type="checkbox"/> 749.1 - Cleft Lip <input type="checkbox"/> 749.0 - Cleft Palate <input type="checkbox"/> 749.2 - Cleft Palate with Cleft Lip <input type="checkbox"/> 389.00 - Conductive Hearing Loss Unspecified <input type="checkbox"/> 742.3 - Congenital Hydrocephalus <input type="checkbox"/> 359.0 - Congenital Hereditary Muscular Dystrophy <input type="checkbox"/> 315.4 - Dyspraxia Syndrome <input type="checkbox"/> 758.0 - Down (Trisomy 21 or 22, G) <input type="checkbox"/> 758.2 - Edwards (Trisomy 18 D 1) <input type="checkbox"/> 313.9 - Emotional Disturbance of Childhood Unspecified <input type="checkbox"/> 742.0 - Encephalocele <input type="checkbox"/> 760.71 - Fetal Alcohol <input type="checkbox"/> 759.83 - Fragile X <input type="checkbox"/> 299.0 - Infantile Autism active state <input type="checkbox"/> 343.9 - Infantile Cerebral Palsy Unspecified <input type="checkbox"/> 345.60 - Infantile Spasms w/o intractable epilepsy <input type="checkbox"/> 345.61 - Infantile Spasms with intractable epilepsy <input type="checkbox"/> 772.1 - Intraventricular Hemorrhage <input type="checkbox"/> 774.7 - Kernicterus		<input type="checkbox"/> 765.01 - Less than 500 grams - Low Birth Weight <input type="checkbox"/> 765.02 - 500 - 749 grams - Low Birth weight <input type="checkbox"/> 765.03 - 750 - 999 grams - Low Birth Weight <input type="checkbox"/> 755.58 - Lobster Claw (Cleft Hand Congenital) <input type="checkbox"/> 369.20 - Low vision both eyes - NOS <input type="checkbox"/> 742.1 - Microcephalus <input type="checkbox"/> 389.2 - Mixed conductive and sensorineural hearing loss <input type="checkbox"/> 742.4 - Multiple anomalies of brain - NOS <input type="checkbox"/> 377.23 - Optic nerve coloboma (bilateral), Acquired <input type="checkbox"/> 743.57 - Optic nerve coloboma (bilateral), Congenital <input type="checkbox"/> 359.8 - Other Myopathies <input type="checkbox"/> 758.1 - Patau's (Trisomy 13 D 1) <input type="checkbox"/> 779.7 - Preventricular Leukomalacia <input type="checkbox"/> 299.80 - Pervasive Developmental Disorder (PDD) <input type="checkbox"/> 755.4 - Phocomelia (absence of limb) <input type="checkbox"/> 759.81 - Prader-Willi <input type="checkbox"/> 309.81 - Prolonged Post Traumatic Stress Disorder <input type="checkbox"/> 742.2 - Reduction deformities of brain (Holoprosencephaly/Lissencephaly) <input type="checkbox"/> 362.21 - Retinopathy of prematurity (grades 4 & 5) <input type="checkbox"/> 389.10 - Sensorineural Hearing Loss Unspecified <input type="checkbox"/> 741.0 - Spina Bifida with hydrocephalus <input type="checkbox"/> 741.9 - Spina Bifida w/o hydrocephalus <input type="checkbox"/> 952.9 - Spinal Cord Injury Unspecified <input type="checkbox"/> 744.00 - Unspecified anomalies of ear with hearing impairment <input type="checkbox"/> 379.53 - Visual deprivation nystagmus <input type="checkbox"/> 335.0 - Werdnig-Hoffman Disease (Infantile Spinal Muscular Dystrophy)
B. Indicate Diagnostic Condition and ICD Code(s) below if eligible due to delay or if different from above. 1. _____ 2. _____		