

Reviewing Reports: Simple
Tools for Service Coordinators

Service Coordinator Conference
April 26, 2017

ILLINOIS EARLY INTERVENTION
EVALUATION/ASSESSMENT REPORT (FORMAT)

SECTION 1: Demographic Information			
Child's Name:		Early Intervention #:	CFC #:
Date of Birth:		Chronological Age:	Adjusted Age:
Parent's Name:		Language Spoken in home:	
Service Coordinator's Name:		Physician's Name:	

Calculating Age

Today: Year Month Day
Birthdate: Year Month Day
 Subtract

 2017 4 26
 2015 3 21
 2 years, 1 month, 5 days
 25 months

Calculating Age

HomeSpeechHomePLLC in the App Store

SECTION 2: Type of Report			
Check One:		Evaluation/Assessment (for Eligibility Determination)	
		Assessment (if child already eligible)	
Date of Evaluation/Assessment or Assessment:			
Provider Name:		Provider Phone Number:	
Provider Discipline:		Other:	
OT PT DT SLP SW			
Location of Evaluation/Assessment: (check one)			
Home		Other Setting (identify where):	

SECTION 3: Referral Information
Please list reason for referral, who referred to Child & Family Connections, and Parent/Guardian Concerns:

SECTION 4: Instrument(s) Administered during Evaluation and/or Assessment			
Title of Instrument Used	Developmental Domain Addressed	Age Equivalent*	Percent of delay*
*Required for Evaluation/Assessment. If completing Assessment only, provide if known.			

Domain Names

- Cognitive
- Physical
- Communication
- Social or Emotional
- Adaptive

SECTION 5: Evaluation and/or Assessment

A. Child's developmental history and summary of parents' concerns. Include information from other sources such as family members, other caregivers, social workers, and educators, as necessary to understand the full scope of the child's unique strengths and needs.

B. Summary of medical history, including pregnancy, delivery, child's health since birth, hearing and vision.

C. Behavioral Observations of the child (also include if observed behavior was viewed as typical or atypical as compared to child's usual behavior).

D. Child's level of functioning (identifying strengths and needs) in each of the developmental areas tested. As appropriate, include explanation of use of Clinical Opinion in determining eligibility. For annual reviews, also include information about the child's progress towards IFSP outcomes.

E. Provide justification for annual re-determination for children not meeting original eligibility criteria:

SECTION 6: Summary and Interpretation

A. Brief summation of the child's unique strengths and needs, ability to perform functional skills and how the child is able to participate in family routines. Include a statement about tool's accuracy in portraying child's development.

B. If applicable, recommendations for referrals for additional EI assessments and/or other resources outside of Early Intervention to be discussed at the IFSP meeting.

Evaluator Printed Name

Evaluator Signature

Date

Six-Month Review

SECTION 1: Demographic Information

Child's Name:	EI #:	CFC #:
Date of Birth:	Chronological Age:	Adjusted Age:
Parent's Name:	Language Spoken in home:	
Date of Report:		
Service Coordinator's Name:	Physician's Name:	

SECTION 2: Provider Information

Provider's Name:	Provider's Phone Number:
Provider's Discipline: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> DT <input type="checkbox"/> SLP <input type="checkbox"/> SW <input type="checkbox"/> Other:	

Six-Month Review

SECTION 3: Concerns and Updates

A. Child's developmental history and summary of parents' concerns. Include information from other sources such as family members, other caregivers, social workers, and educators, if necessary to understand the full scope of the child's unique strengths and needs.

B. Summary of medical history, including pregnancy, delivery, child's health since birth, hearing and vision.

C. Child/family participation in services.

Six-Month Review

SECTION 4: Progress Towards Outcomes

A. Please list each outcome on the IFSP and the progress the child has made towards reaching that outcome:

SECTION 5: Further Recommendations

B. If applicable, recommendations for additional Early Intervention Assessments and/or other resources outside of Early Intervention to be discussed at the IFSP meeting.

Provider's Printed Name

Provider's SignatureDate

Discharge Summary

ILLINOIS EARLY INTERVENTION
DISCHARGE REPORT FORMAT

SECTION 1: Demographic Information			
Child's Name:		El #:	CFC #:
Date of Birth:	Chronological Age:		Adjusted Age:
Parent's Name:		Language Spoken in home:	
Service Coordinator's Name:		Physician's Name:	

Discharge Summary

SECTION 2: Provider Information	
Date of Report:	
Reason for Discharge:	
Provider's Name:	Provider's Phone Number:
Provider's Discipline: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> DT <input type="checkbox"/> SLP <input type="checkbox"/> SW <input type="checkbox"/> Other:	

Discharge Summary

SECTION 3: Concerns and Updates
A. Summarize any changes to the child's medical history, including evaluations/assessments completed, since the last report and summarize parents' continuing concerns. Include information from other sources such as family members, other caregivers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs.

Discharge Summary

SECTION 4: Progress Towards Outcomes
A: Please list the outcomes on the IFSP the provider has been addressing and the progress the child has made towards reaching those outcome since the last progress/assessment report.

Discharge Summary

SECTION 5: Further Recommendations	
B. If applicable, recommendations for additional Early Intervention or other resources outside of Early Intervention that may help the child/family.	

Provider's Printed Name	
Provider's Signature	Date

Medical Diagnostic Report

ILLINOIS EARLY INTERVENTION
MEDICAL DIAGNOSTIC REPORT FORMAT

SECTION 1: Demographic Information		
Child's Name:	EI #:	CFC #:
Date of Birth:	Chronological Age:	Adjusted Age:
Parent/Guardian's Name:	Language Spoken in home:	
Service Coordinator's Name:	Primary Physician's Name:	

Medical Diagnostic Report

SECTION 2: Visit Information	
Date of Medical Diagnostic Evaluation/Assessment:	
Physician's Name:	Physician's Phone #:
Other Providers' Names and Disciplines (if any):	
1.	
2.	
3.	
4.	
5.	
Medical Diagnostic Clinic's Name:	
Address:	
Clinic Coordinator's Name:	Phone #:

Medical Diagnostic Report

SECTION 3: Referral Information

Please list reason for referral to medical diagnostic, and Parent/Guardian concerns:

SECTION 4: Instrument(s) Administered during Evaluation/Assessment (or complete 5.E)

Title of Instrument Used	Developmental Domain Addressed	Age Equivalency	Percentage of Delay

Medical Diagnostic Report

SECTION 5: Evaluation and/or Assessment

A. Child's developmental history and summary of parents' concerns. Include information from other sources such as family members, other caregivers, social workers, educators, and IFSP team members, as necessary, to understand the full scope of the child's unique strengths and needs. This information is found in child's IFSP, current evaluations and assessments, most recent IFSP teams' reports, existing scripts and authorizations.

Medical Diagnostic Report

B. Summary of relevant medical family history, including pregnancy, delivery, child's health since birth, hearing and vision.

C. Results from physical and neuro-developmental exams.

Medical Diagnostic Report

D. Behavioral Observations of the child (also include if observed behavior was viewed as typical or atypical as compared to child's usual behavior).

E. Child's level of functioning (identifying strengths and needs) in each of the developmental areas observed/examined. List instruments used, developmental domains addressed, age equivalency and percent of delay (if not completed in 4).

Medical Diagnostic Report

SECTION 6: Summary and Interpretation
A. Diagnostic impression and descriptive summary of developmental status (impact on typical functioning in all domains). Include a statement about child's eligibility.

B. If applicable, identify:
IFSP recommendations

Developmental/educational/family support recommendations

Medical recommendations

Medical Diagnostic Report

SECTION 7: Signatures			
Printed name	Discipline	Signature	Date

Thank you for your attention!

Kristi Schwantner, MS, CCC-SLP | Speech Language Pathologist
Illinois Early Intervention Technical Assistance
SSM Health Cardinal Glennon Children’s Hospital
1465 S. Grand Blvd.
St. Louis, MO 63104
Phone: 314-268-2770 or 800-965-0992
Fax: 314-268-2748
kristi.schwantner@ssmhealth.com

ILLINOIS EARLY INTERVENTION EVALUATION/ASSESSMENT REPORT

SECTION 1: Demographic Information			
Child's Name: Aa Zz	Early Intervention #:		CFC #:
Date of Birth: 10/26/2014	Chronological Age: 2 years, 4 mos	Adjusted Age: N/A	
Parent's Name: Bb and Cc Zz	Language Spoken in home: English		
Service Coordinator's Name:	Physician's Name:		

SECTION 2: Type of Report	
Check One: <input checked="" type="checkbox"/> Evaluation/Assessment (for Eligibility Determination)	<input type="checkbox"/> Assessment (if child already eligible)
Date of Evaluation/Assessment or Assessment: 03/16/2017	
Provider Name: , MA, CCC-SLP/L	Provider Phone Number:
Provider Discipline: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> DT <input checked="" type="checkbox"/> SLP <input type="checkbox"/> SW <input type="checkbox"/> Other:	
Location of Evaluation/Assessment: (check one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other Setting (identify where):	

SECTION 3: Referral Information

Please list reason for referral, who referred to Child & Family Connections, and Parent/Guardian Concerns:

Aa was referred to the Early Intervention System by his mother, Bb Zz, due to concerns that Aa is not putting phrases together. Ms. Zz is familiar with child development and reported that Aa follows directions well, knows many of his letters, and is a good eater. Ms. Zz expressed that Aa has been improving since initial referral, but she continues to have concerns that he is not using his phrases as much as he should.

SECTION 4: Instrument(s) Administered during Evaluation and/or Assessment				
Title of Instrument Used	Developmental Domain Addressed	Standardized Score Normal: 85-115	Age Equivalent*	Percent of delay*
Preschool Language Scale-5	Communication: Auditory Comprehension	109	2 years, 7 mos	0%
	Communication: Expressive Communication	91	1 year, 11 mos	18%
	Communication: Total Language Score	100	2 years, 3 mos	4%
*Required for Evaluation/Assessment. If completing Assessment only, provide if known.				

SECTION 5: Evaluation and/or Assessment

A. Child's developmental history and summary of parents' concerns. Include information from other sources such as family members, other caregivers, social workers, and educators, as necessary to understand the full scope of the child's unique strengths and needs.

Aa lives at home with both parents and is cared for by a grandparent while parents work. She also expressed he uses gestures about as often as words to make wants and needs known. Ms. Zz reported Aa follows directions well, has good problem solving skills, and enjoys puzzles. Ms. Zz has noticed improvements in Aa's language development recently but remains concerned about his limited use of novel phrases.

B. Summary of medical history, including pregnancy, delivery, child's health since birth, hearing and vision.

Birth and medical history were obtained from review of Cornerstone records as well as interview with Ms. Zz. Ms. Zz experienced an uncomplicated pregnancy, labor, and delivery. Aa was born full-term with no complications for mother or Aa. Aa passed his newborn hearing screening and has been relatively healthy since birth aside from ear infections. Aa began experiencing recurrent ear infections beginning at 5 weeks of age. At 8 months, Aa received pressure equalizer (PE) tubes which resulted in a mild hearing loss per Ms. Zz. Aa was evaluated at ENT who stated Aa's hearing loss is likely temporary. Aa was also hospitalized for 12 hours in May 2016 due to croup. Aa does not take any medications currently, and his routine care is provided by Dr. Dd with Medical Group in xxxxxx. No significant family history of developmental or communication delays were reported.

C. Behavioral Observations of the child (also include if observed behavior was viewed as typical or atypical as compared to child's usual behavior).

Aa's evaluation was completed in his home with his mother present. Aa was shy initially but participated with support of Ms. Zz. After a short time, Aa engaged in activities presented and demonstrated appropriate attention, eye contact, joint attention, and play skills. He initiated play and routines with parent and therapist and demonstrated appropriate turn taking. Aa was able to make wants and needs known using a combination of verbal and nonverbal means. Ms. Zz reported that the skills and behaviors observed during the evaluation were typical of those observed on a regular basis.

D. Child's level of functioning (identifying strengths and needs) in each of the developmental areas tested. As appropriate, include explanation of use of Clinical Opinion in determining eligibility. For annual reviews, also include information about the child's progress towards IFSP outcomes.

Receptive Language (understanding of spoken language)

Ms. Zz reported Aa follows directions, including two step and beyond, well without gestures. He is able to help pick up his toys and retrieve familiar items (e.g., coat, shoes) upon request. Aa also understands routine directives, such as "time to eat" or "time to go", without gestures. Ms. Zz did not express concern with Aa's auditory comprehension skills. Aa's receptive language skills are within normal limits at this time with a standard score of 109 and an age equivalent of 2 years, 7 months. Aa was able to identify objects and pictures, follow commands without gestures, and identify body parts and clothing. He also demonstrated understanding of verbs within context, recognized action in pictures, and identified objects by function. Aa also demonstrated scattered skills above his age level including identification of colors and letters. At this time, Aa's receptive language skills are within normal limits and not an area of concern. Aa needs to continue to develop his skills by engaging in symbolic play, understanding spatial concepts, and making inferences.

Expressive Language (using gestures and/or words, phrases, sentences to communicate a message)

Aa's expressive language is an area of concern for Ms. Zz as Aa is not consistently putting phrases together yet. She has reported Aa has begun doing this more lately but not consistently as of yet. Ms. Zz also reported Aa uses gestures as often as words to express his wants and needs. Aa's performance reflected skills within normal limits with an expressive language standard score of 91 with an age of equivalent of 1 year, 11 months. During the evaluation, Aa expressed wants and needs using single words, simple rote phrases, and/or using nonverbal means of pointing, eye contact, proximity, gestures, joint attention, or reaching. Aa's expressive vocabulary is estimated to be 150-200 words at this time. His expressive language skills are within normal limits. He needs to continue to develop his expressive language by continuing to expand his expressive vocabulary, consistently using words more than gestures, and combining words in novel phrases.

Phonological skills (sound development and clarity of speech)

A standardized phonological assessment was not conducted at this time. Aa's phonological inventory includes, but is not limited to, the following sounds: /m, d, p, t, w, k, g, tʃ, b, i, o, a, ʌ, ɜ/. Aa's phonological inventory is within normal limits at this time and not an area of concern. Aa needs to continue to develop his phonological inventory to continue to include age appropriate sounds.

Oral Motor skills (ability to use facial/oral structures appropriately for facial expressions, speaking, and chewing/swallowing)

Aa presents with appropriate tone and range of motion in facial and oral structures. He is able to make and imitate a variety of facial expressions. No concerns with drooling, eating, or drinking have been reported. Aa's oral-motor skills appear appropriate for speech and oral intake.

Fluency (ability to use smooth, flowing, and effortless speech with appropriate rhythm and rate)

There are no concerns with regard to fluency at this time.

Voice (vocal volume, pitch, quality, and resonance)

Aa's voice appears to be appropriate for his age and gender.

E. Provide justification for annual re-determination for children not meeting original eligibility criteria: N/A

SECTION 6: Summary and Interpretation

A. Brief summation of the child's unique strengths and needs, ability to perform functional skills and how the child is able to participate in family routines. Include a statement about tool's accuracy in portraying child's development.

Aa's speech-language skills are within normal limits at this time. He is able to effectively participate in family routines and convey his wants and needs to be understood. Aa demonstrates appropriate social skills as well and is consistently imitating new words and play routines. Ms. Zz reported that the skills and behaviors observed during the evaluation were typical of those observed on a regular basis. Results obtained through the Preschool Language Scale-5 are considered to be a reliable and accurate measurements of the child's skills at this time based on parent report.

B. If applicable, recommendations for referrals for additional EI assessments and/or other resources outside of Early Intervention to be discussed at the IFSP meeting. N/A

_____, MA, CCC-SLP/L

Evaluator Printed Name

Evaluator Signature

3/16/17

Date

Evaluation/Assessment Report Checklist

Provider: _____ Discipline: _____

✓	Child's Initials: _____
	Section 1 – DOB is correct and age is correctly calculated (HomeSpeechHomePLLC in the App store)
	Section 2 – Appropriate box marked for Evaluation/Assessment or Assessment; date of report is correct (date of report also acceptable in section 1)
	Section 3 – Reason for referral, referral source, and parent concerns stated
	Section 4 – Completed correctly with proper Domain name listed (Per Federal Guidelines, Domain names are: Cognitive, Communication, Physical, Adaptive, and Social or Emotional)
	Section 4 – For Evaluation/Assessment age equivalent is stated, and % delay is calculated; (does not write “wnl” or “>50%”)
	Section 5A – Includes developmental history, summary of parent concerns; information from other sources such as family members, caregivers, educators is included as necessary to understand full scope of child's strengths and needs
	Section 5B – Provides appropriate summary of medical history, pregnancy and delivery information, health status since birth, hearing, and vision; use of assistive technology included here
	Section 5C – Behavioral observations are descriptive of the child's behavior during the evaluation/assessment (includes: who is present, how child relates to caregiver and the evaluator, use of eye contact, attention span, ability to complete tasks, child's communication strategies); must include statement about how the observed behavior is, or is not typical compared to how the child normally behaves based upon feedback by the caregiver
	Section 5D – Thoroughly describes the child's level of functioning in each domain tested; provides functional description of child's strengths and needs and impact on the child's ability to participate in family routines; connects skills demonstrated on the test to child's functional performance
	Section 5D – If age equivalents do not accurately portray child's developmental status, clinical opinion is written to explain why, and describes the child's atypical behavior
	Section 5D – For annual reviews, includes report of progress toward outcomes
	Section 5E – Only completed at annual re-determination; provides adequate justification and explanation of the child's needs that require continued EI services for developmental progress
	Section 6A – Clear and concise narrative summary of child's strengths and needs; includes impact on child's ability to participate in daily routines
	Section 6 A – Includes a statement about the accuracy of the tool's portrayal of the child's development
	Section 6B – Appropriate recommendations for additional EI assessments and/or other resources outside of EI to support the family
	Report is signed and dated

Six Month Review Checklist

Provider: _____

Discipline: _____

✓	Child's Initials: _____
	Section 1 – DOB is correct and age is correctly calculated (HomeSpeechHomePLLC in the App store)
	Section 2 – Provider's Name, phone number, and discipline
	Section 3A – includes developmental history, summary of parent concerns; information from other sources such as family members, caregivers, educators is included as necessary to understand full scope of child's strengths and needs
	Section 3B – provides appropriate summary of medical history, pregnancy and delivery information, health status since birth, hearing, and vision
	Section 3C – Summary of the family's ongoing concerns, include information about the family's participation in services (i.e.: expected frequency/intensity, attendance, family engagement, family carryover of recommended strategies)
	Section 4A – Progress toward outcomes Lists outcomes provider is addressing and degree to which progress toward achieving the outcomes identified in the IFSP is being made; also includes whether modification or revision of the outcomes or EI services identified in the IFSP is necessary
	Section 5 – Recommendations for additional EI or community resources that should be discussed at the IFSP meeting
	Report is signed and dated

Discharge Report Checklist

Provider: _____

Discipline: _____

✓	Child's Initials: _____
	Section 1 – Child's Name, DOB is correct and age is correctly calculated (HomeSpeechHomePLLC in the App store)
	Section 2- Date of Report is Correct Reason for Discharge is stated Provider's Name, phone number, and discipline are included
	Section 3A – Summary of medical history, evaluations/assessments completed, summary of parents' concerns; Includes information from other sources such as family members, caregivers, educators is included as necessary to understand full scope of child's strengths and needs
	Section 4A – Progress toward outcomes List the outcomes the provider has been addressing and the progress since the last assessment or progress report
	Section 5 – Recommendations for additional EI or community resources that would be helpful to the family
	Report is signed and dated

Medical Diagnostic Report Checklist

Provider: _____ Discipline: _____

✓	Child's Initials: _____
	Section 1 – DOB is correct and age is correctly calculated (HomeSpeechHomePLLC in the App store)
	Section 2 – Date of visit, physician's name and phone number, listing of other participating providers, name of clinic and contact information
	Section 3 – Reason for referral and parent concerns
	Section 4 – Completed correctly with proper Domain name listed (Per Federal Guidelines, Domain names are: Cognitive, Communication, Physical, Adaptive, and Social or Emotional) OR this information may be reported in Section 5E
	Section 4 – Age equivalents are stated and % delay is calculated
	Section 5A – Includes developmental history, summary of parent concerns; information from other sources such as family members, caregivers, educators is included as necessary to understand full scope of child's strengths and needs
	Section 5B – Provides appropriate summary of relevant family medical history, pregnancy and delivery information, health status since birth, hearing, and vision
	Section 5C – Physical and neuro-developmental exam
	Section 5D – Behavioral observations are descriptive of the child's behavior during the evaluation/assessment (includes: who is present, how child relates to caregiver and the evaluator, use of eye contact, attention span, ability to complete tasks, child's communication strategies); must include statement about how the observed behavior is, or is not typical compared to how the child normally behaves based upon feedback by the caregiver
	Section 5E – Describes the child's level of functioning (strengths and needs) in each developmental area observed/examined; lists instruments used, domains addressed, age equivalency and percent of delay
	Section 6A – Diagnostic Impression and descriptive summary of developmental status (impact on typical functioning in all domains). Includes a statement about eligibility.
	Section 6B – IFSP recommendations Developmental/educational/family support recommendations Medical Recommendations
	Section 7 – Report is signed and dated by evaluation team