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**Eligibility Evaluation for the North Carolina Infant-Toddler Program**

**Child’s Present Skills and Abilities**:

This evaluation provides a picture of your child’sstrengths and needs, the people, places and things that interest and motivates your child, and his/her likes and dislikes. The CDSA used several methods to look at your child’s development: standardized testing, record review, clinical observation, and parent report. The information that we gathered informs us about the skills and behaviors thatyour child has developed so far and how your child combines and uses these skills and behaviors to participate in daily activities. The skills and behaviors are divided into five domains (areas of development).

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| **Child’s Name:** | **Date of Birth:** | **Child’s Age:** | **Adjusted Age:** |
| **Date(s) of Evaluation/Assessment:** | **Who Participated:** |
| **Evaluation/Assessment Tools/Other Methods Used:** |

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| **Developmental Domain** | **Skills & Abilities** |
| **Things** **(child's name) Does Well** | **Challenges or Next Steps for** **(child's name)** |
| **Social/Emotional**(Relating to other people, showing feelings, coping in situations throughout the day) |       |       |

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| **Adaptive**(Ability to help self in daily activities, including feeding, dressing, toileting, sleeping, and getting needs met) |       |       |

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| **Cognitive**(Thinking and learning, how the child solves problems) |       |       |

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| **Communication**(Understanding words and gestures (receptive language), and using sounds, words and gestures (expressive language) |       |       |

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| **Physical Development**(Using hands and using eyes and hands together with control and coordination (fine motor), the child’s strength , coordination and balance of muscles for movement (gross motor) |       |       |

**Eligibility Evaluation for the North Carolina Infant-Toddler Program**

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| **Child Health Information:** |
| **Summary of child’s health status based on review of pertinent records and/or parent report. (This includes child’s birth history, medical conditions or diagnoses, illnesses, hospitalizations, medications, vision and hearing status, or other information):**      |
| **Summary of Evaluation Results:** |
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| **Recommendations/Follow-Up:**      |
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| **Evaluator’s Signature**  |  | **Date** |
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| **Evaluator’s Signature**  |  | **Date** |
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| **Evaluator’s Signature** |  | **Date** |