



Developmental Delay Determination Decision (ages 0-5)

| Member Information | |
|---------------------------|----------------|
| Member Name: | Date of Birth: |
| Community Centered Board: | |

| Developmental Disability Information <i>(select one section)</i> | |
|--|--|
| <p>1. A child who is less than five (5) years of age is at risk of having a developmental disability because of the presence of one or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chromosomal conditions associated with delays in development <input type="checkbox"/> Congenital syndromes and conditions associated with delays in development <input type="checkbox"/> Sensory impairments associated with delays in development <input type="checkbox"/> Metabolic disorders associated with delays in development <input type="checkbox"/> Prenatal and perinatal infections and significant medical problems associated with delays in development <input type="checkbox"/> Low birth weight infants weighing less than 1200 grams, or <input type="checkbox"/> Postnatal acquired problems resulting in delays in development | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>OR</u> | |
| <p>2. A child less than five (5) years of age who is significantly delayed in development in one or more of the following areas:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Metabolic Disorder <input type="checkbox"/> Social-emotional <input type="checkbox"/> Motor <input type="checkbox"/> Sensory, or <input type="checkbox"/> Cognition | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>OR</u> | |
| <p>3. A child less than three (3) years of age who lives with one or both parents who have a developmental disability.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Evidence |
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| |

*If ALL of the above questions were answered NO,
The individual does NOT meet criteria for a Developmental Delay.*

| Attachments | |
|---|--|
| 4. Attached documentation to support existence of Developmental Delay | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Attachment: | Date: |
| Attachment: | Date: |
| Attachment: | Date: |

| Decision |
|---|
| Determination Decision: <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria |
| Determination Date: |
| Comments: |

If the individual is determined to meet criteria for a Developmental Delay, please note the determination is valid until the individuals 5th birthday or the end of the certification period of services being received during the individuals 5th year. After this time, the individual will require a Developmental Disability Determination.

| Developmental Disability Professional(s) completing determination: | |
|--|----------------|
| Name: | Decision Date: |
| Title: | |
| Name: | Decision Date: |
| Title: | |
| Name: | Decision Date: |
| Title: | |
| Name: | Decision Date: |
| Title: | |