



Ohio's Help Me Grow Early Intervention Program Documentation of Informed Clinical Opinion for Developmental Delay

Child's Name: _____ Date of Birth: _____
Early Track ID: _____

Help Me Grow Early Intervention is Ohio's early intervention program for infants and toddlers, birth to age 3, who have significant developmental delays or diagnosed conditions associated with developmental disabilities. When a child is referred to Ohio's Help Me Grow Early Intervention Program, the child may be made eligible with the informed clinical opinion of at least two licensed disciplines. This form documents program eligibility for Ohio Help Me Grow Early Intervention for one hundred eighty days once the child assessment has determined the child's need for early intervention services and an Individualized Family Service Plan has been developed. In my opinion, this child shows delays in the following domains:

Developmental domain (Check all that apply)	Informed Clinical Opinion is based on (Check all that apply)	Explanation (may attach additional pages)
<input type="checkbox"/> Adaptive	<input type="checkbox"/> Observation <input type="checkbox"/> Tool <input type="checkbox"/> Medical report(s) <input type="checkbox"/> Parent report <input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Observation <input type="checkbox"/> Tool <input type="checkbox"/> Medical report(s) <input type="checkbox"/> Parent report <input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Communication	<input type="checkbox"/> Observation <input type="checkbox"/> Tool <input type="checkbox"/> Medical report(s) <input type="checkbox"/> Parent report <input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Physical	<input type="checkbox"/> Observation <input type="checkbox"/> Tool <input type="checkbox"/> Medical report(s) <input type="checkbox"/> Parent report <input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Social or Emotional	<input type="checkbox"/> Observation <input type="checkbox"/> Tool <input type="checkbox"/> Medical report(s) <input type="checkbox"/> Parent report <input type="checkbox"/> Other (specify)	



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In my professional opinion, this child has a developmental delay in the domains indicated above and is eligible for Help Me Grow Early Intervention.

Professional's printed name: _____

Discipline: _____

Professional's Signature: _____ Date: _____

Professional's Contact Information:

Phone: _____ E-mail: _____

Fax Number: _____

Check here if professional is licensed in two disciplines

Indicate second discipline _____

In my professional opinion, this child has a developmental delay in the domains indicated above and is eligible for Help Me Grow Early Intervention.

Professional's printed name: _____

Discipline: _____

Professional's Signature: _____ Date: _____

Professional's Contact Information:

Phone: _____ E-mail: _____

Fax Number: _____