



## Ohio's Help Me Grow Early Intervention Program Documentation of Diagnosed Condition

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 with a physical or mental condition that is likely to cause developmental, documentation of the condition and its potential impact in one or more of the five developmental areas must be provided before the child is eligible. The information provided on this form will enable Ohio Help Me Grow to assess this child's need for early intervention services when a non-eligible diagnosis is present. When complete, fax or email this form to local HMG Early Intervention provider.

This form must be signed by a professional licensed to diagnose and treat mental or physical conditions.	
Child's Name: _____	Date of Birth: ___/___/_____
Parent Name (s): _____	Contact Information: _____
Child's Diagnosis/Condition: _____	
In your opinion, what is/are the potential impact(s) of this child's condition in the following area(s) of development?	
Adaptive Development:	
Cognitive Development:	
Communication Development:	
Physical Development, including vision and hearing:	
Social or Emotional Development:	
In my opinion, this condition as it presents with this child is likely to result in a developmental delay.	
Professional's Name: _____	Specialty: _____
Professional's Signature: _____	Date: ___/___/___
Professional's Contact Information:	
Phone: _____ - _____ - _____	E-mail: _____
Fax Number: _____ - _____ - _____	

HEA#8024 (rev 10/14)

Use of this form is required and it must be kept in the child's record.

Additional pages may be stapled with the required HEA number referenced in the upper-right corner.