

Center of Excellence Evaluation:  
Early Intervention Provider Summary Evaluation Information

**PURPOSE**

This template is designed to provide critical summary information from the early intervention providers to the child's Medical Provider. The scope of this document is to gather information that is already collected as part of the agency evaluation process and documentation collected by early intervention providers for eligibility and service planning. A concise summary of that information is necessary for a complete COE evaluation conducted by the Medical provider.

**AGENCY CONTACT INFO**

Agency Completing This Form:

Primary Agency Contact Name / Phone Number:

**CHILD INFORMATION**

Name:

DOB:

**Present Concerns**

*This is information gathered from a referral process about the reason for early intervention provider evaluation. This includes summary of parent and other caregiver concerns, observations of therapists referring for additional evaluation, etc.*

**Education / Therapy History**

*Provide a brief review of the child's history of services up to the present time such as location of services, initial start date of private therapy and frequency, when and where school based services (IFSP, IEP) have been provided and description of school program services where applicable. **\*\*INCLUDE DATES OF SERVICE\*\****

**Most Recent Developmental Assessment and Progress**

*Provide a 2-3 line concise review of each domain of evaluation (i.e. school based eligibility) and, if applicable, an indication of progress toward target goals of functioning. **\*\*INCLUDE DATES OF EVALUATIONS\*\****  
*(Example: A language evaluation was conducted on 12/5/2018 which found John's expressive language skills to be more than 2 standard deviations below the mean. Receptive language skills appear to be 1.5 SD below. 12 weeks of therapy to date have seen minimal response to treatment)*

## Additional Presenting Features Associated with Autism Spectrum Disorder

*Please comment on other presenting features based on your evaluations/observations if available*

Communication:

No concern

Social Interaction:

No concern

Restricted/Repetitive Behavior:

No concern

Challenging Behavior:

No concern

Sensory Concerns:

No concern