



Children's Center - ECI A division of Lakes Regional MHMR
An Affiliate of Texas Early Childhood Intervention

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Greenville, TX 75401

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REFERRAL FORM

Date: 10/5/12 Completed by: Carrie [redacted], LBSW

Child's Name: [redacted] DOB: 10/3/12

Child's Social Security #: unknown Sex: M F

Ethnicity: White Hispanic Black Other:

Parent/Caregiver(s) Name: Chastity [redacted] Randy [redacted] Total Family Members: 4

Address: [redacted] TX [redacted] Hunt

Hm. Ph#: [redacted] Wk#: N/A Cell Ph#: N/A

Medicaid #: [redacted] CHIP#: N/A

Medicaid Program: Parkland Amcigrp Texas Health Network Traditional

SSI Recipient: Yes No

Private Insurance Carrier: N/A

PCP: Community Health Clinic Ph#: 903-455-9958

Referring Person/Agency: Hunt Regional Medical Center Ph#: 903-461-9757

Referring Agency Address: 4215 De Ramsey Blvd Greenville TX 75401

Has parent/guardian been informed that you have contacted ECI? Yes No

Referral Reasons/Concerns: Global Cognitive Medical Motor
Speech/Language Behavior Vision Hearing Other: High RSK for disability

Special Concerns/Circumstances: Izuna is a newborn whose mother has delay cerebral palsy & father has muscular dystrophy. The parents are having a difficult time caring for the child. He is at high risk for disability.

Comprehensive Report for Izaha Langley



Name: _____

Gender: M F Unknown

ID#: 35057

Examiner: Tiffany _____

Team: Team

Group: Group

Items Administered in: English only
 Spanish only
 Mixed English and Spanish

Date of Birth: 10/3/2012

Date of Testing: 11/15/2012

Chronological Age: 1 months

Program Note: _____

The Battelle Developmental Inventory™, 2nd Edition, (BDI-2™) is an early childhood instrument based on the concept of developmental milestones. As a child develops, he or she typically attains critical skills and behaviors sequentially, from simple to complex. BDI-2 helps measure a child's progress along this developmental continuum by both global domains and discrete skill sets in the following areas: Adaptive, Personal-Social, Communication, Motor, and Cognitive.

Domain/Subdomain	RS	AE	CSS	SS	PR	Z-Score	T-Score	NCE
Adaptive	1	-	302	70	2	-2.00	30	8
Self-Care	1	0	302	4	2	-2.00	30	8
Personal Responsibility	-	-	-	-	-	-	-	-
Personal-Social	11	-	348	103	58	0.20	52	54
Adult Interaction	5	0	333	9	37	-0.33	47	43
Peer Interaction	-	-	-	-	-	-	-	-
Self-Concept and Social Role	6	2	362	12	75	0.67	57	64
Communication	11	-	341	100	50	0.00	50	50
Receptive Communication	7	1	357	10	50	0.00	50	50
Expressive Communication	4	0	324	10	50	0.00	50	50
Motor	2	-	300	69	2	-2.07	29	6
Gross Motor	0	0	260	2	<1	-2.67	23	<1
Fine Motor	2	0	339	6	9	-1.33	37	22
Perceptual Motor	-	-	-	-	-	-	-	-
Cognitive	7	-	349	90	25	-0.67	43	36
Attention and Memory	3	0	358	7	16	-1.00	40	29
Reasoning and Academic Skills	-	-	-	-	-	-	-	-
Perception and Concepts	4	0	340	10	50	0.00	50	50
BDI-2 Total	32	-	328	85	16	-1.00	40	29

Comprehensive Report for [REDACTED]

Scores listed in the chart above reflect the following score types:

RS - Raw Score is the total number of points a child receives as either emerging or mastered on developmental milestones within a subdomain or domain.

AE - Age Equivalent score is a comparison of a child's performance compared to age groups whose average raw scores are in the same range.

CSS - Change Sensitive Score is best used to compare two administrations of the BDI-2 in order to assess change over time.

SS - Standard Score or Scale Score - Subdomain scale scores have a mean of 10 and standard deviation of 3. A scale score of 7 typically falls at the 16th percentile, a 10 at the 50th, and a 13 at the 84th percentile. The domain SS (Developmental Quotient) has a mean of 100 and standard deviation of 15. A Domain SS of 85 typically falls at the 16th percentile, 100 at the 50th, and a 115 at the 84th percentile.

PR - Percentile Rank scores reflect a child's relative position within the normative sample for his or her age group.

Z-Score - A Z-Score is an often reported type of standard score which has a mean of 0 and a standard deviation of 1. This score reflects the number of standard deviations an individual falls above or below the average for the group. A Z-Score of -1 typically falls at the 16th percentile, a zero at the 50th, and a 1 at the 84th percentile.

T-Score - A T-Score is an often reported type of standard score which has a mean of 50 and a standard deviation of 10. A T-Score of 40 typically falls at the 16th percentile, 50 at the 50th, and a 60 at the 84th percentile.

NCE - The Normal Curve Equivalent is another commonly reported type of standard score that has a mean of 50 and a standard deviation of 21.06.

Comprehensive Report for [REDACTED]

Domain	Skill	Mastered (2 points)	Emerging (1 point)	First Learning Objective (0 point)	Notes
Self-Care	Sucks with smooth, coordinated movements.		X		leaking during his feedings and sometimes choking and gagging pretty strong suck though
Self-Care	Places both hands on a bottle or breast during feeding.			X	
Self-Care	Mouths soft food using up-and-down jaw movements and pushing the food against the top of the mouth with his or her tongue.			X	
Self-Care	Takes strained food from a spoon and swallows it.			X	
Adult Interaction	Looks at an adult's face.	X			
Adult Interaction	Responds physically when held.	X			used to arch his back when he became uncomfortable due to some tightness in his muscles in his back. has been going to a chiropracter and is doing better
Adult Interaction	Shows awareness of other people.		X		
Adult Interaction	Shows a desire to be picked up or held by familiar people.			X	
Adult Interaction	Explores adult facial features.			X	
Adult Interaction	Shows a desire for social attention.			X	
Self-Concept and Social Role	Smiles or vocalizes in response to adult attention.	X			
Self-Concept and Social Role	Enjoys frolic play.	X			blowing raspberries on tummy and gently holding him in the air
Self-Concept and Social Role	Expresses emotions.		X		
Self-Concept and Social Role	Shows awareness of his or her hands.		X		
Self-Concept and Social Role	Is aware of his or her feet.			X	
Self-Concept and Social Role	Responds to his or her name.			X	
Self-Concept and Social Role	Displays independent behavior.			X	
Receptive Communication	Responds to a nonspeech sound outside his or her field of vision.	X			
Receptive Communication	Responds to a voice outside his or her field of vision.	X			
Receptive Communication	Is soothed by a familiar adult's voice.		X		

Comprehensive Report for [REDACTED]

Domain	Skill	Mastered (2 points)	Emerging (1 point)	Future Learning Objectives (0 points)	Notes
Receptive Communication	Turns his or her head toward the source of a sound outside his or her field of vision.			X	
Receptive Communication	Attends to someone speaking to him or her for at least 10 seconds.	X			
Receptive Communication	Responds with awareness, acceptance, and in socially appropriate ways when a familiar person approaches, touches, or talks to him or her.			X	
Receptive Communication	Responds to different tones of a person's voice.			X	
Receptive Communication	Attends to other people's conversation for 30 seconds.			X	
Expressive Communication	Produces differentiated cries.	X			
Expressive Communication	Produces one or more vowel sounds.	X			mostly grunting and uh and ah
Expressive Communication	Babbles.			X	
Expressive Communication	Vocalizes to express his or her feelings.			X	
Expressive Communication	Produces one or more single-syllable consonant-vowel sounds.			X	
Gross Motor	Maintains an upright posture at adult's shoulder without assistance for at least 2 minutes.			X	
Gross Motor	Holds his or her head erect for 1 minute when held.			X	
Gross Motor	Lifts his or her head and holds it up for 5 seconds while lying in a prone position.			X	
Fine Motor	Holds hands in an open, loose-fisted position when not grasping an object.	X			
Fine Motor	Holds his or her hands together at the midline.			X	reaching for dad's glasses
Fine Motor	Holds an object with his or her fingers against the heel of the palm (ulnar-palmar prehension).			X	
Fine Motor	Holds an object for 1 minute.			X	
Attention and Memory	Visually attends to a light source moving in a 180-degree arc.		X		tracks to midline
Attention and Memory	Turns his or her eyes toward a light source.		X		
Attention and Memory	Visually attends to a light source moving in a vertical direction.			X	
Attention and Memory	Shows anticipatory excitement.		X		
Attention and Memory	Visually attends to an object for 5 or more seconds.			X	

Comprehensive Report for [REDACTED]

Domain	Item	Mastery (2 points)	Emerging (1 point)	Future Learning Objective (0 point)	Notes
Attention and Memory	Follows an auditory stimulus.			X	
Attention and Memory	Follows a visual stimulus.			X	
Perception and Concepts	Responds positively to physical contact and tactile stimulation.	X			
Perception and Concepts	Visually explores the environment.	X			
Perception and Concepts	Shows awareness of new situations.			X	
Perception and Concepts	Feels and explores objects.			X	beginning to grab at dad's glasses and his parent's faces
Perception and Concepts	Physically explores or investigates his or her surroundings.			X	

Domain Descriptions

Adaptive (ADP)

The Adaptive Domain measures the child's ability to use the information and skills acquired in the other domains. The Adaptive Domain is divided into two subdomains: Self-Care (SC) and Personal Responsibility (PR) and consists of 60 items. The primary developmental milestones in the Self-Care Subdomain begin at birth and generally are completed by age 6 years. Self-care milestones consist of a series of activities that move the child from complete dependence on the parent (as an infant) to a self-sufficient, functioning child. The Personal Responsibility milestones are assessed from age 2 years and older and look at the child's ability to assume responsibility for his or her actions and to move around his or her environment safely and productively.

Self-Care

The 35 items in this subdomain assess a child's ability to perform the tasks associated with daily routines with increasing autonomy. The items in this subdomain measure skills in the following broad areas:

- * Eating - The child's ability to eat and drink, use eating utensils, and perform efficiently those tasks that provide him or her with nourishment
- * Dressing - The child's ability to put on, fasten and unfasten, and remove articles of clothing; choose appropriate clothing; and take care of dressing needs generally
- * Toileting - The child's ability to establish bladder and bowel control and care for toileting needs
- * Grooming - The child's ability to care about and maintain appropriate personal standards of cleanliness by using a bath or shower, caring for teeth and hair, washing hands, and blowing and wiping his or her nose
- * Preparing for sleep - The child's ability to routinely perform bedtime tasks and go to sleep with little fussing

Personal Responsibility

The 25 items in this subdomain assess a child's ability to assume responsibility for performing simple chores, such as putting away toys, making a phone call, following rules in a game, or making his or her bed. These items also assess the child's ability to:

- * Initiate play and other meaningful activities
- * Stay appropriately focused on a task
- * Avoid common dangers

Personal-Social (P-S)

The Personal-Social Domain assesses abilities and characteristics that allow a child to engage in meaningful social interaction with adults and peers and to develop his or her own self-concept and social role. The Personal-Social Domain consists of 100 items. The behaviors measured in the Personal-Social Domain are divided into three subdomains: Adult Interaction (AI), Peer Interaction (PI), and Self-Concept and Social Role (SR). Self-Concept and Social Role are assessed over the entire range of the BDI-2. Assessment of Adult Interaction begins at birth, and Peer Interaction begins at age 2 years. Both of these subdomains are measured to age 6 years.

- Entry
- Annual
- Other

Children's Center ECI of Lakes Regional MHRM



Eligibility Statement

Child's Name [REDACTED] Client ID 35057 DOB 10/3/2012

Not Eligible **Chronological Age**
(According to BDI-2 instructions) 1

Eligible - Select one (1-3 below) & enter required information **Adjusted Age** _____

Eligibility Date 11/15/2012 **Duration** 45 minutes

(if testing conducted on more than one date, enter the first date)

Interdisciplinary Team Member Names: Tiffaney [REDACTED], EIS and Angela [REDACTED] RN
(and Discipline)

If eligibility category changes at any time, complete a new Eligibility Statement form

Diagnosis _____ **ICD-9 Code (if known)** _____

Child's chart contains medical records confirming diagnosis

- Hearing Impairment:** As defined by the Texas Education rule at 19 TAC Section 89.1040 (Qualifies for AI services)
- Vision Impairment:** As defined by the Texas Education rule at 19 TAC Section 89.1040 (Qualifies for VI services)

Area(s) of Delay <i>• Enter months & percent delay in every area in which a delay is identified • Check all areas in which a qualifying delay is identified</i>	<input checked="" type="checkbox"/> BDI-2			<input type="checkbox"/> Qualitative Determination of Delay
	Domain Age Equivalent Use Raw Score to AE Tables to calculate AE Score	Months of Delay	Percent Delay Delay >= 25% for Initial; >= 15% for Continuing	<ul style="list-style-type: none"> • Check box and enter percent delay below • Team must complete p. 2 of this form to support Qualitative Determination of Delay
<input checked="" type="checkbox"/> Adaptive (SC, PR)	0.0	1	100%	<input type="checkbox"/>
<input type="checkbox"/> Personal-Social (AI, PI, SR)	1.0	No Delay	No Delay	<input type="checkbox"/>
<input type="checkbox"/> Communication (RC, EC)	0.5	No Delay	No Delay	<input type="checkbox"/>
<input type="checkbox"/> Communication (EC) Expressive only 33% delay required for Initial eligibility; 15% delay for Continuing eligibility	0.0	1	100%	<input type="checkbox"/>
<input checked="" type="checkbox"/> Gross Motor (GM)	0.0	1	100%	<input type="checkbox"/>
<input checked="" type="checkbox"/> Fine Motor (FM, PM)	0.0	1	100%	<input type="checkbox"/>
<input checked="" type="checkbox"/> Cognitive (AM, RA, PC)	0.0	1	100%	<input type="checkbox"/>
Communication (Intelligibility of Speech) -considered Expressive only: 33% delay for Initial				<input type="checkbox"/>
Communication (Oral Motor / Feeding)				<input type="checkbox"/>

- Communication - Oral Motor / Feeding - Qualitative Determination of Delay**
- Motor - Qualitative Determination of Delay**

ECI Needs Assessment, Identification & Referral

Child's Name [REDACTED] Client ID [REDACTED] Date 11/15/12
 Evaluator T. Campers CWs A. Gordinin, RN Child's Age 1;00

Vision

<p align="center">Red Flags</p> <p><i>Referral needed if one or more items are checked</i></p> <p><input type="checkbox"/> Risk factors present (see checklist)</p> <p align="center">Observation</p> <p><input type="checkbox"/> Pupil sizes are unequal, or pupils react unequally to light</p> <p><input type="checkbox"/> Pupil is not black</p> <p><input type="checkbox"/> One or both eyelids droop significantly</p> <p><input type="checkbox"/> Eyes roll upward</p> <p><input type="checkbox"/> Eyes do not close completely when child is sleeping</p> <p><input type="checkbox"/> Eyes appear to be crossed or turned</p> <p><input type="checkbox"/> Eye movements are unsteady, shaky or jerky (nystagmus)</p> <p><input type="checkbox"/> Eyes appear cloudy</p> <p><input type="checkbox"/> Size of either or both eyes appear to be abnormally small or large</p> <p><input type="checkbox"/> Tilts head to see object</p> <p><input type="checkbox"/> Holds object close to eyes</p> <p><input type="checkbox"/> Over reaches for objects</p> <p align="center">For children who are walking</p> <p><input type="checkbox"/> Doesn't avoid obstacles when walking</p> <p><input type="checkbox"/> Cannot negotiate doorways safely</p> <p><input type="checkbox"/> Does not navigate drop offs & surface changes</p> <p><input checked="" type="checkbox"/> None of the above were observed</p>	<p align="center">Crosswalk: Battelle</p> <ul style="list-style-type: none"> If any * is failed, refer for vision evaluation. If 25% or more of the non-starred items tested below are failed, team should discuss the possibility of a vision deficit and the need for referral. When calculating % failed, exclude items in the ceiling and below the basal.* <p><i>*The team should only consider items failed below the basal as part of discussing the possible need for referral.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Number of items failed</td> <td align="center">1</td> <td style="width:15%;">(divided by)</td> <td style="width:15%;">Number of items tested</td> <td align="center">4</td> <td style="width:15%;">(equals)</td> <td style="width:15%;">% failed</td> <td align="center">25%</td> </tr> <tr> <td align="center" rowspan="7" style="writing-mode: vertical-rl; transform: rotate(180deg);">n/a - No vision items in this section</td> <td align="center">Adaptive</td> <td align="center">Personal-Social (AI, PI, SR)</td> <td align="center">Communication (RC, EC)</td> <td align="center">Motor (GM, FM, PM)</td> <td align="center" colspan="3">Cognitive (AM, RA, PC)</td> </tr> <tr> <td align="center">Birth</td> <td align="center">Birth</td> <td align="center">Birth</td> <td align="center">Birth</td> <td align="center">*AM 1</td> <td align="center">*AM 5</td> <td></td> </tr> <tr> <td></td> <td align="center">*AI 1</td> <td></td> <td align="center">*GM 8</td> <td align="center">*AM 2</td> <td align="center">*PC 2</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td align="center">*AM 3</td> <td></td> <td></td> </tr> <tr> <td align="center">12 Months</td> <td></td> <td align="center">12 Months</td> <td align="center">12 Months</td> <td align="center">12 Months</td> <td align="center">12 Months</td> <td></td> </tr> <tr> <td></td> <td></td> <td align="center">RC 9</td> <td align="center">FM 8 FM 9</td> <td align="center">*AM 7 AM 11</td> <td></td> <td></td> </tr> <tr> <td align="center">24 Months</td> <td></td> <td align="center">24 Months</td> <td align="center">24 Months</td> <td align="center">24 Months</td> <td align="center">24 Months</td> <td></td> </tr> <tr> <td></td> <td align="center">*SR 8 SR 12</td> <td align="center">*RC 12</td> <td align="center">*PM 1 PM 2 PM 3</td> <td align="center">AM 13 *AM 14 RA 3</td> <td align="center">PC 5 PC 6</td> <td></td> </tr> <tr> <td align="center">36 Months</td> <td></td> <td align="center">36 Months</td> <td align="center">36 Months</td> <td align="center">36 Months</td> <td align="center">36 Months</td> <td></td> </tr> <tr> <td></td> <td align="center">AI 17</td> <td></td> <td align="center">GM 33 GM 35 FM 13 FM 21</td> <td align="center">PM 6 PM 7 PM 8</td> <td align="center">RA 4 PC 16 PC 18</td> <td></td> </tr> </table>	Number of items failed	1	(divided by)	Number of items tested	4	(equals)	% failed	25%	n/a - No vision items in this section	Adaptive	Personal-Social (AI, PI, SR)	Communication (RC, EC)	Motor (GM, FM, PM)	Cognitive (AM, RA, PC)			Birth	Birth	Birth	Birth	*AM 1	*AM 5			*AI 1		*GM 8	*AM 2	*PC 2						*AM 3			12 Months		12 Months	12 Months	12 Months	12 Months				RC 9	FM 8 FM 9	*AM 7 AM 11			24 Months		24 Months	24 Months	24 Months	24 Months			*SR 8 SR 12	*RC 12	*PM 1 PM 2 PM 3	AM 13 *AM 14 RA 3	PC 5 PC 6		36 Months		36 Months	36 Months	36 Months	36 Months			AI 17		GM 33 GM 35 FM 13 FM 21	PM 6 PM 7 PM 8	RA 4 PC 16 PC 18	
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Referral for vision evaluation needed? Yes No

Hearing

<p><input type="checkbox"/> Risk factors present (see checklist)</p> <p>Developmental indicators for possible hearing loss</p> <p><input type="checkbox"/> Birth - 11months: Child has at least 1 month delay in communication</p> <p><input type="checkbox"/> 12 months and older: Eligible for ECI services and has delay in communication</p> <p><input type="checkbox"/> Atypical language development</p> <p align="center"><input checked="" type="checkbox"/> None of the above</p> <p>Referral for hearing evaluation needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p align="center">VCFS Checklist</p> <p><i>If child has 2 or more characteristics listed below and is not under the care of a physician for VCFS, provide family with DARS ECI VCFS brochure and recommend follow-up</i></p> <p><input type="checkbox"/> Hypotonicity</p> <p><input type="checkbox"/> Articulation disorder</p> <p><input type="checkbox"/> Resonance disorder</p> <p><input type="checkbox"/> Nasal regurgitation during feeding with no history of cleft palate</p> <p><input type="checkbox"/> Recurrent ear infections combined with cardiac anomaly, feeding disorder, cleft palate, or sub-mucosal cleft palate</p> <p><input checked="" type="checkbox"/> Eligible with fine motor or gross motor delay</p> <p><input type="checkbox"/> Eligible with communication delay</p> <p>Are 2 or more of these characteristics present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Date VCFS brochure was given to family <u>n/a</u></p> <p>Notes (including parent's concerns and reasons referral not made):</p> <p><i>No concerns with visual status. He is looking at lights, shadows and face</i></p>
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Assistive Technology

<ul style="list-style-type: none"> Child has functional communication system <input checked="" type="checkbox"/> True <input type="checkbox"/> False Child's positioning does not limit interactions <input checked="" type="checkbox"/> True <input type="checkbox"/> False Child has age appropriate physical abilities to explore <input checked="" type="checkbox"/> True <input type="checkbox"/> False Child's sensory skills (auditory, visual, or tactile) don't interfere with ability to interact effectively <input checked="" type="checkbox"/> True <input type="checkbox"/> False Child does not have medical diagnosis that usually includes physical limitation <input checked="" type="checkbox"/> True <input type="checkbox"/> False <p>Referral for AT evaluation needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OR</p> <p>Interdisciplinary Team reviewed AT needs as part of evaluation <input type="checkbox"/> Yes</p>	
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Post Eligibility Determination

Nutrition Review

Risk factors present (see checklist)

Date of review: 11-15-12

Review completed by (check all that apply):

DARS ECI Nutrition Screen

Medical Records review

Nutrition evaluation

Nursing evaluation

Physician's physical exam

Discussion of family routines

Are there any concerns about the child's nutrition/meal time/eating habits?

Yes No

If yes, explain n/a

Referral for nutrition evaluation needed? Yes No

Autism Spectrum Disorder Risk Identification

Child is over 18 months AND

Has not been screened for autism by another entity AND

Has social, emotional, or behavior concern with

Language delay or Atypical speech and/or Cognitive Delay

All boxes above are checked - red flags are present

Discuss early screening and:

Refer to physician for Autism Screening OR n/a

ECI provider will complete M-CHAT

Date M-CHAT completed _____ Results 1 month old

Referral for autism evaluation not indicated at this time.