

INFORMED CLINICAL OPINION STATEMENT
REQUEST FOR ADDITIONAL YEAR

Informed Clinical Opinion (ICO) can only be used as the primary means of determining eligibility for one year, without prior review and approval from the FIT Program. **To request an additional year of eligibility using ICO, please complete this form**, attach the following supporting documentation (e.g., CME report, re-assessment report, IDA Record Summary, and all other supporting documentation of the eligibility decision), notify your FIT Regional Coordinator and send via secure fax: 866-829-8838 or FTP.

Examples of evidence found in documentation may include: 1) parent and other caregiver reports of ways in which daily activities are being impacted; 2) professional observations during assessment session(s) and perhaps in other settings/situations; 3) description of the child’s abilities and/or behaviors and how they differ from those of a typical same-age peer; etc.

The agency EI Coordinator will review this information and submit this form and all attachments to the FIT Regional Coordinator. Within 10 business days of receipt of all materials (FTP or fax receipt date), the FIT Regional Coordinator will notify the program, via email, that the response has been posted to the FTP site.

Approval by the FIT Program is required prior to conducting the IFSP meeting

FIT Provider Agency: _____ Region: Metro NW NE SE SW

Child's First Name:	M Initial:	Last Name:
Child's Date of Birth:	FSC Name (print)	
Phone: ()	Email:	

Evaluation Results		
Domain/Area of Development	Age Equivalent	Percentage of Delay (> <)
Gross Motor		
Fine Motor		
Language & Communication		
Cognitive		
Social-Emotional		
Self Help / Adaptive		

Vision Results	
Hearing Results	
M-CHAT R/F Results	

Is the child eligible under at-risk categories? If so, please list:

Additional evidence used to support this informed clinical opinion statement <i>(if not already included in attached reports)</i>

<p>Informed Clinical Opinion Statement: <i>Statement of informed clinical opinion documenting eligibility, including the use of any other instruments utilized. Be sure to include the following (as described in the Evaluation & Assessment TA Document):</i></p> <ul style="list-style-type: none"> • Description of the impact on daily routines • Description of the child’s skills compared to the skills of a typical same-age peers <p><i>If this information is included elsewhere in attached documents, please specify where (which document and which section)</i></p>
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Annual Eligibility Determination Team Members	
Print Name	Role/Discipline/Title

Second Level Review

I understand the rationale of the team in using Informed Clinical Opinion (ICO) in addition to the evaluation tools and methods typically used. I have reviewed all the evidence that the team provided in this form and used in reaching their decision to use informed clinical opinion. After reviewing the developmental and other pertinent information and the statement of informed clinical opinion, I have reached the same conclusion as the evaluation team that the child exhibits “Significant Atypical Development” that would qualify him/her under the developmental delay eligibility category.

Date
Printed Name
Title/Discipline
Signature

Agency EI Coordinator is required to review/sign below:

Agency EI Coordinator Signature

Date

FIT Regional Coordinator is required to review/sign below:

FIT Regional Coordinator Signature

Date

Eligibility Approved by the NM FIT Program: YES NO

Please save this form in the child's record