

MULTIDISCIPLINARY EVALUATION AND CHILD ASSESSMENT TEAM SUMMARY

Child's Name	Date of Birth
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INFORMATION CONSIDERED:

- Interview with parent and/or other caregivers
- Clinical observation of the child
- Review of pertinent records/medical history
- Developmental evaluation/assessment

Eligibility based on the following (check one):

Identified condition/syndrome

50% delay or -2.0SD in one or more areas

25% delay or -1.5SD in two or more areas

Informed clinical opinion

Continued eligibility
(25% delay or -1.5SD in one or more areas)

ELIGIBILITY STATEMENT: Explain basis for decision (Identified condition/syndrome, percent/areas of delay). If Informed Clinical Opinion is used as an independent basis, include information from review of health status/medical history, functional impact, and implications of noted delays/differences.

TESTING CONDITIONS AND COMMENTS: Describe adaptations, environment, and the child's behavior.

RECOMMENDATIONS AND OTHER COMMUNITY RESOURCES AVAILABLE: (Required if not eligible.)

ELIGIBILITY DECISION (check one):

Your child is **not eligible** for the SoonerStart Early Intervention Program.

I understand my child is not eligible. I **agree / disagree** (circle one) with this decision. I understand my rights and procedural safeguards. **Yes / No** (circle one)

Parent/caregiver signature _____ Date _____

Your child is determined **eligible** for the SoonerStart Early Intervention Program.

I understand my child is eligible. I **agree / disagree** (circle one) with this decision. I **accept / decline** (circle one) SoonerStart services.

Parent/caregiver signature _____ Date _____

Signature	Discipline	Date
Signature	Discipline	Date
Signature	Discipline	Date

ELIGIBILITY DETERMINATION

ASSESSMENT ONLY

DOMAIN	Battelle Developmental Inventory- 2 Date completed:	Test Age	Standard Deviation (z-score)	Child's Name	Date of Birth
Adaptive	Self Care			Clinical Observations/Developmental Needs:	
	Personal Responsibility				
	Total				
Personal-Social	Adult Interaction			Clinical Observations/Developmental Needs:	
	Peer Interaction				
	Self-Concept and Social Role				
	Total				
Communication	Receptive			Clinical Observations/Developmental Needs:	
	Expressive				
	Total				
Motor	Gross Motor			Clinical Observations/Developmental Needs:	
	Fine Motor				
	Perceptual Motor				
	Total				
Cognitive	Attention and Memory			Clinical Observations/Developmental Needs:	
	Reasoning and Academic Skills				
	Perception and Concepts				
	Total				
Other Testing:	Results:		Clinical Observations/Developmental Needs:		

**MULTIDISCIPLINARY EVALUATION AND CHILD ASSESSMENT TEAM SUMMARY (MECATS)
INSTRUCTIONS**

**ODH Form No. 642
REVISED 9/2012**

Purpose of Form: This form records the eligibility determination. It is completed on every child. It provides information for a comprehensive view of the child. This form is used to record prenatal and medical history, current medications, precautions, diagnosis, vision, hearing, and the developmental evaluation/assessment results. It will designate eligibility for SoonerStart services. If the child is ineligible, it will include recommendations and appropriate referrals. With the parent's written consent for release of confidential information, a copy of the child's Individualized Family service Plan (IFSP) and attached MECATS will be mailed to that child's primary health care provider.

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Child's Name: Enter the full name of the child (Last, First, Middle Initial).

Date of Birth: Enter the eight-digit date of birth for the child (mm/dd/yyyy).

Reason for referral or parent concern: Enter the reason for referral as indicated at the time of referral and/or the caregiver's stated concerns.

Adjusted Age (months/days): Figure out about how many weeks or months early the infant/toddler was born, and subtract that number from his actual age. Enter the adjusted age (months/days).

Chronological Age (months/days): Record the child's age in months and days on the date of testing.

Birth History: Record the caregiver's responses to questions 1-7. If the birth history is unknown, circle "unknown by caregiver."

Medical History:

Enter this information, when appropriate, based on medical records. Enter the child's primary care physician. Be sure to record any reported or confirmed diagnosis or medical conditions.

Enter any pertinent medical information provided by review of records or reported by parent or any other team member. Include communicable disease, allergies, activities that may cause the child to seizure, or special instructions such as, "maintain upright position for 20 - 30 minutes after eating."

Hearing: Indicate date (mm/dd/yyyy) the initial/annual hearing screening and tympanometry was completed, the results/recommendations, and who did the screening. Also, include a **summary** of follow up or other hearing information, such as the name of the child's audiologist, last date seen, any diagnosed hearing condition, history of ear infections, etc.

Vision: Indicate date (mm/dd/yyyy) the SoonerStart Vision Screening form was completed, the results/recommendations, and who did the screening. Also include a **summary** of follow up or other vision information, such as the name of the child's optometrist/ophthalmologist, last date seen, any diagnosed visual condition, etc.

Other Screening: Include other screening information when applicable. For example: ASQ, ASQ: SE, M-CHAT, nutrition screening, etc.

Type of Evaluation: Circle the type of evaluation.

INITIAL: evaluation to determine initial program eligibility
CONTINUED ELIGIBILITY: evaluation completed anytime eligibility is questioned
OTHER: evaluation completed at parent request, etc.

Date of Evaluation: Enter date of evaluation.

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Child's Name: Enter the full name of the child (Last, First, Middle Initial).

Date of Birth: Enter the eight-digit date of birth for the child (mm/dd/yyyy).

Information Considered: **If eligible, check only ONE criterion. If the child is eligible under more than one criterion, check only ONE. The order of priority is in the order the criterion are listed.**

For example, if the child's condition is found in the SoonerStart Automatic Qualifying Conditions and Syndromes list, check "identified condition/syndrome" only.

Eligibility Statement: Explain the basis for the eligibility decision. If the child qualifies based on an automatic qualifying condition, document the identified condition/syndrome. If child qualifies based on delays that meet the state criteria, include the percent and areas of delay. If Informed Clinical Opinion is used as an independent basis to determine the child eligible, include information from review of health status/medical history, functional impact, and implications of noted delays/differences.

Testing Conditions: Describe adaptations, testing environment, and the child's behavior (alertness, etc.). Explain if the evaluation results are representative of the child's current abilities and level of function.

Recommendations and other community resources available: List information that has been provided or discussed. If the child is **not eligible**, this section must be completed. Respond to any information needed or requested by the family. List any relevant community and state resources. Ex: Health Department Guidance services, handouts, videos, books, activities, Oklahoma Parents As Teachers and private local therapy services i.e. speech pathology, physical therapy, occupational therapy, counseling, parent educational groups, support groups.

Eligibility Decision (check one):

Your child is NOT eligible: If the child is **not eligible** for SoonerStart services, check this statement. The parent/caregiver circles their responses and signs his/her name and date.

Your child is eligible: If the child is **eligible** for SoonerStart services, check this statement. The parent/caregiver circles their responses and signs his/her name and date.

Each team member who participated in the evaluation must **legibly** sign his/her name and professional credentials. Enter the discipline and date. Write out the discipline. Do not use initials for the discipline. Ex: physical therapist, not "PT"

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This page will be used to document eligibility and/or the initial assessment for all children, including children who qualify based on an automatic qualifying condition.

If developmental scores recorded on page 3 are used to determine initial eligibility, check the box labeled “Eligibility”. This includes any developmental scores obtained from another source.

If developmental scores recorded on page 3 are part of a child assessment (i.e. the child is eligible due to an automatic qualifying condition, an assessment is completed to assist in transition planning, etc), check the box labeled “Assessment Only”.

Child’s Name and Date completed:

Domain: No entry is necessary.

Battelle Developmental Inventory-2: No entry is necessary.

Date completed: Enter date completed (mm/dd/yyyy).

Test Age: Enter the child’s chronological age as specified by the evaluation administration protocol. Ex: the BDI-2 drops all days.

Standard Deviation (z-score): Enter the standard deviation (z-score) for the BDI-2 sub-domains and total domain areas. When applicable, enter standard deviation for other evaluation tools used.

Childs’s Name: Enter the full name of the child (Last, First, Middle Initial).

Date of Birth: Enter eight-digit date of birth for the child (mm/dd/yyyy).

Clinical observations/Developmental Needs: Enter descriptive information and clinical observations including unique strengths and/or developmental needs that clarify evaluation results.

Other testing: Enter the complete name of the second or additional evaluation/assessment tool(s) used. Include the date completed and name of the evaluator. Also, indicate the developmental domain and corresponding results.

Routing and Filing:

**Give a copy (NCR) of the MECATS to the child's parent, legal guardian or surrogate parent at the time of the evaluation.
File the original MECATS in the client's SoonerStart record.**