



SoonerStart Early Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS)

Child's Name: Sample Child
Date of Birth: 11/19/2015
State Testing Number:

Reason For Referral or Caregiver Concern: Family is concerned regarding the child's language skills	Chronological Age (months/days): 4 years, 5 months (53 months, 2 days)	Adjusted Age (months/days):
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BIRTH HISTORY

1. Did mother receive prenatal care during pregnancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	5. Was the infant born Early? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, gestational age? 40
2. Were there complications during labor and delivery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	6. Are immunizations current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Did the Infant receive an IV or Oxygen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, how long? 1 hour	7. How much did the infant weigh at birth? 6 lbs 13 oz
4. Was this a multiple birth (twins, triplets, more)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

MEDICAL HISTORY Primary Care Physician: Dr. Testy McTest

Indicate pertinent medical history including current medications and any precautions that persons who work with the child need to know:
 zyrtec for allergies, currently on an antibiotic for ear infection

Diagnosis or Condition:



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HEARING INFORMATION:

Indicate date of hearing screening/tympanometry, results, recommendations, and who conducted the screening. Also add summary of any other hearing information.

Family states Sample passed his NB hearing screening but has not had a current hearing screening. Family has no concerns. Hearing screening will be conducted when face-to-face visits resume. Does not qualify: Family has no concerns, consult with PCP for concerns.

VISION INFORMATION:

Indicate date of vision screening, results, recommendations, and who conducted the screening. Also add summary of any other vision information.

Family states Sample has not had a vision screening. Family has no concerns. Vision screening will be administered by provider when face-to-face visits resume. Does not qualify: Family has no concerns, advised family to talk to PCP if concerns occur.

OTHER SCREENING INFORMATION:

The Developmental Profile-3 (DP-3) was administered for eligibility today, taking the place of the Battelle Developmental Inventory-2 (BDI-2).

MCATS administered, no concerns.

INFORMATION CONSIDERED	ELIGIBILITY STATEMENT
<ul style="list-style-type: none"> · Interview with parent and/or other caregivers · Clinical observation of the child · Review of pertinent records/medical history · Developmental evaluation/assessment <p>ELIGIBILITY BASED ON THE FOLLOWING (Select ONE):</p> <p><input type="checkbox"/> Identified Condition/Syndrome</p> <p><input checked="" type="checkbox"/> 50% delay or -2.0 SD in one or more areas</p> <p><input type="checkbox"/> 25% delay or -1.5 SD in two or more areas</p> <p><input type="checkbox"/> Informed Clinical Opinion</p> <p><input type="checkbox"/> Continued Eligibility (25% delay or -1.5 SD in one or more areas)</p>	<p>Explain basis for decision (Identified condition/Syndrome, percent/areas of delay). If Informed Clinical Opinion is used as an independent basis, include information from the review of health status/medical history, functional impact, and implications of noted delays/differences.</p> <p>Sample qualifies for SoonerStart with a delay in Personal Social & Communication.</p> <hr/> <p>TESTING CONDITIONS AND COMMENTS</p> <p>Describe adaptations, environment, and the child's behavior.</p> <p>Testing administered via.....(Skype, TEAMS, Zoom, phone etc.)</p> <hr/> <p>RECOMMENDATIONS AND OTHER COMMUNITY RESOURCES AVAILABLE: (Required if Not Eligible)</p>

ELIGIBILITY DECISION (Select One)		
<input type="checkbox"/> Your child is not eligible for the SoonerStart Early Intervention Program		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I understand my child is not eligible . I agree with this decision.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I understand my rights and procedural safeguards.
<input checked="" type="checkbox"/> Your child is determined eligible for the SoonerStart Early Intervention Program		
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	I understand my child is eligible . I agree with this decision.
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	I accept SoonerStart Services.

Team Member Signature	Team Member Name	Discipline	Date
	Gina Richardson	CDS	04/21/2020



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BATTELLE DEVELOPMENTAL INVENTORY - 2 (BDI-2)			Date Administered: 04/21/2020	
DOMAIN	SUBTEST	TEST AGE	STANDARD DEVIATION (z-Score)	Clinical Observations/Developmental Needs
ADAPTIVE	Self-Care			Give information provided from families through the DP-3 assessment. You may also use information given from the DP-3 under "Scale Interpretation"
	Personal Responsibility			
	Total		-1.40	
PERSONAL-SOCIAL	Adult Interaction			Give information provided from families through the DP-3 assessment. You may also use information given from the DP-3 under "Scale Interpretation"
	Peer Interaction			
	Self-Concept and Social Role			
	Total		-2.45	
COMMUNICATION	Receptive			Give information provided from families through the DP-3 assessment. You may also use information given from the DP-3 under "Scale Interpretation"
	Expressive			
	Total		-2.25	

MOTOR	Gross Motor			Give information provided from families through the DP-3 assessment. You may also use information given from the DP-3 under "Scale Interpretation"
	Fine Motor			
	Perceptual Motor			
	Total		.10	
COGNITIVE	Attention and Memory			Give information provided from families through the DP-3 assessment. You may also use information given from the DP-3 under "Scale Interpretation"
	Reasoning and Academic Skills			
	Perception and Concepts			
	Total		-.10	
Other Testing:	Results:			