**Developmental Disability Diagnostic Eligibility Review**

Name: Click here to enter text. DOB: Click here to enter a date.

Date of Review: Click here to enter a date.

Documentation  HAS  HAS NOT been provided for each required item in criteria below.

**“Developmental disability” means a severe, chronic disability of an individual that:**

* 1. Is attributable to a mental or physical impairment, or a combination of

mental and physical impairments, other than a sole diagnosis of mental illness;

***List diagnosis(es), date of diagnosis(es) and credentialed professional (including, but not limited to a medical doctor, OT/PT, psychologist) responsible for the evaluation [Documentation may include, but is not limited to, a psychological evaluation, school records, or medical records.]***

Click here to enter text.

*AND*

* 1. Is manifested *before* the individual reaches 22 years of age;

***[Documentation may include, but is not limited to, a psychological evaluation, school records, medical records or social history.]***

***Evidenced by*:** Click here to enter text.

*AND*

* 1. Is likely to continue indefinitely;

*AND*

* 1. Results in substantial functional limitations in three or more of the following areas of major life activity *(These could be substantiated by school testing, Part C assessments, psychological evaluation, OT/PT/SLP assessments, Vineland or other adaptive assessment, SSA determination, as well as others and should include the credentialed professional’s name and date. This is not an inclusive list.)*

Self-care, ***substantiated by*:** Click here to enter text.

Receptive and expressive language, ***substantiated by:*** Click here to enter text.

Learning, ***substantiated by*:** Click here to enter text.

Mobility, ***substantiated by:*** Click here to enter text.

Self-direction, **s*ubstantiated by****:* Click here to enter text.

Capacity for independent living, ***substantiated by:*** Click here to enter text.

Economic self-sufficiency, ***substantiated by:***Click here to enter text.

*AND*

* 1. reflects the individual’s need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated;

***Substantiated by****:* Click here to enter text.

***If appropriate:***

**An individual from birth to age 9, inclusive,** who has a substantial developmental delay or a specific or congenital acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in numbers 1 through 5 if the individual without services and supports, has a high probability of meeting those criteria later in life. *(See examples above for types of documentation that may substantiate this diagnosis.)*

***Substantiated by****:* Click here to enter text.

Print QDDP Name: Click here to enter text. Date of Review: Click here to enter a date.

QDDP Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_