south dakota BIRTH TO THREE
The first three years build a lifetime

Informed Clinical Opinion Documentation

Child's Name: SEIDS ID#:	Child's Date of Birth:	Date of Eligibility Meeting:
Service Coordinator Name:	Resident School District:	

Check Domain(s) / subdomain(s) of concern:

☐**Personal-Social**	☐**Motor**	☐**Cognitive**
☐Adult Interaction	☐Gross Motor	☐Attentional and Memory
☐Peer Interaction	☐Fine Motor	☐Reasoning and Academic Skills
☐Self-Concept and Social Role	☐Perceptual Motor	☐Perception and Concepts
☐**Communication**	☐**Adaptive**	
☐Expressive Communication	☐Self-Care	
☐Receptive Communication	☐Personal Responsibility	

If evaluation standards and procedures did not adequately measure the child's abilities, describe your concerns regarding the child's *quality* of performance, atypical behavior, or developmental patterns and if these are affecting the child's daily routines (to be completed by school district evaluator(s)).

Describe the clinical observations that indicate future development will likely be affected without intervention (to be completed by school evaluator(s)).

*=Required Fields

The following multidisciplinary evaluation team members agree to the above *Informed Clinical Opinion* decision:

*Name (print)	*Title	*Discipline	*Signature	*Date
	School District Rep.			
	School District Evaluator			
	School District Evaluator			

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