Children's Integrated Services: Part C Early Intervention
Active One Plan Reporting Form

The Active One Plan Reporting Form is to be completed and sent to the Children's Integrated Services (CIS) Unit for any referrals to the Part C Early Intervention (EI) Program that have been evaluated and resulted in generating a One Plan.

Reporting Period:	AHS Region:	Supervisory Union Name:	Date of Referral:

A. Child's Information

Child's Name:		Date of Birth:	SSN or UID with written consent:

Ethnicity:	Race: *(check only one)*	
☐ Hispanic	☐ American Indian or Alaskan Native	☐ Native Hawaiian or Pacific Islander
	☐ Asian	☐ White
	☐ Black or African American	☐ Two or more

If re-referred, original referral date:	CAPTA *(victim of a substantiated case of abuse/neglect)* ☐ Yes ☐ No	Assigned CIS Service Coordinator's Name:

B. Referral Timeline

1) Initial Evaluation/Assessment:	
Date:	If this date was not <u>within 45 days</u> of referral, please choose an option below: ☐ Family circumstances ☐ Provider circumstances ☐ Child referred at birth or auto-eligible
Comments required if not timely:	

2) Interim/Initial One Plan:	
Date:	If this date was not <u>within 45 days</u> of referral, please choose an option below: ☐ Family circumstances ☐ Provider circumstances
Comments required if not timely:	

C. Eligibility – Specific Delays or Diagnoses

1) Diagnosed Conditions: *(check all that apply)*		
☐ Attachment Disorder	☐ Cerebral Palsy	☐ Medically Fragile
☐ Autism/PDD	☐ Craniofacial Disorder	☐ Oral Motor/Swallowing
☐ Suspected Autism	☐ Deaf/Hard of Hearing	☐ Severe Complications at Birth
☐ Blind/Visually Impaired	☐ Down Syndrome	☐ Other: _____

2) Developmental Delays: *(check all that apply)*		
☐ All Developmental Delays	☐ Communication (Speech/Lang.)	☐ Other: _____
☐ Adaptive	☐ Motor	
☐ Cognitive	☐ Social/Emotional	

By sending this form to the CIS Unit, the agency affirms that the information provided is accurate, current, and compliant with CIS guidance (http://cispartners.vermont.gov/manual).

Fax: 802-241-0168

Mail: 280 State Drive, NOB 1 North
Waterbury, VT 05671-1040