MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF SPECIAL EDUCATION - FIRST STEPS PROGRAM

PHYSICIAN INFORMED CLINICAL OPINION AND IMPACT STATEMENT

NAME OF CHILD	DATE OF BIRTH	DATE COMPLETED

INSTRUCTIONS

First Steps is Missouri's early intervention system for infants and toddlers, birth to age three, who have a diagnosed condition associated with developmental disabilities, or a high probability of a developmental delay or disability. For conditions not listed in the First Steps eligibility criteria, a physician must provide documentation of the diagnosed condition and potential impact in at least one developmental area.

Complete this form with information about the child referred to First Steps and return it as soon as possible to the First Steps System Point of Entry (SPOE) office. The SPOE contact information is included below.

PHYSICIAN USE ONLY

DIAGNOSED CONDITION	ICD-9 CODE	ICD-10 CODE

There is potential for this diagnosed condition to impact the child's development. ☐ No ☐ Yes

If yes, indicate the potential impact of the condition in **each** developmental area below:

COGNITIVE / LEARNING, CHECK ONE: ☐ No concerns ☐ At risk ☐ High probability of disability	IF HIGH PROBABILITY, DESCRIBE:
PHYSICAL / VISION / HEARING, CHECK ONE: ☐ No concerns ☐ At risk ☐ High probability of disability	IF HIGH PROBABILITY, DESCRIBE:
COMMUNICATION / NONVERBAL LANGUAGE, CHECK ONE: ☐ No concerns ☐ At risk ☐ High probability of disability	IF HIGH PROBABILITY, DESCRIBE:
SOCIAL / EMOTIONAL / BEHAVIORS, CHECK ONE: ☐ No concerns ☐ At risk ☐ High probability of disability	IF HIGH PROBABILITY, DESCRIBE:
ADAPTIVE / SELF HELP, CHECK ONE: ☐ No concerns ☐ At risk ☐ High probability of disability	IF HIGH PROBABILITY, DESCRIBE:

PRINTED NAME OF PHYSICIAN	SPECIALITY
PHYSICIAN ADDRESS	PHYSICIAN PHONE NUMBER

PHYSICIAN SIGNATURE	DATE OF SIGNATURE

SPOE CONTACT INFORMATION

SPOE AGENCY NAME AND ADDRESS	FAX NUMBER