



INFORMED CLINICAL OPINION-NORTH DAKOTA EARLY INTERVENTION SYSTEM
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DEVELOPMENTAL DISABILITIES
 SFN 605 (2-2023)

ID Provider	Therap Number
Name of Child	Date of Birth

INFORMED CLINICAL OPINION

Comprehensive information must be included in this form in order for eligibility to be determined based on Informed Clinical Opinion. If there is insufficient information or the information does not meet the ND standard for Informed Clinical Opinion, the eligibility team may request additional information or deny eligibility.

Domain(s) of Concern
Describe qualitative concerns and atypical behavior or developmental patterns affecting the child's functioning in daily routines.
Describe the clinical observations that indicate subsequent development will likely be affected without intervention.

A typed signature is legally binding and equivalent to a handwritten signature.

Evaluator Signature	Date
Evaluator Signature	Date