Washington State Department of
CHILDREN, YOUTH & FAMILIES

ECLIPSE Prioritization Worksheet

Contractors must verify ECLIPSE eligibility before ECLIPSE enrollment, including parent or guardian's legal authority to enroll.

ECLIPSE staff completing the form _____ Date _____

Child's name _____ Birth date: _____

Child is eligible for ECLIPSE enrollment if the child is enrolled in ECEAP

☐ Child enrolled in School Day/Working Day ECEAP Slot (20)
☐ Child enrolled in Part Day ECEAP slot (15)

Prioritization Factors *(check all that apply)*

Child Factors

☐	Referral from Child Welfare/Indian Child Welfare	20
☐	ECEAP Priority Points above 400	20
☐	Child is in out of home placement	20
☐	Social Emotional Screening indicates intervention needed	20
☐	Child has a diagnosis	20
☐	Previous ESIT Services	10
☐	Child has an IEP	10
☐	Child was previously expelled	10
☐	Child has a Child Focus Response or Alternate Attendance Plan (due to behavior)	10
☐	Child has suspected delay or diagnosis	5
☐	Significant withdrawal	5
☐	Selective Mutism	5
☐	Child has neonatal risk factors	5
☐	Child shows significant physical, verbal aggression	5
☐	Defiance/refusal to direction or tasks	5
☐	Destruction of materials	5
☐	Frequent elopement	5

Family Factors

☐	Family Receiving WISe	10
☐	Family has a Child Welfare Safety Plan	10
☐	Family experienced generational or substantial complex trauma	5
☐	Caregiver in a residential facility	5
☐	Caregiver has criminal justice involvement	5
☐	Caregiver has mental health diagnosis	5
☐	Caregiver has a disability (learning, physical)	5
☐	Family experiencing homelessness	5
☐	Family has experienced domestic violence	5

Total Child Points _____

Total Family Points _____

Total Points _____