

Early Intervention Program Referral Form

Please complete this form for referring a child to Early Intervention (Part C) if you prefer to do so in writing. Also please indicate the feedback that you want to receive from the Early Intervention Program in response to your referral. Diagnosis of a specific condition or disorder is not necessary for a referral.

Parent/Child Contact Information

Child Name: _____
Date of Birth: ____/____/____ Child Age: (Months) ____ Gender: M F
Home Address: _____
Parent/Guardian _____ Relationship to Child: _____
Primary Language: _____ Home Phone: _____ Other Phone: _____

Reason(s) for Referral to Early Intervention

(Please check all that apply)

- Identified condition or diagnosis (e.g., spina bifida, Down syndrome): _____
- Suspected developmental delay or concern (Please circle areas of concern):
Motor/Physical Cognitive Social/Emotional Speech/Language Behavior Other _____
- At Risk (Describe risk factors): _____
- Other (Describe): _____

Referral Source Contact Information

Person Making Referral: _____ Date of Referral: ____/____/____
Address: _____
Office Phone _____ Office Fax: _____ E-mail _____

Early Intervention Program Contact Information

Program Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Office Phone _____ Office Fax: _____ E-mail _____

Feedback Requested by the Referral Source

Date Referral Received: ____/____/____ Date of Initial Appointment with Child/Family: ____/____/____
Name of Assigned Service Coordinator: _____
Office Phone: _____ Office Fax: _____ E-mail: _____

After initial appointment, please send the following information:

- Status of Initial Family Contact Changes in Services Being Provided
 Developmental Evaluation Results Periodic Progress Reports/Summaries
 Services Being Provided to Child/Family Other (Describe): _____
(Including: names of providers and frequency of services) _____

Release of Information Consent

I, _____ (Print name of parent or guardian), give my permission for my pediatric health care provider, _____ (print provider's name), to share any and all pertinent information regarding my child, _____ (print child's name), with the early intervention program.

Parent/Legal Guardian Signature _____ Date: ____/____/____

This form is available on the National Center of Medical Home Initiatives for Children with Special Needs website. Go to <http://www.medicalhomeinfo.org/health/EI.html> to download this form and learn more about Early Intervention.

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