



EARLY HEAD START/CHILD CARE PROGRAMS
Procedures for Referral to Early Intervention (EI) Services

Child Name: _____ Date of Birth: _____
 Languages Spoken: _____
 Site Name: _____ CFC Service Coordinator: _____
 Person filling out form: _____ CFC Phone Number: _____
 Delegate Agency: _____ Region: _____
 Program Type: _____

Instructions: Check each task as it is completed:

- Reason for Concern about Child's Development:
 - Screening of Child:**
 - Child Score: _____
Score indicates that child should be referred for EI services: **YES NO**
 - Date of Initial Screening: _____
 - Rescreening of Child:** Child's score on initial Ages & Stages indicated that the child should be reevaluated before referral to Child and Family Connections (CFC). **Not all children need to be reevaluated before referral.**
 - Child Score on **follow-up screening:** _____
 - Date of **rescreening:** _____
 - Parent communicated concern to EHS/FCCH Staff:**
 - Domain area(s) of Concern:
 - Communication/Language/Speech: _____
 - Motor Development: _____
 - Vision or Hearing: _____
 - Cognition: _____
 - Social/Emotional: _____
 - Adaptive & Self-help Skills: _____
- Referral of Child to Network Coordinator (and/or Disabilities Coordinator):** EHS/FCCH Classroom Staff/Provider informs Network/Disabilities Coordinator that child's score on screening or parent report indicates further evaluation is necessary. This must occur within 5 days of screening.
- Review Of Child Progress:** Before meeting with parents, the Network Coordinator, EHS/FCCH Classroom Staff/Provider and mental health provider are encouraged to informally review the child's screening result and discuss the child's performance in program activities. This meeting will help to prepare the FCCH/EHS professionals for the SRT Meeting with the parents.
 - The team is concerned about this child's progress and development in the following areas: _____
 - Parent Concerns that have been shared with staff: _____
 - Health History (include information from hearing and vision screening): _____
- Schedule Screening Review Team (SRT) Meeting:** Network/Disabilities Coordinator convenes meeting of team to review child's performance and explain referral process to the parent. The parent, classroom staff/provider, Network Coordinator, Disabilities Coordinator, and mental health provider (when appropriate) should be present at this meeting. Others may be invited to participate as necessary. This must occur within 10 days of notice of concern.
 - Date of Meeting: _____

- Identify Appropriate Child and Family Connection (CFC) to notify.** Before the SRT meeting, the Network/Disabilities Coordinator will determine which CFC to call if the family decides to pursue services.
 - CFC Name: _____
 - Phone: _____
 - Fax: _____

- Screening Review Team Meeting (SRT):**
 - **Review the concerns about development with parents.** Explain that the Ages & Stages is only an initial screening instruments and that it does not indicate the presence or absence of a disability. Further assessment and evaluation will be needed to determine the child's needs for early intervention services.
 - **Fill out CFC Referral Form with Parent.**
 - **Explain Rights to parents.** It is the parent's decision whether or not to have the child evaluated.
 - If the parent chooses to have the child evaluated by CFC, he/she is the primary person responsible for enrolling the evaluation process. Parents may request staff to assist in the process.
 - If the parent chooses not to have the child evaluated by CFC at the time of the SRT meeting, they may request an evaluation at a later date.
 - **Does Parent choose to have child referred to CFC for evaluation? Yes ___ No ___**
 - If no, parent's signed refusal _____ Date _____

- Contact CFC.** If the parent agrees to have his/her child evaluated, the referral form may be faxed or mailed to the appropriate CFC. The team may also choose to call the CFC at the time of the meeting and make the referral over the phone. The CFC Service coordinator will call the family within **5** school days of receiving the referral.

- Check on status of evaluation.** Network or Disabilities Coordinator will check with parent to see if CFC has scheduled evaluation. If evaluation has not been scheduled within **10** days of the Referral, the Network or Disabilities Coordinator worker will assist parent in contacting the CFC.
 - Date of status check: _____

- Is Child Eligible for Early Intervention Services? YES NO**
 Children are eligible for services if they show a delay of 30% or more in one or more areas as measured on a global assessment.

- Individualized Family Service Plan (IFSP) Meeting.** Parents will be sent a notification of IFSP meeting prior to the meeting date. Parents may invite EHS/FCCH Network Coordinator, Disabilities Coordinator, classroom staff, or provider to attend this meeting.
 Date of meeting: _____

- Monitor Services.** Network or Disabilities Coordinator will monitor services provided by Early Intervention (EI) Professionals on a regular basis. Monitoring will include:
 - Assuring that services are being delivered in the matter and at the location described in the IFSP.
 - If the family chooses to have the EHS/FCCH staff to participate in the IFSP, assist EI staff in identifying EHS/FCCH personnel with whom they will work most closely to meet child's IFSP goals.
 - Supporting EHS/FCCH Staff in understanding the child's disability and the effect of that disability on daily functioning.

- Transition Services:** Collaborate with transition coordinator to assure smooth transitioning to Special Education Services or out of Early Intervention Services.