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Referral Checklist

Child's Name: _____ Date of Birth: _____ Age: _____

Parent /Care Giver Name: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Person Making Referral: _____ Phone Number: _____

Parent is aware that referral is being made. Yes No (Please circle)

*This checklist includes many, however **not all** of the conditions or concerns that may make a child eligible for early intervention services. If a child has any condition or concern that has a high probability of being associated with a developmental delay or poor behavioral outcome, the child should be referred to early intervention services no more than seven days after the child has been identified. 34 CFR 303.321(d)(2)(ii)*

Established Conditions

- ☐ Autism
- ☐ Chromosomal abnormality (e.g., Trisomy 13, 18, 21)
- ☐ Chronic disease
- ☐ Cleft palate/lip
- ☐ CNS disorder (e.g., cerebral palsy)
- ☐ Congenital disorder/anomaly (e.g., anencephaly)
- ☐ Cranial disease (e.g., microcephaly)
- ☐ Degenerative disorder (e.g., muscular dystrophy)
- ☐ Hearing impairment / deaf
- ☐ In utero exposure to drugs and or alcohol
- ☐ Metabolic disorder (e.g., phenylketonuria)
- ☐ Musculoskeletal disorder (e.g., spina bifida)
- ☐ Physical abnormality / abnormal movement
- ☐ Seizure disorder (e.g., epilepsy)
- ☐ Visual impairment / blind
- ☐ Other (e.g., Prader-Willi syndrome, Cornelia deLange syndrome). Please describe:

_____

_____

Developmental Delays

- ☐ Cognitive delay
- ☐ Global developmental delays
- ☐ Gross motor delay
- ☐ Fine motor delay
- ☐ Other (please describe): _____
- ☐ Social / adaptive delay
- ☐ Social / emotional delay
- ☐ Speech / language / communication delay

_____

At –Risk Conditions

- ☐ Birth-related complications
- ☐ Family risk factors (e.g., extreme poverty, teen parent, etc)
- ☐ Limb defect / anomaly (e.g., club foot)
- ☐ Newborn Intraventricular hemorrhage
- ☐ Other (please describe): _____
- ☐ Pregnancy-related complications
- ☐ Prematurity (<34 weeks gestation)
- ☐ Prenatal infection (e.g., toxplasmosis, rubella
- ☐ Recurrent otitis media
- ☐ Substantiated Abuse/Neglect
- ☐ Very low birth weight (<2500gm)

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