

Tips to Refer Young Children to Philadelphia Infant Toddler Early Intervention

Early intervention (EI) is for infants and toddlers, from birth to three years of age, and their families. Note: Children in need of EI who are 34 months, 15 days and older are to be referred directly to Elywn SEEDS (215) 222 -8054

What children should be referred for Early Intervention?

- * Children who have a diagnosis which has a high probability of resulting in a developmental delay and
- * Children for whom you have concerns about their development
- * Children who are At Risk: Low birth weight under 1500 grams, NICU stay, Chemical Dependence/Substance Abuse (mother/prenatal), Substantiated abuse/neglect, Confirmed Elevated Blood Level

What happens once Philadelphia Infant Toddler Early Intervention receives a referral?

Within two days of receiving your referral for a child younger than 34 months and 14 days, *Philadelphia Infant Toddler Early Intervention (EI)* will contact the family by phone to complete an Intake. If we are unable to reach the family to complete the Intake, you may be called for additional information or assistance. We will make multiple attempts to contact the family over a period of 10 business days. If unsuccessful, we will close the file although ***you may re-initiate referral at any time.*** When we successfully complete the Intake, we assign the child and family to a Service Coordination entity (now Childlink).

Referral Outcomes: ChildLink will discuss possible next steps with the family (and may contact you, if you sent in this form):

- * ChildLink will offer to have an EI service coordinator schedule a visit with the family, to discuss the child's needs and the family's concerns. The family may then decide to go forward with an evaluation (MDE) for their child, or they may decide not to request an MDE at this time.
- * If you did not send the Ages and Stages Questionnaire (ASQ) summary scores with the referral, ChildLink will conduct an ASQ with the family's permission.
- * The family may decide not to request Early Intervention and service coordination at this time.

Next Steps Following an MDE:

- * If the MDE team (which always includes the family) finds the child ***eligible for EI services***, the meeting will move directly into the development of an **Individualized Family Service Plan (IFSP)**. The service coordinator will follow up to make arrangements for services to begin within 2 weeks of developing the Plan.
- * If a child is eligible for ***At Risk Tracking***, the family will be offered the option of a service coordinator regularly monitoring for developmental concerns about the child. The **at-risk categories** are:
 - ...low birth weight (1500 grams) ...Confirmed elevated lead blood level...neonatal intensive care unit graduate...substantiated abuse/neglect ...born to chemically dependent mother

Things to remember when making a referral

- **Discuss the EI referral with the family.** Share with them the next steps, time frames and possible EI referral outcomes that are described above.
- **Inform the EI Intake Unit about other medical or developmental evaluations** (speech, PT, OT, EPSDT or other screenings, neurological evaluations, feeding evaluations, audiology evaluations, ASQ Scores, etc.) that are available.
 - * Assessments that were done within the past six months can be incorporated into the EI multi-disciplinary evaluation (MDE) to avoid any duplication of evaluation efforts from multiple resources.
 - * ***With the family's permission, send ASQ Domain Scores as part of the referral.*** Note other screening or evaluation that have been done and whether there are developmental concerns (e.g., M-CHAT, Modified Checklist for Autism in Toddlers). If family consents, send these reports with your referral.
- You, or the family, may contact Infant Toddler EI with additional information or concerns and ***you may refer the child and family again to Infant Toddler EI at any time.***
- **Use this referral form and complete all requested information.** It helps us to quickly process the referral and know how to get in touch with you.

Philadelphia Infant Toddler Early Intervention (EI) REFERRAL

PLEASE PRINT:

Child (First, Last): _____ Male ___ Female ___ Date of Birth: _____
 Address: _____ Zip Code: _____ MA #: _____
 Parent/Guardian (First, Last): _____ Best Phone #: _____
 Primary Language: _____ Check if Interpreter is needed Alternate Phone #: _____

Send to: Philadelphia Infant Toddler Early Intervention

701 Market Street, Suite 5200, Philadelphia, PA, 19106 Birthto3EI@phila.gov Phone: (215) 685-4646 Fax: (215) 685-4638

Parent gives written consent to release information to referrer about status of referral:

Parent Signature: _____ Date: _____

*This information is **CONFIDENTIAL** and will only be used to facilitate referrals for Early Intervention.*

Check (✓) All concerns that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Low Birth Weight (_____ lb/gr _____ hosp) | <input type="checkbox"/> Cognitive development/ Skill Acquisition | <input type="checkbox"/> Physical development |
| <input type="checkbox"/> NICU Care (Hosp: _____) | <input type="checkbox"/> Communication/language/speech | <input type="checkbox"/> Sensory Status/Neurological |
| <input type="checkbox"/> Chemical dependence/SA (mother/prenatal) | <input type="checkbox"/> General Development | <input type="checkbox"/> Social/Emotional/Behavioral |
| <input type="checkbox"/> Confirmed abuse/neglect | <input type="checkbox"/> Medical diagnosis/condition | |
| <input type="checkbox"/> Elevated blood lead level (_____) | Specify _____ | |

Referral Comments (What concerns do you and the family have regarding this child's development?)

ASQ Domain Scores (if available)

ASQ Month _____ ASQ Completed on ___/___/___

Domain	Score	Cut off Score	Concern Y or N or Borderline
Communication			
Gross Motor			
Fine Motor			
Problem Solving			
Personal-Social			

Any score at or under the cut off score is considered a concern. Refer all children with 1 or more concerns and children with a Dx with a high probability of developmental delay.

Is parent a foster parent? ___ Yes ___ No ___ N/A (If yes, please fill in social worker below)

Social Worker: _____ (Circle: Foster Care or DHS) Phone: _____
 E-mail: _____
 Agency: _____ Address: _____ Zip Code: _____

PLEASE PRINT:

Person Making Referral: _____ Phone: _____ Fax: _____ E-mail: _____
 Agency: _____ Address: _____ Zip Code: _____