

Early Intervention Referral Checklist

This checklist is used to determine if an infant or toddler, birth to 3 years of age, has a condition or concern that may make the child eligible for early intervention. ***The checklist can be used by a professional (physician, nurse, social worker, child welfare worker, and so on) or any other practitioner to make a referral for early intervention.*** If you are concerned that a child has one or more of the conditions listed, you should consider referring the child to an early intervention program.

Child's Name _____ Date of Birth _____ Age _____

Parent/Caregiver Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip Code _____

This checklist includes many but not all of the conditions or concerns that may make a child eligible for early intervention. 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 for early intervention services.

<i>Identified Conditions</i>	<hr style="border: 0; border-top: 1px solid black; margin-top: 100px;"/>
<i>Developmental Delays</i>	<hr style="border: 0; border-top: 1px solid black; margin-top: 50px;"/>
<i>At-Risk Conditions</i>	<hr style="border: 0; border-top: 1px solid black; margin-top: 100px;"/>
<i>Other Concerns</i>	<hr style="border: 0; border-top: 1px solid black; margin-top: 50px;"/>