

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 (First, Last): _____

Alternate Phone #: _____ Email address: _____

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

Check (✓) All concerns that apply

- Low Birth Weight (_____ lb/gr _____ hosp)*
- NICU Care (Hosp: _____)*
- Affected by prenatal substance exposure, including alcohol*
- Elevated blood lead level (_____)*
- Experiencing homelessness*
- Referred by Department of Human Services*

- Cognitive development/ Skill Acquisition
- Communication/language/speech
- General Development
- Hearing Concern
- Medical diagnosis/condition
- Specify _____

- Physical development
- Sensory Status/Neurological
- Social Emotional/Behavioral
- Vision Concern

*Can be enrolled in **Regular Developmental Screening** with parent's permission.

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

ASQ - 3 /ASQ SE - 2/M-CHAT-R/SWYC Score Info (if available; not a requirement to make a referral)

ASQ - 3/ ASQ- SE Month _____ ASQ - 3/ASQ - SE/M-CHAT-R/SWYC Completed on ___/___/___

ASQ Domain	Score	Cut off Score	Concern Y or N or Borderline
Communication			
Gross Motor			
Fine Motor			
Problem Solving			
Personal-Social			
ASQ - SE 2	Score _____	Cut off Score _____	
SWYC	Score _____		
MCHAT-R/F	Score _____	Risk Level _____	

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: _____

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 36 months or older are to be referred directly to Elwyn SEEDS (215) 222 -8054

Who should be referred to Infant Toddler Early Intervention?

- * Children who have a diagnosis with a high probability of resulting in a developmental delay
- * Children for whom you have concerns about their development
- * Children at-risk for developmental concerns:
 - Low birth weight under 1500 grams, NICU stay, Affected by prenatal substance exposure, including alcohol, Referred to Department of Human Services, Elevated Blood Lead Level, Experiencing homelessness

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 (SCE) - either ChildLink or Partnership for Community Supports.

Referral Outcomes: Service Coordinator will contact family to discuss next steps (and may contact you, if you sent in this form):

- * An EI Service Coordinator, from either ChildLink or Partnership, will 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 - 3) summary scores with the referral, the EI Service Coordinator will conduct an ASQ - 3 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 14 days of developing the Plan.
- * If a child is in one or more at-risk category, the child can be enrolled in **Regular Developmental Screening**. With parent's consent, a Service Coordinator contacts family every 3 months to review developmental concerns and available resources. Children at-risk for developmental concerns are:
 - ...low birth weight (<1500 grams) ... affected by an elevated lead level.... cared for in a Neonatal Intensive Care Unit....referred by Department of Human Services.... affected by prenatal substance exposure, including alcohol....experiencing homelessness

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.
- **Send ASQ - 3, ASE - SE 2, MCHAT - R, SWYC score info as part of the referral if available, not a requirement.**
- 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.