

# Colorado's Early Intervention System – Who and What



Colorado's Early Intervention system has been developed to promote the greatest possible outcomes for infants and toddlers, birth through two years of age, who have significant developmental delays or disabilities. In order to take advantage of the supports and services available, families need to know about the system and how to access these resources in a timely manner during this critical developmental period! Please use this guide to help inform families of their options.

## Who should be referred?

Any infants and toddlers with:

- A suspected significant delay in one or more developmental area(s): cognitive, adaptive, communication, social/emotional, and/or physical (including vision, hearing)
- A diagnosed physical or mental condition that has a high probability of resulting in developmental delay – (see established condition database in the referral section at [www.eicolorado.org](http://www.eicolorado.org))
- ❖ The parent or health care provider has concerns or suspicions about a child's development, either through observation or by conducting a standardized developmental screening.
- ❖ A child is diagnosed with a physical or mental condition that has a high probability of resulting in significant developmental delay. A listing can be found at [www.eicolorado.org](http://www.eicolorado.org)

## What prompts a referral?

## How are referrals made?

Contact the **Community Centered Board** for the city or county in which the family resides. A referral may be made for the family or provide contact information to the family. There is toll free line (1-888-777-4041), or a directory, along with a database that is searchable by county, city, or zip code located on the Early Intervention Colorado website within the state and local contacts section ([www.eicolorado.org](http://www.eicolorado.org)).

## What information is provided at referral?

- Child's name, gender, and date of birth
- Name, address, and telephone number of the parent or legal guardian
- Reason for referral (child has a suspected or confirmed developmental delay or disability, child has one of the established conditions as outlined on the established condition database)
- Your name and telephone number

The transmittal of confidential information, such as the nature of the child's condition, requires written parent consent. The early intervention referral form is HIPAA compliant and was created to streamline the process of information sharing. This referral form can be downloaded or ordered at no cost at [www.eicolorado.org](http://www.eicolorado.org).

## Who can sign the referral form as a qualified health professional?

For the purposes of the referral form, the term "qualified health professional" includes physicians and physician extenders (i.e., physician assistants, nurse practitioners, and child health associates), registered nurses, occupational therapists, physical therapists, speech-language pathologists, psychologists, audiologists, and optometrists. Licensed clinical social workers and Masters of Social Work are also included because of their role as part of the primary care team within the hospital or other health care setting. When the DC: 0-3R is used to make a diagnosis, an individual with a mental health degree and licensure who has completed the 2 day DC: 0-3R training is included.

## What should be discussed with the family?

- ❖ A developmental screening (if not already conducted) and/or a more detailed evaluation and assessment of their child's development are available within 45 days of the referral at no cost to families.
- ❖ If a child is found eligible for early intervention services, the family will participate in the development of an Individualized Family Service Plan (IFSP) that identifies the supports and services needed to promote the child's development, and enhance the parent(s) capabilities.
- ❖ No child or family is denied services identified on the IFSP based on an inability to pay.
- ❖ The family is also not obligated to accept services.

## How else can a family be supported?

- Provide information about the child to the early intervention team; by personally attending the assessment, by written communication, and/or by conference call or other means.
- Develop and maintain relationships with the child, family and the early intervention providers.
- Counsel the family about the child's progress, as well as treatment and management options.
- Ask for status updates on the child's progress.

# Instruction for completing the Early Intervention Referral Form

**Section 1: Demographic Information:** In this section, referral sources should fill in the demographic information for the child and family. When applicable and known, referral sources should include contact information relative to the Child Welfare system in order to assist the Early Intervention system to meet the child's individual circumstances.

Child's Name: _____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl	DOB: _____
Parent(s) / Legal Guardian: _____			Phone: _____
Family's Address: _____			County: _____
Primary Language Spoken by Parent(s)/Legal Guardian: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
Foster Parent(s) (if applicable): _____			Phone: _____
Foster Parent(s) Address: _____			County: _____
Primary Language Spoken by Foster Parent(s) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
How long has child resided at this residence? _____	Surrogate/ Advocate/ Guardian ad Litum?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, Name: _____	Phone: _____		
Assigned DSS Caseworker: _____	Phone: _____		

**Section 2: Referral Source Information:** In this section, the individual facilitating the referral will provide their contact information. Additionally, this section of the referral form includes information that specifies the reason for referral, including whether a developmental screening has been completed for this child. The referring person confirms this information by signing and dating the referral form.

Name of Referring Person: _____	Agency/Practice: _____
Phone: _____	Fax: _____
Are you a Qualified Health Professional? (See referral source guide for listing)	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Discipline: _____
Has a developmental screening been completed for this child?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Tool Used: _____

Please check and complete one of the following boxes (A or B):

**A.**  This child has been diagnosed with the following physical or mental condition(s) known to have a high probability of resulting in significant delays in development (even if no delays are apparent at this time):

\_\_\_\_\_

**B.**  There are concerns for possible delays in development in the following areas: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ (referring person) Date of Referral: \_\_\_\_\_

**Section 3: Authorization to Release Information:** In this section, the family is able to authorize the referral source to release pertinent records that will assist the evaluation team in making a determination regarding the child's eligibility for early intervention services. **To expedite the process, referral sources should include copies of the information the family has authorized to release with the referral form.**

The referral source should check the appropriate program(s).

Finally, a parent or legal guardian should sign and date the referral form.

Once complete, where do I send the referral form?

The completed referral form, along with pertinent records can be faxed to Community Centered Board serving the family's city or county of residence. To assist referral sources, there is toll free line (1-888-777-4041), or a directory, along with a database that is searchable by county, city, or zip code located on the Early Intervention Colorado website within the state and local contacts section ([www.eicolorado.org](http://www.eicolorado.org)).