

CDSA/EC Preschool Program - results from above: (check all that apply)

_____ Eligible (based on): _____
_____ Ineligible (note reason): _____
_____ No Evaluation Done: (Check one)
_____ Attempts to Contact Family Unsuccessful _____, Did Not Keep Appointment _____, Declined Evaluation _____
_____ Eligible, Family Declined Services

To be faxed to the referring provider/agency and then back to the Medical Home listed in Box A at completion of child's assessment

EARLY INTERVENTION FEEDBACK TO THE MEDICAL HOME (Birth to 5)

A. To be completed by the referring entity

Child's Name _____ Child's DOB _____
Parent/Guardian _____
Address _____
Phone: _____
Medical Home/PCP _____ Fax: _____

CDSA/Preschool Contact: _____ Phone: _____
Date of referral (CDSA)/date of notification (preschool program) _____
Referring Entity _____

B. To be completed by the CDSA (age 0-3)

B. To be completed by the EC Preschool Program (age 3-5)

Why was the child referred?

At-risk score(s):
_____ ASQ/PEDS
_____ MCHAT
_____ ASQ-SE

Established Condition (Specify below):
_____ Congenital Anomaly/Genetic Disorder/Inborn Errors of Metabolism
_____ TORCH (Congenital Infections)
_____ Autism
_____ Reactive Attachment Deprivation/Maltreatment Disorder of Infancy
_____ Hearing Loss
_____ Visual Impairment
_____ Neurologic Disease
_____ Neonatal Conditions (<27 weeks, ELBW, IVH, seizures, stroke, meningitis, etc.)

Parent Concern _____
Maltreatment (per DSS) _____
Entry Evaluation Date: _____

What was the reason for the notification?

At-risk score(s):
_____ ASQ/PEDS
_____ MCHAT
_____ ASQ-SE

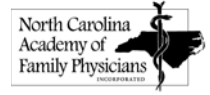
Condition that adversely impacts educational performance. (Specify below):
_____ Speech and Language Impairment
_____ Developmental Delay/Atypical Behavior
_____ Autism
_____ ADHD
_____ Orthopedically Impaired
_____ Visually Impaired
_____ Hearing Impaired
_____ Other

School System Screening date: _____

Services on IFSP _____ or IEP _____ :
_____ Service coordination (IFSP)
_____ Specialized Instruction on the IFSP or IEP

Recommended additional community services:
_____ CC4C
_____ Family Support Network (FSN)

_____ Speech and Language Therapy	_____ Early Head Start/Head Start
_____ Physical Therapy (PT)	_____ NC PreK Program
_____ Occupational Therapy (OT)	_____ Parents as Teachers
_____ Other (specify) _____	_____ Other (specify): _____



DRAFT