

## **Instructions for Completing the *Referral to the Infant & Toddler Connection of Virginia form***

Child Contact Information: Complete as much of the contact information as possible.

Reason for Referral and Medical Information: Indicate all reasons for referral.

- **Suspected developmental delay or concern** – Check this box if you suspect a developmental delay or have a concern about a possible developmental delay. Circle all areas of development in which you suspect a delay or have a concern.
- **Atypical development** – Check this box if you suspect or have a concern that the child may be demonstrating atypical development (even if there is not a developmental delay). Circle all areas in which you suspect or have a concern about atypical development.
- **Assessment method/tool used** - Indicate any screening or assessment tool (e.g., PEDS, ASQ) used to identify the suspected developmental delay or atypical development or indicate that the concern is based on your observation or parent report. Please attach a copy of screening (including hearing and/or vision screening) and/or assessment results, if available. Having a copy of these results will help the Infant & Toddler Connection system avoid duplicating this testing and save time for the child and family.
- **Is the identified delay, in your professional judgment, 25% or greater?** – After your referral and with parent consent, a team of two or more disciplines will determine the child’s eligibility for early intervention services. In order to be eligible, a child must have a delay of 25% or greater in at least one area of development, demonstrate atypical development, or have a diagnosed physical or mental condition with a high probability of resulting in developmental delay. If, based on your observation and/or screening or assessment results you believe the child has a delay of 25% or greater in at least one area of development, please mark “Yes” for this question on the referral form. If you suspect a developmental delay but believe that it is less than 25%, please mark “No.” If you suspect a developmental delay or have concerns about a child’s development but do not have enough information to judge the level of delay, leave this answer blank on the form. The “Comments” line can be used to add information that may be helpful to the eligibility determination team. The clarity and completeness of your professional judgment documented here may streamline the child’s receipt of services.
- **Identified condition or diagnosis** – List any diagnosed physical or mental conditions for this child.
- **Other** – Use this section to provide any other information you want to share with the Infant & Toddler Connection system related to the child’s developmental or health status.

Physician Input into IFSP if Child is Eligible for Early Intervention Services:

- **I would like to participate in the IFSP meeting** – If this child is found eligible, an Individualized Family Service Plan (IFSP) will be developed by a team, including the family, to identify desired outcomes (goals) and the early intervention services necessary to achieve those outcomes. Your participation in developing this plan is welcomed. If you would like to participate, please indicate whether you would like to participate in person or by phone. Please note: your signature may be required on the IFSP as documentation of medical necessity for insurance coverage of early intervention services. You do not need to participate in the IFSP development in order to concur with it, but your input is invaluable.
- **Please consider the following information** – You can also participate in developing the IFSP by sending written information for the IFSP team to consider. Use this section of

the referral form to specify the information and/or recommendations you would like the IFSP team to consider when identifying outcomes and services.

As the Referral Source, Please Indicate what Feedback You Would Like: By checking the appropriate box(es), you can request the type of information you would like to receive from the Infant & Toddler Connection system about the referred child:

- **Status of Initial Family Contact** – Information about whether or not the local system was able to contact the family and, if so, whether or not the family has consented to an eligibility determination
- **Services Being Provided to Child/Family** – A list of the early intervention services the child and family are receiving (this will be a copy or summary of the IFSP)
- **Eligibility Determination** – A copy of the Eligibility Determination Form, which includes the reasons and basis of determining the child eligible or ineligible for early intervention services
- **Child Progress Report/Summary** – A written update, approximately every 6 months, on the child's developmental status and progress towards meeting the IFSP outcomes
- **Other** – Specify other types of information you would like to receive

Referral Source Contact Information: Please provide all requested contact information.

Infant & Toddler Connection Information: This section may have already been completed by the local Infant & Toddler Connection system. If not, you may complete the information you have available.

Consent for Release of Protected Health Information: Although this section does **not** have to be signed by the parent in order for you to refer a child to the Infant & Toddler Connection of Virginia, the signed consent for release of information facilitates timely communication and information sharing between you and the local early intervention system.