



Member Districts: Barnum ISD #91, Carlton ISD #93, Cloquet ISD #94, Cromwell ISD #95, Esko ISD #99, Hermantown ISD #700, Lake Superior ISD #381, McGregor ISD #0004, Moose Lake ISD #97, Proctor ISD #704, Wrenshall ISD #100, Willow River ISD #577

EARLY INTERVENTION REFERRAL FORM

Child Find is a Minnesota early childhood intervention program, available to families who are concerned about their young child's growth and development. For a developmental screening, please contact us. 302 14th Street, Cloquet MN 55720 Telephone Number: 218.879.1283 Fax: 218.879.1285 E-mail: www.nlsec.k12.mn.us

Please complete this form for referring a child to early intervention if you prefer to do so in writing. Also please indicate the feedback that you want to receive from the early intervention program in response to your referral.

CHILD CONTACT INFORMATION

Child Name: _____

Date of Birth: ____/____/____ Child Age (Months): _____ Gender: M F

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Relationship to Child: _____

Primary Language: _____ Home Phone: _____ Other Phone: _____

Have the parents been contacted?
Date(s)/means of contact: _____ Response _____

REASONS FOR REFERRAL

Reason(s) for referral to early intervention (Please check all that apply):

Identified condition or diagnosis (e.g., spina bifida, Down syndrome):

Suspected developmental delay or concern (Please circle areas of concern):

Motor/Physical Cognitive Social/Emotional Speech/Language Behavior Other _____

At Risk (Please describe risk factors): _____

Other (Please describe): _____

FEEDBACK REQUESTED BY THE REFERRAL SOURCE

Status of Initial Family Contact Developmental Screening Results

Other (Please describe): _____

REFERRAL SOURCE CONTACT INFORMATION

Person Making Referral: _____ Date of Referral: ____/____/____

Address: _____

Office Phone: ____/____ - ____ Office Fax: ____/____ - ____ E-mail: _____

Signature: _____ Date: _____