



## Norman County Birth to 3 Early Intervention Referral

Send a copy of this form along with the Release of Information and any screening information to:

<b>Ada/ Borup</b> Kris Sterton 604 West Thorpe Ave Ada, MN 56510 Fax: 218-784-3475 Phone: 218-784-5332	<b>Norman County East</b> Dave Norman PO Box 420 Twin Valley, MN 56584 Fax: 218-584-5170 Phone: 218-584-5151	<b>Norman County West</b> Tammie Ruebke PO Box 39 Hendrum, MN 56550 Fax: 218-861-6223 Phone: 218-861-5822
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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Local School District: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Directions to the home: \_\_\_\_\_

**Date Referral Made:** \_\_\_\_\_ **Referral Made By:** \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

A contact was made on: \_\_\_\_\_. A recommendation was made to the parents that the child be referred for an early intervention evaluation based on the information below.

### Specific Child Information

Referral Concern: \_\_\_\_\_

Child's Sex:  Male  Female

The child has a diagnosed medical condition:  No  Yes

The child failed a developmental screening:  No  Yes

If yes, what is the medical diagnosis?  
 \_\_\_\_\_

Physician name:  
 \_\_\_\_\_

Address:  
 \_\_\_\_\_

#### Attached Information:

- Developmental History dated: \_\_\_\_\_
- Developmental Screener dated: \_\_\_\_\_
- Social Emotional Screener dated: \_\_\_\_\_
- Vision Screener dated: \_\_\_\_\_
- Hearing Screener dated: \_\_\_\_\_
- Early Intervention Referral Checklist dated: \_\_\_\_\_

- Health Screener dated: \_\_\_\_\_
- Medical Records dated: \_\_\_\_\_
- Other \_\_\_\_\_

#### Agencies Currently Involved with Child and Family

- |  |  |
|--|--|
| <input type="checkbox"/> School District<br><input type="checkbox"/> Norman Social Services<br><input type="checkbox"/> Medical/Mental Health: _____ | <input type="checkbox"/> Norman/Mahnomen Public Health<br><input type="checkbox"/> Tri-Valley Head Start |
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For ASEC Internal Use Only	Reason for Delay Over 45 Days
MARSS Number: _____	<input type="checkbox"/> Systems Reason
_____	<input type="checkbox"/> Parent/Child Reason