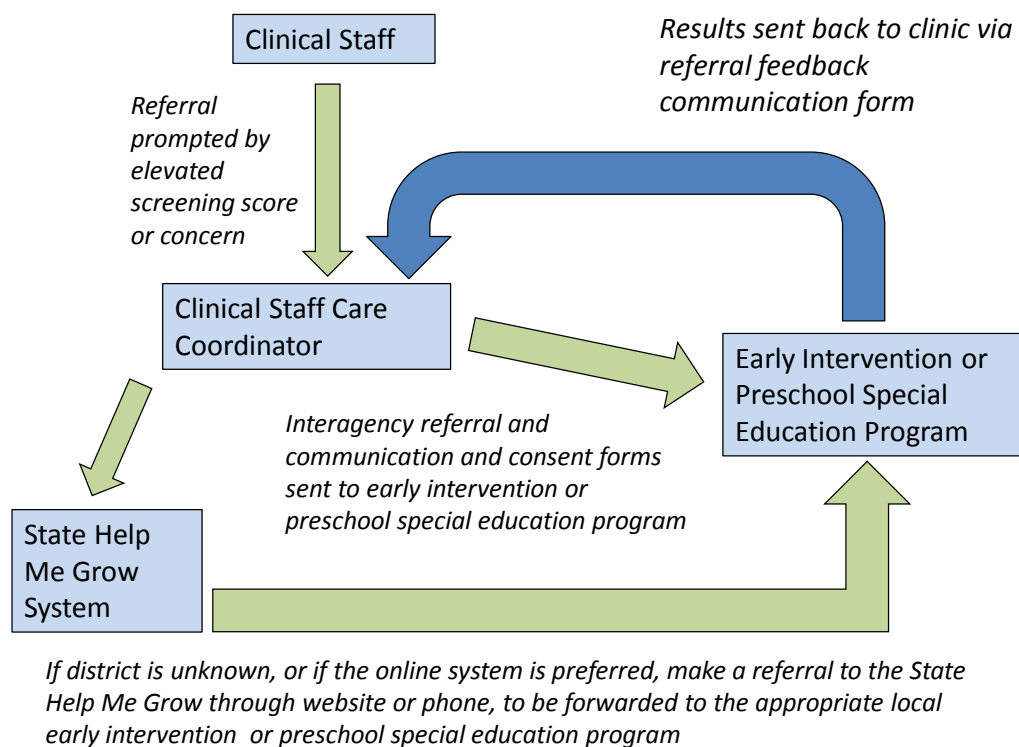


Tools for Creating a Communication and Feedback Loop between EI and Pediatric Clinics

Building communication between clinics and early intervention/preschool special education providers will increase positive outcomes for children.

Sample Feedback Work Flow



Key tasks that will help you create this feedback loop:

For Clinics:

Standardize your developmental and social/emotional health screening process.

Make an ACTIVE referral for children with concerns – use www.mnparentsknow.org or other site (don't just ask the family to self refer!)

For Early Intervention Providers:

As for clinic information at the point of intake.

Ask for parental consent to share information with the clinic at the beginning of the process.

Send feedback report form to referring health providers.

This is a sample feedback report form. This form is available for your organization to modify on our website: www.dhs.state.mn.us/cchd .

Help Me Grow
Early Intervention / Early Childhood Special Education
Referral Results Form
Please return by fax to the student's primary clinic.

Student's Name _____ Gender M F DOB _____
Referral Source _____ Referral Date _____
Case Manager _____ School District _____ Phone _____

Outcome of the Referral

Team was unable to contact parent
 Team contacted, but parent declined evaluation
 Team determined no evaluation was needed
 Team evaluated and student did NOT qualify
 Team evaluated and student did qualify

Developmental Delay (DD)
Delays in following areas: Cognition Communication Fine Motor Gross Motor Social-Emotional Adaptive

Speech/Language Impairment (SL)
Delays in following areas: Language Fluency Voice Articulation

Autism Spectrum Disorder (ASD)
 Deaf/Hard of Hearing (DHH)
 Emotional/Behavioral Disorders (EBD)
 Other _____

Services

Home Visits Frequency _____
 Inclusive Classroom Frequency _____
 Special Education Classroom Frequency _____

Team Includes: EI/ECSE Teacher OT PT SLP DHH Vision

Other Referrals Made (ie Dev. Disabilities, CPS, ECFE, PH Nursing, HeadStart) _____

Student's Primary Clinic _____ Date Faxed _____
Clinic Fax Number _____
To make a referral please call 1-866-693-GROW (4769) or visit parentsknow.state.mn.us

Revised 1/2012

These tools were developed as part of a three year project called Communities Coordinating for Healthy Development.

One participating district increased the number of children they served 44% over 3 years!

This information is available in alternative formats to individuals with disabilities by calling 651-431-2616. TTY users can call through Minnesota Relay at 800-627-3529. For Speech-to-Speech, call 877-627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

