

Early Intervention (EI) Referral, Assessment and Services Checklist			
	KEY TASKS	DATE COMPLETED/ TEAM MEMBER	TIMEFRAME
<b>REFERRAL STAGE</b>	Engage family to confirm consent to refer		
	Provide education on EI and referral process		
	Provide referral information and instructions to contact EI provider directly if family is not contacted by EI provider within 1 week of referral date (provide handout or send letter with this information as needed)		
	Obtain signed release of information (ROI) from caregiver for care coordination with EI provider		
	Coordinate with family and EI provider to schedule intake and assessment (if needed)		
	Document scheduled appointment(s) in EMR		
	Place reminder call to family 3 days before scheduled intake and assessment appointment(s)		
<b>ASSESSMENT STAGE</b>	Provide education on process of EI intake and assessment, including eligibility for EI based on assessment		
	Address anticipated logistical barriers for completion of assessment (note that assessments usually occur in the home, a childcare setting, or EI location)		
	Help reschedule appointment if necessary		
	Follow up with family and EI provider within 3 days of completed assessment		
	Obtain eligibility determination and assessment from EI provider		
<b>SERVICES STAGE</b>	Document eligibility determination and assessment, along with any family-reported information, in EMR		
	If eligible, obtain a copy of the Individualized Family Service Plan (IFSP) and document in EMR – send ROI to agency and request copy of IFSP		
	Loop in PCP to ensure they review IFSP and continue to support family with ongoing EI services		
	Address potential barriers to service engagement, such as appointment location, times, etc.		
<b>TRANSITION STAGE</b>	Continue to communicate and collaborate with EI provider and PCP, and support referrals for additional services, such as outpatient (OP) speech, occupational therapy (OT) or physical therapy (PT)		
	Engage family at 30-month well child visit, inquire about aging out of EI plans, and/or provide information on what to expect		
	Loop in PCP to ensure continuity of care – message through EMR or face-to-face consultation for urgent concerns		
	Encourage and support family to speak with EI provider about the transition process and plan		
	Outreach to EI provider to inquire about transition/discharge plan, i.e., referrals to OP services, preschool, or school for IEP testing		
<b>DISCHARGE PLAN</b>	Obtain copy of transition plan and document in EMR		
	Collaborate with EI provider and PCP to support discharge plan, and possible referral(s) to OP services (speech, PT, etc.), connecting with preschool, information on school IEP testing		
	Ensure family understands the discharge plan		
	If discharged to OP services, ensure family and PCP are aware of the plan to continue services on an outpatient basis and support family in locating and connecting to new providers		

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If discharged to preschool program, ensure family understands available options, i.e., public preschool, Head Start (may have slots for children with special needs), private preschool, center-based childcare facility (many childcare centers offer financial assistance)		
If discharged to school for IEP assessment, ensure family understands IEP process (assessments typically begin at 2.9 years, and if eligible, preschool begins at age 3)		
Consider with PCP whether specialty developmental testing would increase eligibility for accommodations, e.g., BMC’s DBP Clinic		
<b>COMMON CHALLENGES IN SUPPORTING FAMILIES WITH EARLY INTERVENTION SERVICES</b>		
<p><b>Initial Connection:</b></p> <ul style="list-style-type: none"> <li>It is crucial to ensure caregivers are aware of and agree with a referral to EI. Many EI providers will not schedule an intake or assessment if caregivers are not agreeable to services as EI is voluntary.</li> <li>Also, it may be helpful to walk through the intake and assessment process with families to support their engagement in services, particularly for families with scheduling constraints or concerns about EI services. In many cases, EI providers are able to offer an alternative schedule for on-going sessions; however, caregivers must be present for the initial intake or assessment appointment.</li> <li>This is an opportunity to collaborate with EI providers and families to find creative solutions that would best serve the child. For example, caregivers could take one day off from work to be present for the intake appointment, and the EI provider would meet with the child while at daycare moving forward. It may also be helpful to address caregivers' concerns through other lenses, such as cultural factors that may influence their decision-making process.</li> </ul> <p><b>High-risk Patients:</b></p> <ul style="list-style-type: none"> <li>It is helpful to identify the EI staff members working with the patient—developmental specialist, speech therapist, social worker, etc.—and the best method to contact them. Many EI staff are out of the office doing fieldwork and can be difficult to reach through their office number. Having a cell phone number or email will allow for seamless communication and collaboration on an individual patient’s needs.</li> </ul> <p><b>Transitioning Out of EI:</b></p> <ul style="list-style-type: none"> <li>It may be helpful to begin planning for transition out of EI around the 30-month well child visit. Initiate conversation, provide information to caregivers on what to expect, and explore options. Particularly for children that may require a referral for a core evaluation with the school for an Individualized Education Plan (IEP).</li> <li>In such cases, it may be helpful to begin the process of referring for a developmental assessment, if one has not already been placed. External assessments, such as through Developmental Behavioral Pediatrics, further support and ensure patients will receive adequate and appropriate accommodations at school.</li> <li>For patients that will require on-going intensive OP services, such as speech therapy, it may be helpful to support families in beginning the process before EI ends as there may be a lengthy wait services.</li> <li>If the patient is not being referred for an IEP evaluation, it may be helpful to explore options for preschool or childcare, particularly for families that may need financial assistance.</li> </ul>		