

Chittenden County EEE Referral Form for 3 to 6 Year Olds

Date of Referral _____
Person Taking Info. _____ Role _____

CHILD'S NAME _____ DOB _____ AGE _____

PARENT/GUARDIAN(S) _____

ADDRESS _____

PHONE # _____

PERSON REFERRING _____

AGENCY/PHONE # _____

REASONS FOR REFERRAL: Speech Language Fine Motor Gross Motor
 Behavior Learning Personal/Social

Please describe reason: _____

Is the parent/guardian aware of this referral? YES NO If no, please state why not: _____

Name of Pediatrician or Family Doctor _____

What other services are the child and or family receiving?

- | | | |
|-------------------------------------------------------------|-----------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Children with Special Health Needs | <input type="checkbox"/> Lund | <input type="checkbox"/> Other: |
| <input type="checkbox"/> DCF/Family Services | <input type="checkbox"/> Vermont Family Network | |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Reach Up/Other Economic Services | |
| <input type="checkbox"/> HowardCenter | <input type="checkbox"/> VNA or Family Room | |
| <input type="checkbox"/> Luse Center | <input type="checkbox"/> Easter Seals | |

What is the primary language spoken in the home? _____

Other languages in the home: _____

Has the child had a previous screening or evaluation? YES NO NOT SURE

Explain: _____

Has the child had a hearing test? (physician, other) YES NO NOT SURE

Has the child been to the Child Development Clinic? YES NO NOT SURE

Has the child been to the Luse Center for Communication Disorders? YES NO NOT SURE

Does the child attend preschool or childcare? YES NO NOT SURE

Program Name and Location _____

What days/times _____

Verbal permission from parent/guardian to talk with pre-school teacher/childcare provider YES NO

Teacher's Name: _____

What do you hope will happen as a result of this referral? _____

Next Steps: _____

If referral is completed outside of the school district, please complete the following:

Date Sent _____

Date Received in District _____