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## *North Carolina Infant-Toddler Program*

## *Referral Update Form*

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| To:  |       |  |       |  |
|  | *Referral Source* |  | *Fax Number* |  |
|  |       |  |       |  |
|  | *Address* |  | *Date Referred* |  |
| Re: |       |  |       |  |
|  | *Child’s Name* |  | *Date of Birth* |  |
|  |       |  |       |  |
|  | *Family’s Address* |  | *Family’s Phone Number* |  |
| This child was referred to Children’s Developmental Services Agency (CDSA), the lead agency for the NC Infant-Toddler Program (ITP). The following is a summary of the status of that referral: |
| [ ]  | Repeated attempts have been made to contact this family. If we are unable to reach the family by      , the record will be closed. If the contact information has changed please let us know and we will attempt to contact the family again.  |
| [ ]  | The parent(s) chose not to have their child evaluated by the Infant-Toddler Program to determine eligibility and the record has been closed. Please contact the family to discuss this matter. |
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| [ ]  | The child has been evaluated. However, the parent(s) or legal guardian declined to sign a consent form authorizing the Infant-Toddler Program to share the results of that evaluation with your practice/agency. Please contact the family to discuss this matter. |
| [ ]  | The child has been evaluated. The parent(s) or legal guardian signed a consent form authorizing the Infant -Toddler Program to share the results of that evaluation with your practice/agency. The results are below: |
| The child has been found to be: |  |
| [ ]  | Ineligible for the Infant-Toddler Program |  |
| [ ]  | Eligible, however, parent(s) or legal guardian declined services |  |
| [ ]  | Eligible and; will receive services. The eligibility category for the child is indicated below: |  |
|  Developmental Delay: (for more information about ITP Eligibility criteria: <https://ncdhhs.gov/itp-beearly>) |  |
| [ ]  | Cognitive development |  |
| [ ]  | Physical development, including gross and fine motor function |  |
| [ ]  | Communication development |  |
| [ ]  | Social-emotional development |  |
| [ ]  | Adaptive development |  |
| **OR** |  |  |
|  Established Condition(s): |       |  |
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| For children who are found eligible and have accepted services, the ITP/CDSA has facilitated development of an Individualized Family Service Plan (IFSP) with input and guidance from the family and CDSA team. Please feel free to contact me with questions, suggestions or other input relative to the development of this child’s IFSP or if you need additional information. |
| From:  |       |  |       |  |
|  | *Name/Position* |  | *Date* |  |
|  |       |  |       |  |       |  |
|  | *Phone Number* |  | *Fax Number*  |  | *E-Mail* |  |