



If you are concerned that a child aged birth to 3 years old has one or more of the conditions listed, please make a referral to the child's local Infant Toddler Service of Kansas (Part C) Program. We are the special education provider in Kansas. Eligible children have the right to receive free developmental services by highly qualified therapists and teachers. If there is a specific area of concern, please note it below. We accept referrals made by fax, email, or phone. If you give us the parent contact information, we will make the connection! Make a referral by 1) fax/email completed form to local program 2) Call local program 3) visit website

Child's Name: _____ DOB: _____

Parent /Caregiver Name: _____ Phone: _____

Address: _____ Zip Code: _____

Parent Email: _____

Primary Care Doctor: _____

Identified Conditions: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Chromosomal anomaly | <input type="checkbox"/> Fragile X Syndrome | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Chronic disease | <input type="checkbox"/> Metabolic disorder (e.g., PKU) | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Degenerative disorder | <input type="checkbox"/> Musculoskeletal disorder (e.g., spina bifida) | <input type="checkbox"/> Visual impairment / blind |
| <input type="checkbox"/> Failure to Thrive | <input type="checkbox"/> Pervasive development disorder (e.g., Autism) | <input type="checkbox"/> Hearing Impairment/Deaf |
| <input type="checkbox"/> Other please describe | _____ | |

- Developmental Delays :
- | | | |
|---|--|--|
| <input type="checkbox"/> Cognitive delay | <input type="checkbox"/> Gross motor delay | <input type="checkbox"/> Social / Emotional delay |
| <input type="checkbox"/> Fine motor delay | <input type="checkbox"/> Social / Adaptive delay | <input type="checkbox"/> Speech/Language/Communication delay |
| <input type="checkbox"/> Global developmental delay | <input type="checkbox"/> Other please describe: | _____ |

- At-Risk Conditions:
- | | | |
|---|--|---|
| <input type="checkbox"/> Birth-related complication | <input type="checkbox"/> Fetal alcohol syndrome | <input type="checkbox"/> Pregnancy-related complication |
| <input type="checkbox"/> Prenatal drug exposure | <input type="checkbox"/> Limb defect / anomaly | <input type="checkbox"/> Prenatal infection |
| <input type="checkbox"/> Cleft palate/lip | <input type="checkbox"/> Newborn intraventricular hemorrhage | <input type="checkbox"/> Very low birth weight |
| <input type="checkbox"/> Child neglect | <input type="checkbox"/> Family risk factors (e.g., poverty) | <input type="checkbox"/> Prematurity (30 weeks gestation) |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Other please describe | _____ |

- Other Concerns:
- | | |
|--|--|
| <input type="checkbox"/> Behavioral problem | <input type="checkbox"/> Parental concern (e.g., child missing milestones) |
| <input type="checkbox"/> Feeding / eating difficulty | |
| <input type="checkbox"/> Other please describe: | _____ |

**Note to providers: Parental consent is not necessary in order for a referral to be made.

Referral Feedback Release Request:

I, _____ (print name of parent or guardian), give my permission for the early intervention program to share results of their evaluation regarding my child, _____ (print child's name) with the provider who referred my child.

Parent/Legal Guardian Signature _____ Date: ____/____/____

*Your consent is effective for a period of one year from the date of your signature on this release.



Referral Quick Reference

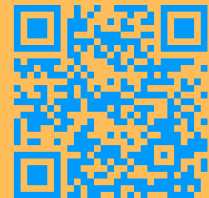
Provided by TARC

Email: info@tarcinc.org
Phone: 785.506.8621
Fax: 785.232.2097
Website: www.tarcinc.org
Serving Shawnee County



Serving Northeast Kansas

Email: nekits@keystonelearning.org
Phone: 785.213.2614
Fax: 785.380.5010
Website: www.nekits.org
Serving Atchison, Brown, Doniphan, Jackson, Jefferson, Nemaha, USD 322, USD 343



Serving Franklin & Osage County

Email: frosinfanttoddlerservices@usd290.org
Phone: 785.229.8095
Fax: 785.229.8119
Website: www.usd290.org



Serving Douglas County

Email: tinyk@usd497.org
Phone: 785.330.2323
Fax: 785.596.6540
Website: www.usd497.org

