



Alaska Early Intervention / Infant Learning Program

Referral Checklist

This form is provided for use by professionals (physician, nurse, social worker, counselor, etc) or any other practitioner to refer a child, 0-36 months of age, for early intervention services. If you know of a child with, or are concerned that a child may have, one or more of the conditions listed below, please refer the child to the early intervention/infant learning program in your area. (Contact information and service areas statewide for the Alaska EI/ILP Programs on back)

Child's Name: _____ Date of Birth: _____ Age: _____

Parent /Care Giver Name: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Person Making Referral: _____ Phone Number: _____

Parent is aware that referral is being made. Yes No (Please circle)

*This checklist includes many, however **not all** of the conditions or concerns that may make a child eligible for early intervention services. If a child has any condition or concern that has a high probability of being associated with a developmental delay or poor behavioral outcome, the child should be referred to early intervention services no more than seven days after the child has been identified. 34 CFR 303.321(d)(2)(ii)*

Established Conditions	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Autism <input type="checkbox"/> Chromosomal abnormality (e.g., Trisomy 13, 18, 21) <input type="checkbox"/> Chronic disease <input type="checkbox"/> Cleft palate/lip <input type="checkbox"/> CNS disorder (e.g., cerebral palsy) <input type="checkbox"/> Congenital disorder/anomaly (e.g., anencephaly) <input type="checkbox"/> Cranial disease (e.g., microcephaly) <input type="checkbox"/> Degenerative disorder (e.g., muscular dystrophy) <input type="checkbox"/> Hearing impairment / deaf <input type="checkbox"/> In utero exposure to drugs and or alcohol </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Metabolic disorder (e.g., phenylketonuria) <input type="checkbox"/> Musculoskeletal disorder (e.g., spina bifida) <input type="checkbox"/> Physical abnormality / abnormal movement <input type="checkbox"/> Seizure disorder (e.g., epilepsy) <input type="checkbox"/> Visual impairment / blind <input type="checkbox"/> Other (e.g., Prader-Willi syndrome, Cornelia deLange syndrome). Please describe: _____ _____ </td> </tr> </table>	<input type="checkbox"/> Autism <input type="checkbox"/> Chromosomal abnormality (e.g., Trisomy 13, 18, 21) <input type="checkbox"/> Chronic disease <input type="checkbox"/> Cleft palate/lip <input type="checkbox"/> CNS disorder (e.g., cerebral palsy) <input type="checkbox"/> Congenital disorder/anomaly (e.g., anencephaly) <input type="checkbox"/> Cranial disease (e.g., microcephaly) <input type="checkbox"/> Degenerative disorder (e.g., muscular dystrophy) <input type="checkbox"/> Hearing impairment / deaf <input type="checkbox"/> In utero exposure to drugs and or alcohol	<input type="checkbox"/> Metabolic disorder (e.g., phenylketonuria) <input type="checkbox"/> Musculoskeletal disorder (e.g., spina bifida) <input type="checkbox"/> Physical abnormality / abnormal movement <input type="checkbox"/> Seizure disorder (e.g., epilepsy) <input type="checkbox"/> Visual impairment / blind <input type="checkbox"/> Other (e.g., Prader-Willi syndrome, Cornelia deLange syndrome). Please describe: _____ _____
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Developmental Delays	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Cognitive delay <input type="checkbox"/> Global developmental delays <input type="checkbox"/> Gross motor delay <input type="checkbox"/> Fine motor delay <input type="checkbox"/> Other (please describe): _____ _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Social / adaptive delay <input type="checkbox"/> Social / emotional delay <input type="checkbox"/> Speech / language / communication delay </td> </tr> </table>	<input type="checkbox"/> Cognitive delay <input type="checkbox"/> Global developmental delays <input type="checkbox"/> Gross motor delay <input type="checkbox"/> Fine motor delay <input type="checkbox"/> Other (please describe): _____ _____	<input type="checkbox"/> Social / adaptive delay <input type="checkbox"/> Social / emotional delay <input type="checkbox"/> Speech / language / communication delay
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At-Risk Conditions	<input type="checkbox"/> Birth-related complications <input type="checkbox"/> Family risk factors (e.g., extreme poverty, teen parent, etc) <input type="checkbox"/> Limb defect / anomaly (e.g., club foot) <input type="checkbox"/> Newborn Intraventricular hemorrhage <input type="checkbox"/> Other (please describe): _____ _____	<input type="checkbox"/> Pregnancy-related complications <input type="checkbox"/> Prematurity (<34 weeks gestation) <input type="checkbox"/> Prenatal infection (e.g., toxoplasmosis, rubella) <input type="checkbox"/> Recurrent otitis media <input type="checkbox"/> Substantiated Abuse/Neglect <input type="checkbox"/> Very low birth weight (<2500gm)
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Alaska Early Intervention / Infant Learning Program

If you have any questions about ILP eligibility and/or ILP services, please contact your local ILP office or the State ILP office.

Alaska Center for Children and Adults
 Phone 1-866-456-4003
 Fax 1-907-456-6124
 1020 Barnette Street
 Fairbanks, AK 99701

**Frontier Community Services
 Early Intervention Program**
 Phone 907-714-6647
 Fax 1-907-262-4595
 43335 K-Beach RD Suite 36
 Soldotna, AK 99669

**Norton Sound Health Corporation
 Infant Learning Program**
 Phone 1-907-443-3298
 Fax 1-907-443-3741
 P.O. Box 966
 Nome, AK 99762

**Bristol Bay Area Health Corporation
 Infant Learning Program**
 Phone 1-907-842-2036
 Fax 1-907-842-2039
 P.O. Box 130
 Dillingham, AK 99576

**Sprout Family Services
 Birth to Three ILP**
 Phone 1-907-235-6044
 Fax 1-907-235-2644
 3691 Ben Walters Lane # 4
 Homer, AK 99603

**REACH, Inc
 Infant Learning Program**
 Phone 1-907-586-8228
 Fax 1-907-586-8205
 213 Third St.
 Juneau, AK 99801

**Center for Community
 Early Learning Program**
 Phone 1-907-747-6960 Ex. 32
 Fax 1-907-747-4868
 700 Katlian St. Suite B
 Sitka, AK 99835

SeaView Community Services
 Phone 1-907-224-5257
 Fax 1-907-224-7081
 302 Railway Ave
 Seward, AK 99664

**Tanana Chiefs Conference
 Infant Learning Program**
 Phone 1-907-452-8251 Ex 3104
 Fax 1-907-459-3952
 122 1st. Ave Suite 600
 Fairbanks, AK 99701

**Community Connections Ketchikan
 Early Learning Program**
 Phone 1-907-225-7825 Ex 211
 Fax 1-907-225-1541
 201 Deermount St.
 Ketchikan, AK 99901

**Kodiak Area Native Association
 Infant Learning Program**
 Phone 1-907-484-1366 (Direct Line)
 Fax 1-907-486-4829
 3449 Rezanof Drive East
 Kodiak, AK 99615

**Yukon Kuskokwim Health
 Corporation
 Family Infant Toddler Program**
 Phone 907-543-3690
 Fax 907-453-1276
 P.O. Box 520
 Bethel, AK 99559

**Family Outreach Center for Understanding
 Special Needs
 Infant Learning Program**
 Phone 1-907-694-6002
 Valdez/ Cordova 1-907-424-3425
 11901 Business Park Blvd.
 Eagle River, AK 99577

**Mat-Su Services for Children and Adults
 Infant Learning Program**
 Phone 1-907-352-1200
 Fax 1-907-352-1249
 5000 E. Shennum Dr.
 Wasilla, AK 99654

Programs for Infants and Children

Northwest Arctic Borough School District

**State of Alaska
 EI/ILP Program**

Phone 1-907-550-3024
Fax 1-907-563-3172
161 Kleven St. Ste 103
Anchorage, AK 99508

Infant Learning Program
Phone 1-907-442-3472 Ex 263
Fax 1-907-442-2196
P.O. Box 51
Kotzebue, AK 99752

Phone 269-8442 with in Anchorage
1 (877) 477-3659 Toll free in Alaska
Fax (907) 269-3497
323 E 4th Ave
Anchorage, AK 99501