



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 </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"/> 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	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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): _____ _____ </td> <td style="width: 50%; vertical-align: top;"> <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"/> In utero exposure to drugs and or alcohol <input type="checkbox"/> Very Low Birth Weight (<1500g) </td> </tr> </table>	<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"/> In utero exposure to drugs and or alcohol <input type="checkbox"/> Very Low Birth Weight (<1500g)
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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

Bristol Bay Area Health Corporation Infant Learning Program

Phone 1-907-842- 3398
Fax 1-907-842-2039
P.O. Box 130
Dillingham, AK 99576

Center for Community Early Learning Program

Phone 1-907-966-4231
Fax 1-907-747-4868
700 Katlian St. Suite B
Sitka, AK 99835

Community Connections Ketchikan Early Learning Program

Phone 1-907-225-7825
Fax 1-907-225-1541
721 Stedman Street
Ketchikan, AK 99901

Family Outreach Center for Understanding Special Needs Infant Learning Program

Phone 1-907-694-6002
11901 Business Park Blvd.
Eagle River, AK 99577

Programs for Infants and Children

Phone 1-907-561-8060
Fax 1-907-563-3172
161 Klevin St. Ste 103
Anchorage, AK 99508

Frontier Community Services Early Intervention Program

Phone 907-714-6647
Fax 1-907-262-4595
43335 K-Beach RD Suite 36
Soldotna, AK 99669

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

SeaView Community Services

Phone 1-907-224-5257
Fax 1-907-224-7081
PO Box 1045
Seward, AK 99664

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

Mat-Su Services for Children and Adults Infant Learning Program

Phone 1-907-352-1200
Fax 1-907-352-1249
1225 West Spruce Drive
Wasilla, AK 99654

Northwest Arctic Borough School District

Infant Learning Program
Phone 1-907-442-1843
Fax 1-907-442-2196
P.O. Box 51
Kotzebue, AK 99752

Norton Sound Health Corporation Infant Learning Program

Phone 1-907-443-3298
Fax 1-907-443-9273
P.O. Box 966
Nome, AK 99762

REACH, Inc Infant Learning Program

Phone 1-907-586-8228
Fax 1-907-586-8226
213 Third St.
Juneau, AK 99801

Tanana Chiefs Conference Infant Learning Program

Phone 1-907-452-8251 Ex 3176
Fax 1-907-459-3952
122 1st. Ave Suite 600
Fairbanks, Alaska 99701

Yukon Kuskokwim Health Corporation

Family Infant Toddler Program
Phone 907-543-3690
Fax 907-543-1276
P.O. Box 528
Bethel, AK 99559

State of Alaska E/ILP Program

Phone (907) 269-8442
Toll Free 1 (877) 477-3659
Fax (907) 269-3497
550 West 8th Avenue
Anchorage, AK 99501