

Baby Watch Early Intervention Services

Referral Follow-Up Draft Template

Date: _____

Dear **Provider/Community Partner** _____,

We recently received a referral for a child under your care.

Child's Name: _____

Date of Birth: _____

Date of Referral: _____

Name of Program Receiving Referral: _____

Parent Consent (if applicable)

The parent/guardian has been informed of their rights under IDEA

☐ Parent consent was **obtained** to share information.

☐ Parent consent was **not obtained** to share information. Please contact the family directly for updates.

Referral Status

☐ **Unable to contact** the family with the information provided. Please share updated contact information if available.

☐ Parent **declined Baby Watch Early Intervention services**.

☐ The child is **nearing the age of 3** (within 45 days) and the referral has been sent to the local school district for special education evaluation.

☐ The child was **evaluated and is not eligible** for Baby Watch Early Intervention at this time. A referral for evaluation in the future is welcomed based on your concerns. You may re-refer at any time.

☐ The child was **found eligible and qualifies for Baby Watch Early Intervention services** in the following areas:

- ☐ Gross Motor
- ☐ Fine Motor
- ☐ Cognitive
- ☐ Expressive Language
- ☐ Receptive Language
- ☐ Social/Emotional
- ☐ Adaptive / Self-Help
- ☐ Informed Clinical Opinion
- ☐ Approved Medical Diagnosis

Notes: _____

Additional Information

A summary of the evaluation is attached (if parent consent was granted).

If you would like further information regarding the evaluation results or services being provided, please contact us.

Sincerely,

Service Coordinator / Provider Name: _____

Program: _____

Phone: _____

Email: _____

Baby Watch Contact Information

Baby Watch Early Intervention

www.babywatch.utah.gov

Phone: _____

Email: _____