

ICC Subcommittee Updates

Child Find



Subcommittee

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Goals for the Child Find Subcommittee

1

Support language and messaging unity for Utah families about Early Intervention as a statewide program (Previously explored "Birth to Three" after program names)

2

Consider a child find community awareness campaign (social media, general information to the public)

3

Support automatic referrals from the NICU and any recommendations for expanding any successful model

4

Explore what works for Child Find based on information from Early Intervention providers statewide and from Help Me Grow referrals

Focus on Goal 3- Referrals Process



REVIEW CURRENT
REFERRAL PRACTICES



CONSIDER WHAT MIGHT
WORK FOR A STATEWIDE
TEMPLATE



CREATE A TEMPLATE



REVISE CURRENT
TEMPLATE WITH HELP
FROM THE ICC



POTENTIAL
RECOMMENDATION TO
SHARE WITH PROGRAMS

Components from Examples



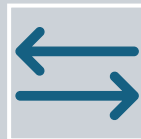
Structured: From acknowledgement to consent to outcome.



Confidentiality: Ensuring rights are maintained.



Results Driven: Descriptive about what came of the referral.



Direction: What do to if further information is needed.

Referral Follow-Up Draft Template

Date: _____

Dear **Provider** _____,

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: _____