

Early Intervention Referral Checklist

This checklist is used to determine if an infant or toddler, birth to three years of age, has a condition or concern that may make the child eligible for early intervention from the Wisconsin birth to 3 Program. If you are concerned that a child has one or more of the conditions listed, you should consider referring the child to the early intervention program in the child's county of residence. For referral information, call **Wisconsin First Step** at 1-800-642-7837 or visit the Wisconsin Department of Health and Family Services' site for a complete list of Birth to 3 Program contacts and an online referral form (<http://apps4ns.dhfs.state.wi.us/mchref/public/>)

Child's Name _____ DOB _____ Age _____

	<p>This checklist includes many but not all conditions or concerns that may make a child eligible for early intervention. Children with high-probability diagnoses will likely be eligible for Wisconsin's Birth to 3 Program. Children with other concerns associated with poor developmental or behavioral outcomes will be evaluated for eligibility. All children with these conditions or concerns should be referred to early intervention.</p>	
	Eligible by diagnosis	
High-Probability Diagnoses	<input type="checkbox"/> Chromosomal anomalies (e.g., Trisomy 13, 18, 21) <input type="checkbox"/> Metabolic disorders (e.g., phenylketonuria, Hurler-Scheie, Tay-Sachs, Lesch-Nyhan syndromes) <input type="checkbox"/> Extreme prematurity (26 weeks gestation or below) <input type="checkbox"/> Extremely low birth weight (<1000 g/2.2 lbs) <input type="checkbox"/> Prenatal infections (toxoplasmosis, rubella, CMV) <input type="checkbox"/> Fetal alcohol syndrome <input type="checkbox"/> Brain hemorrhage (grade III/ IV IVH) <input type="checkbox"/> Anomalies of the brain or spinal cord (microcephaly, meningomyelocele) <input type="checkbox"/> Other (Please describe) _____	<input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Degenerative or progressive neurological disorders (MD, leukodystrophies) <input type="checkbox"/> Abnormal movement patterns (ataxias) <input type="checkbox"/> CNS trauma (shaken baby syndrome) <input type="checkbox"/> Visual impairment/blind <input type="checkbox"/> Hearing impairment/deaf <input type="checkbox"/> Autism or Pervasive developmental disorders <input type="checkbox"/> Other genetic (e.g., Prader-Willi, deLange, Williams syndromes; OI; achondroplasia)
	Eligible by documentation of developmental delays	
Developmental Delays (>25%)	<input type="checkbox"/> Global developmental delays <input type="checkbox"/> Cognitive delays <input type="checkbox"/> Gross motor delays <input type="checkbox"/> Fine motor delays <input type="checkbox"/> Other (Please describe) _____	<input type="checkbox"/> Adaptive/self-help delays <input type="checkbox"/> Social/emotional delays <input type="checkbox"/> Speech/language/communication delays
Other Diagnoses	<input type="checkbox"/> Genetic anomalies (Turners, Fragile X in girls) <input type="checkbox"/> Premature (27-37 weeks gestation) <input type="checkbox"/> Low birth weight (1001-2000 g) <input type="checkbox"/> Small for gestational age (weight <10 th percentile) <input type="checkbox"/> Prenatal alcohol or illegal drug exposure <input type="checkbox"/> CNS anomalies (hydrocephalus, macrocephaly, tethered cord) <input type="checkbox"/> Perinatal seizures or epilepsy <input type="checkbox"/> Other (Please describe) _____	<input type="checkbox"/> CNS infections or toxin exposure (lead) <input type="checkbox"/> Brain hemorrhage (grade I/ II IVH) <input type="checkbox"/> Variant movement or speech patterns <input type="checkbox"/> Low vision or intermittent hearing loss <input type="checkbox"/> Physical anomalies (cleft lip/palate, club foot, brachial plexus injury) <input type="checkbox"/> Psychiatric condition or severe emotional/behavioral disorders <input type="checkbox"/> Chronic illness or medically fragile
Atypical Development	<input type="checkbox"/> Growth and feeding problems (e.g., failure to thrive, G-tube for feeding) <input type="checkbox"/> Sensory or regulatory problems (chronic problems with sleep, attention, and/or eating)	<input type="checkbox"/> Chronic illness or medically fragile <input type="checkbox"/> Social-emotional problems (atypical social interactions)