**REFERRAL PROCESS FOR DISABILITIES**

**Community Action Program of Evansville**

**Early Head Start/Head Start**

**Early Head Start/Home Based**

Each caregiver will complete the initial Brigance assessment within 45 days of the child being enrolled in the program. Based upon the indicators of the assessment, caregiver documentation and parent input any child that indicates cognitive/physical or linguistic concerns shall be referred to the First Steps program. A First Steps Intervention System Universal Referral Form shall be completed. The form should clearly document what issues the child displays and why the caregiver believes additional evaluations need to be performed.

Once all information is collected and completed it should be given to the Manager of Disabilities/Mental Health and Nutrition (MD/MH/N). The MD/MH/N will review the information and either make additional recommendations or submit the referral to First Steps.

Items to be compiled to submit to First Steps for the referral:

* Copy of the Infant/Toddler Brigance
* Copy of the universal referral form

Items to be in section five of the child’s file at the time of the referral:

* Copy of the Infant/Toddler Brigance
* Copy of the universal referral form

Items to be in the child’s disability file maintained by the MD/MH/N

* Copy of the Infant/Toddler Brigance
* Copy of the universal referral form

The child is then to be entered in Child Plus® Disabilities tab for referrals.

**Head Start**

Each teaching staff will complete an initial Brigance-Head Start assessment within 45 days of the child being enrolled in the program. Based upon the indicators of the assessment, a Universal Referral Form will be completed and signed by the parents. Forms required by each county will also be completed and sent. The form should clearly document what issues the child displays and why the teaching staff believes the additional screening is warranted. Once all information is collected and completed it should be given to the MD/MH/N or County Manager. The individual receiving the referral will review the information and either make additional recommendations or submit the referral to the appropriate LEA.

Items to be completed to send to the appropriate LEA for referral:

* Copy of the Brigance
* Copy of the universal referral form
* Any forms required by the LEA

Items to be included in section 5 of the child’s classroom file at time of referral:

* Copy of the Brigance
* Copy of the universal referral form
* Any forms required by the LEA

Items to be included in the referral monitoring book in the MD/MH/N office:

* Copy of the Brigance
* Copy of the universal referral form
* Any forms required by the LEA

The child’s information and referral are to be scanned and entered into Child Plus®

Children that are assessed and found to be within the normal range will not be referred for additional evaluations by our agency. We will however encourage families that believe that there are additional concerns to contact the LEA to request a further evaluation. The parents will take the role as the child’s advocate with our support. This information will be available upon request.

Early Head Start/Home based Disabilities Referrals

* First Steps of Vanderburgh/Posey County: P.O. Box 547, Corydon, IN 47712

Phone: (800)941-2450

\*All referrals are to be sent to the MD/MH/N to be scanned and sent to First Steps.

**Head Start Disability Referrals**

EVSC/ECD, Evansville IN 47711 (82) 435-8586

Warrick/Gibson/Pike –

South Gibson School Corporation, 1029 W. 650 S., Fort Branch IN 47648 (812) 753-3011

North Gibson School Corporation, RR 5 Box 49, Old HWY 41, Princeton IN 47660 812-385-4851

East Gibson School Corporation, 133 E. Morton St., Oakland City IN 47660, 812-749-4755

Posey Co.-Posey County Special Services, 601 4th St., Mt. Vernon IN 47620, 812-838-5516

Once a child has been evaluated and results are determined the MD/MH/N is to ensure that updated information is placed in Child Plus.

If a child does not qualify, we will be notified that the child does not warrant receiving additional services. Documentation that a referral was made and services were not necessary will be documented in Child Plus.

If a child does qualify, then a copy of te IFSP/IEP must be maintained in the child’s classroom file and in the file maintained by the MD/MH/N, and the Master File with family advocate. Items to be in the child’s file maintained by the teacher:

* Copy of Brigance-Head Start
* Copy of referral form
* Copy of current IFSP/IEP
* Bi-monthly IFSP/IEP progress reports
* Monthly special services attendance sheets
* Parent/teacher conference forms

Should the Service Provider determine that a child no longer needs services, the agency must receive documentation of dismissal from that provider. Once documentation is received it will be updated in Child Plus.

**CAPE/Head Start/Early Head Start Section 3. Forms**

**Procedure for Completing Form:**

Universal Referral Form

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Procedure** | **Who?** | **Frequency** |
| 1 | Form is to be downloaded from the Intranet. | Teachers. Caregivers, AT/FA  Home Visitors | As Needed |
| 2 | Form is to be completed whenever a child has been screened and there is an indication that there is a potential issue. Staff must obtain parents’ signature | Teachers,  Caregivers, AT/FA  Home Visitor | As Needed |
| 3 | A copy of the form is retained by the teacher and filed in the child’s education file; the original along with a copy of the screening tool must be forwarded to the MD/MH/N within two weeks | Teachers  Caregivers, AT/FA  Home Visitor | Within two weeks of receipt. |