



# Maryland Infants and Toddlers Program Referral and Feedback Form

Please complete this form for referring a child (Birth to 3) to Early Intervention (Part C). Diagnosis of a specific condition or disorder is not necessary for a referral.

## To Be Completed by Health Care Provider/Referring Agency:

### Parent/Child Contact Information

Child Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child Age: (Months) \_\_\_\_ Gender: M / F  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Reason(s) for Referral to Early Intervention

*(Please check all that apply)*

- Identified condition or diagnosis (e.g., spina bifida, Down syndrome): \_\_\_\_\_
- Suspected developmental delay or concern (Please circle areas of concern):  
 Motor/Physical Cognitive Social/Emotional Speech/Language Behavior Other: \_\_\_\_\_
- Failed Standardized Developmental Screening Tool (Please indicate screen used and attach screen results)  
 Ages and Stages  PEDS  Other: \_\_\_\_\_
- At Risk (Describe risk factors): \_\_\_\_\_
- Other (Describe): \_\_\_\_\_

### Referral Source Contact Information

Person Making Referral: \_\_\_\_\_ Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

## To Be Completed by Parent/Guardian:

### Release of Information Consent

I, \_\_\_\_\_ (print name of parent or guardian), give my permission for my pediatric health care provider (listed above) and the Maryland Infants and Toddlers Program to share and communicate any and all pertinent information regarding my child, \_\_\_\_\_ (print child's name).

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## To Be Completed by Early Intervention Program and Returned to Referral Source:

### Early Intervention Program Contact Information

Date Referral Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Attempts to Contact Unsuccessful:

Name of Assigned Service Coordinator: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Eligible for Early Intervention Services?  Yes  No

**Initial Results of IFSP:** (Attach Part II, Section A of IFSP)

Areas of Development to be Addressed:

- Cognitive  Expressive Language  Receptive Language  Social-Emotional
- Adaptive/Self-Help  Gross Motor  Fine Motor

Initial Services to be Provided:

- Special Instruction  Speech/Language Therapy  Occupational Therapy  Physical Therapy
- \_\_\_\_\_  \_\_\_\_\_



## Maryland Infants and Toddlers Program Referral and Feedback Form

### **Allegany County Infants & Toddlers Program**

Phone: (301) 689-0466  
Fax: (301) 689-3834

### **Anne Arundel County Infants & Toddlers Program**

Phone: (410) 222-6911  
Fax: (410) 222-6916

### **Baltimore City Infants & Toddlers Program**

Phone: (410) 396-1666  
Fax: (410) 547-8292

### **Baltimore County Infants & Toddlers Program**

Phone: (410) 887-2169  
Fax: (410) 339-3946

### **Calvert County Infants & Toddlers Program**

Phone: (410) 535-7381  
Fax: (410) 535-7378

### **Caroline County Infants & Toddlers Program**

Phone: (410) 479-3246  
Fax: (410) 479-0108

### **Carroll County Infants & Toddlers Program**

Phone: (410) 876-4437 x283  
Fax: (410) 751-3954

### **Cecil County Infants & Toddlers Program**

Phone: (410) 996-5444  
Fax: (410) 996-5454

### **Charles County Infants & Toddlers Program**

Phone: (301) 609-6808  
Fax: (301) 609-6691

### **Dorchester County Infants & Toddlers Program**

Phone: (410) 221-111 x1021  
Fax: (410) 221-5215

### **Frederick County Infants & Toddlers Program**

Phone: (301) 600-3367  
Fax: (301) 600-3280

### **Garrett County Infants & Toddlers Program**

Phone: (301) 334-1189  
Fax: (301) 334-1893

### **Harford County Infants & Toddlers Program**

Phone: (410) 638-3823  
Fax: (410) 638-3825

### **Howard County Infants & Toddlers Program**

Phone: (410) 313-7017  
Fax: (410) 313-7103

### **Kent County Infants & Toddlers Program**

Phone: (410) 778-6422  
Fax: (410) 778-6193

### **Montgomery County Infants & Toddlers Program**

Phone: (240) 777-3997  
Fax: (240) 777-3132

### **Prince George's County Infants & Toddlers Program**

Phone: (301) 883-7250  
Fax: (301) 883-3907

### **Queen Anne's County Infants & Toddlers Program**

Phone: (410) 827-6187  
Fax: (410) 827-4548

### **Somerset County Infants & Toddlers Program**

Phone: (410) 651-1616 x239  
Fax: (410) 651-2931

### **St. Mary's County Infants & Toddlers Program**

Phone: (301) 475-4393  
Fax: (301) 475-4350

### **Talbot County Infants & Toddlers Program**

Phone: (410) 820-0330  
Fax: (410) 820-4260

### **Washington County Infants & Toddlers Program**

Phone: (301) 766-8217  
Fax: (301) 791-6716

### **Wicomico County Infants & Toddlers Program**

Phone: (410) 543-6920  
Fax: (410) 677-5817

### **Worcester County Infants & Toddlers Program**

Phone: (410) 632-5033  
Fax: (410) 632-3867

**Maryland Infants and Toddlers Program**  
**Toll Free Number**  
**1-800-535-0182**