



# TRACE Practice Guide

## REFERRAL

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## A Universal Referral Form for Use by Primary Referral Sources

*Carol M. Trivette and Carl J. Dunst*

This *TRACE Practice Guide* includes a description of the development and use of a universal referral form for promoting referrals to early intervention and preschool special education programs by primary referral sources. The referral form was developed jointly by the American Academy of Pediatrics (AAP) and the Tracking, Referral and Assessment Center for Excellence (TRACE) at the Orelena Hawks Puckett Institute in collaboration with primary care physicians and early childhood intervention program administrators and practitioners (Gramiak, Trivette, Dunst, & Hill, 2006). The referral form was developed with an explicit focus on facilitating and streamlining the process of making referrals by primary referral sources for early intervention or preschool special education.

### Primary Referral Sources

Individuals with Disabilities Education Act (IDEA) Part C early intervention programs and Part B(619) preschool special programs are required to develop methods and procedures for promoting referrals of infants, toddlers, and preschoolers with identified disabilities or developmental delays by primary referral sources. Primary referral sources include, but are not limited to, physicians and other health care providers, hospitals, information and referral programs, child care programs and family child care providers, public health departments and centers, social services agencies, developmental evaluation centers, and other early childhood professionals and practitioners (Dunst, Trivette, Appl, & Bagnato, 2004). As required by IDEA, states must develop and implement procedures that primary referral sources can use for referring a child to early intervention or preschool special education. Procedures for promoting referrals to early intervention and preschool special

education are typically part of a comprehensive system of child find, referral, early identification, and eligibility determination (Dunst & Trivette, 2004) to ensure that all children in need of early intervention or preschool special education are located, identified, enrolled, and receive the services and supports needed for promoting their learning and development.

### Development of the Universal Referral Form

A multistep process was used to develop the universal referral form. An initial meeting between TRACE staff, AAP staff, a pediatrician consultant to TRACE, and the TRACE Office of Special Education Programs (OSEP) Project Officer identified the development and field-testing of a universal form as a major activity for TRACE. This was followed by a meeting of AAP staff, TRACE staff, primary care pediatricians, early intervention program practitioners and administrators, early childhood intervention experts, and the TRACE OSEP Project Officer where the particulars of a referral form were identified and discussed.

The recommendations from both preliminary meetings were used to draft a referral form that was reviewed and revised several times by AAP and TRACE staff. The

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final draft of the referral form was reviewed by 66 primary care pediatricians to obtain additional feedback, suggestions, and recommendations that were used to make final changes to the universal referral form that subsequently was the focus of pediatrician quantitative and qualitative judgments about different aspects of the referral form (Gramiak et al., 2006). The findings and additional feedback and comments provided by the study participants were used to make yet additional changes in the referral form constituting the focus of this practice guide.

## Universal Referral Form

The referral form includes five main sections: Child contact information; the reason(s) for referral; the kind of feedback the primary referral sources want to receive from early intervention or preschool special education staff; referral source contact information; and space for customizing the referral form with the name, address, telephone and fax numbers, and e-mail address of an early childhood intervention program. A copy of the referral form is included in the Appendix.

*Child contact information.* This section provides space for identifying the child being referred (name, birth date, age, and gender), the child and family's address, the parent or guardian of the child, the primary language spoken in the home, and the home telephone number and other contact information.

*Reasons for referral.* The person completing the referral form indicates if the child has an identified condition or diagnosis, or the primary referral source suspects a developmental concern, or the child is considered at risk for poor outcomes (for primary referral source determined reasons), or there is some other reason that a referral is being made.

*Feedback requested by the referral source.* This section provides the primary referral source the opportunity to indicate the type(s) of feedback or information desired from the early intervention or preschool special education program in response to a referral.

*Referral source contact information.* The information needed to identify the primary referral source and to provide contact information to discuss the referral and/or provide requested feedback is recorded in this section.

*Early childhood intervention program.* The name, address, telephone and fax numbers, and the e-mail address of the early childhood intervention program are recorded in this section.

## Lessons Learned

The input, feedback, suggestions, and recommendations provided by physicians and other primary referral sources resulted in a number of lessons learned that

were incorporated into the design of the universal referral form and for developing the guidelines described in this practice guide. Several of those lessons are briefly described next in order to place in context the design and use of the referral form for increasing referrals for early intervention or preschool special education.

*Lesson 1. Simple is better.* The more straightforward the referral form, the more likely primary referral sources will make referrals for early intervention or preschool special education. Likewise, the less time it takes to complete a referral form, the more likely it will be used. Physicians, for example, communicated to us loud and clear that the easier a referral form can be completed, the more likely it will be used.

*Lesson 2. Less is more.* The likelihood that a referral form will be used is directly related to how much information is requested. As part of the development of the universal referral form, referral forms used by states and early intervention programs were reviewed to identify potentially useful content, questions, etc. What we learned was that many states and programs ask for an inordinate amount of information that is simply not necessary for making a referral. A useful referral form includes *only* the information needed by primary referral sources to make a referral.

*Lesson 3. Know your audience.* Different practices, programs, organizations, and agencies use different procedures and processes for making referrals. Taking the time to know who has responsibility for making referrals is important so that contacts you make are with the right primary referral sources. For example, as part of a study we completed, we learned that in small physician practices the physicians are likely to make the referrals. In medium-size practices, nurses often process referrals. In large-size practices, referral specialists are more likely to process referrals.

*Lesson 4. Out of sight, out of mind.* From a primary referral source perspective, a referral is likely to be made for early intervention or preschool special education if an early childhood intervention program is on their "radar screen." Ongoing and frequent contact with primary referral sources increases the likelihood that your program will *come to mind* when a child has a condition that makes him or her eligible or potentially eligible for your program services. Establishing and maintaining contacts with primary referral sources is well worth the effort.

*Lesson 5. RSVP.* Acknowledge all referrals and provide timely feedback to your primary referral sources. Primary referral sources tell us that the failure of a program to acknowledge a referral and provide feedback about a child's enrollment, services, and progress are reasons for not continuing to make referrals to a program. When feedback is provided, it should be succinct and to the point. Primary referral sources, and especially

physicians, want brief *status reports* or *progress reports* on children they refer for early intervention or preschool special education.

## Guidelines for Using the Universal Referral Form

The lessons learned from developing the universal referral form and the results from studies we and others have conducted were used to develop four guidelines for promoting referrals by primary referral sources for early intervention or preschool special education. The four steps are customizing the referral form; dispensing the referral form to primary referral sources; making follow-up contacts to answer questions, provide additional information, etc.; and providing ongoing and timely feedback about the status of a referral.

### Customizing the Referral Form

The universal referral form included in the Appendix can be customized to include identifying information about the early childhood intervention program using the referral form. The referral form can be opened in Adobe Acrobat Reader and the following customized features made to the referral form. The name of your early childhood intervention program can be inserted at the top of the referral form by using the “hand” tool to click just above the words “Referral Form” and type your program name. The name of your program can also be added at the bottom of the page by clicking on the blank gray stripe above the last section and typing your program name. You can also type the address, telephone number, fax number, e-mail address, and any other information about your program that would be useful for facilitating a referral by primary referral sources.

If you are customizing the referral form using Adobe Acrobat Reader, you will need to print as many customized referral forms as you need because the changes cannot be stored. If you happen to have Adobe Professional, the changes can be stored and copied to a file for future use.

### Dispensing the Referral Form

Dispensing or providing primary referral sources copies of the universal referral form is best accomplished face-to-face. Although it is possible to promote primary referral source use of the referral form with other types of contact, this is most likely to be effective when a previous relationship has already been established and a primary referral source considers your program credible and of high quality.

Providing copies of the referral form to primary

referral sources should be accompanied by a program description, brochure, or flyer *targeted* to primary referral sources (see especially Dunst, Trivette, Shelden, & Rush, 2006, for an example of this kind of printed material). The program description should be concise and written in language typically used by primary referral sources. It should include a description or list of services provided by your program, information about children served by your program, and a description of the benefits of making a referral for both the child being referred and the primary referral source.

When providing the referral forms through face-to-face meetings with primary referral sources, a brief explanation of your program and the services you provide should be given. This brief description of the program includes additional information specifically relevant to the individual referral source and an explanation of how referrals can be made to your program. Be sure the number of referral forms and program descriptions is sufficient so that the primary referral source does not “run out” before a subsequent contact.

### Follow-Up Contacts

Either face-to-face or telephone follow-up contacts should be made no less than 2 to 3 weeks after the initial contact and at regular intervals thereafter. These contacts should be used to provide additional information, answer questions, provide feedback on referrals (see below), and to determine the need for provision of additional referral forms and program descriptions. Findings from studies we have conducted (Dunst et al., 2006; Trivette, Rush, Dunst, & Shelden, 2006) indicate that follow-up contacts are a *necessary condition* to maintain primary referral source referrals for early intervention or preschool special education.

### Feedback to Primary Referral Sources

So important is feedback to primary referral sources that if it is not done there is a likelihood that primary referral sources will stop making referrals to your program. Acknowledge each and every referral made to your program (by letter, telephone call, e-mail, or another means), and keep the primary referral source informed about the status of eligibility determination and service provision. It is extremely important to provide the primary referral source ongoing feedback about both the services being provided and child progress.

Feedback should be focused and succinct. Physicians, for example, tell us that they want no more than a one paragraph description of the status and the consequences of the referral or a one page feedback form that summarizes the status of service provision and child progress. Keep feedback clear, simple, and to the point.

## Conclusion

Methods and procedures for promoting referrals from primary referral sources for early intervention or preschool special education are more likely to be effective if they are evidence-based, include lessons learned from the experiences with primary referral sources, and take a primary referral source perspective of the referral process. The universal referral form included in this practice guide and the suggested procedures for using the referral form to promote referrals to early intervention and preschool special education programs were developed to streamline and simplify referral processes. Notwithstanding state and local program factors that might influence the specifics of how the referral form and referral process *play out* in different situations, this practice guide includes a useful framework for conceptualizing and implementing a set of procedures to increase referrals from primary referral sources. Our experiences to date developing evidence-based child find, referral, early identification, and eligibility determination practices finds that many policies and procedures used by state and local programs are unnecessarily complex and cumbersome. Evidence-based practice guides like the one constituting the focus of this paper are designed to “cut to the chase” and separate out what is and is not important (necessary, needed, etc.) to develop and implement an effective process for increasing referrals to early intervention or preschool special education from primary referral sources.

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## Authors

Carol M. Trivette, Ph.D., is Co-Director and Research Scientist at the Orelena Hawks Puckett in Morganton, North Carolina ([trivette@puckett.org](mailto:trivette@puckett.org)). Carl J. Dunst, Ph.D., is Co-Director and Research Scientist at the Orelena Hawks Puckett in Asheville, North Carolina ([dunst@puckett.org](mailto:dunst@puckett.org)).

## Appendix

### Customizing the Universal Referral Form

The universal referral form included in this Appendix (next page) can be customized to include identifying information about the early childhood intervention program using the referral form. The referral form can be opened in Adobe Acrobat Reader and the following customized features made to the referral form. The name of your early childhood intervention program can be inserted at the top of the referral form by clicking with the hand tool just above the words “Referral Form” and typing your program name (A). The name of your program can also be added at the bottom of the page by clicking on the gray stripe at the top of the last box and typing your program name (B). You can also type the address, telephone number, fax number, e-mail address, and any other information about your program that is useful for facilitating a referral by primary referral sources (C). If you are customizing the referral form, it can be saved, stored, and copied to a file for future use.

**A** →

**Early Intervention Referral Form**

Please complete this form for referring a child to early intervention if you prefer to do so in writing. Also please indicate the feedback that you want to receive from the early intervention program in response to your referral.

CHILD CONTACT INFORMATION	
Child Name: _____	
Date of Birth: ____/____/____	Child Age (Months): ____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address: _____	
City: _____	State: _____ Zip: _____
Parent/Guardian: _____	Relationship to Child: _____
Primary Language: _____	Home Phone: _____ Other Phone: _____
Signature: _____	Date: _____

REASONS FOR REFERRAL
Reason(s) for referral to early intervention (Please check all that apply):
<input type="checkbox"/> Identified condition or diagnosis (e.g., spina bifida, Down syndrome): _____
<input type="checkbox"/> Suspected developmental delay or concern (Please circle areas of concern): Motor/Physical Cognitive Social/Emotional Speech/Language Behavior Other _____
<input type="checkbox"/> At Risk (Please describe risk factors): _____
<input type="checkbox"/> Other (Please describe): _____

FEEDBACK REQUESTED BY THE REFERRAL SOURCE	
<input type="checkbox"/> Status of Initial Family Contact	<input type="checkbox"/> Developmental Evaluation Results
<input type="checkbox"/> Services Being Provided to Child/Family	<input type="checkbox"/> Child Progress Report/Summary
<input type="checkbox"/> Other (Please describe): _____	

REFERRAL SOURCE CONTACT INFORMATION	
Person Making Referral: _____	Date of Referral: ____/____/____
Address: _____	
Office Phone: ____/____-____	Office Fax: ____/____-____ E-mail: _____
Signature: _____	Date: _____

EARLY INTERVENTION PROGRAM			
Program Name: _____			
Address: _____	City: _____	State: _____	Zip: _____
Telephone Number: _____	Fax Number: _____	E-mail Address: _____	

**B** →

**C** →

# Referral Form

Please complete this form for referring a child to early intervention if you prefer to do so in writing. Also please indicate the feedback that you want to receive from the early intervention program in response to your referral.

## CHILD CONTACT INFORMATION

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

## REASONS FOR REFERRAL

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 \_\_\_\_\_

At Risk (Please describe risk factors): \_\_\_\_\_

Other (Please describe): \_\_\_\_\_

## FEEDBACK REQUESTED BY THE REFERRAL SOURCE

Status of Initial Family Contact  Developmental Evaluation Results  
 Services Being Provided to Child/Family  Child Progress Report/Summary  
 Other (Please describe): \_\_\_\_\_

## REFERRAL SOURCE CONTACT INFORMATION

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

Program Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_