Boulder County **ABCD Partnership**

Helping all Boulder County children thrive.

> *"If intervention is instituted before kindergarten entrance, many problems can be prevented and the large majority can be ameliorated." The earlier the referral the better.*
>
> *~Pediatrics in Review Vol. 33 No.10 October 2012*

Who We Are

The Boulder County Assuring Better Child Health and Development (ABCD) Partnership is a multidisciplinary group of partners dedicated to improving the early childhood system in Boulder County. Our partners represent an array of agencies that offer early childhood services, or support early childhood professionals.

Our Purpose

We aim to build partnerships and collaborate to promote and support the developmental screening process for young children in Boulder County.

Our Guiding Principles

- Focus on high risk populations
- Emphasize whole child development, including social emotional development
- Build upon existing programs; support local community collaboration
- Utilize and promote evidence based, best practice approaches
- Remember that families are at the center of everything we do

Our Goals

Increase the number and rate of children who undergo and complete the developmental screening process, including screening, referral, evaluation and services.

Support parents to have the tools, knowledge, and resources to fully support and advocate for their child's development.

Improve the quantity and quality of data regarding the developmental screening process for children ages birth to five.

Join Us

Visit www.BoulderCountyABCD.org or contact us at 303.678.6137 or lmclean@bouldercounty.org

February 2019

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Developmental Evaluation

Talking with Parents

Sometimes it can be hard to know what to say to a parent when you have concerns or a developmental screening tool indicates that their child would benefit from a more thorough evaluation. Remember that at this stage you are using your professional judgement or a screening tool; you have **not** diagnosed a developmental delay.

You are helping parents to create a healthy foundation for their child; healthy physical, social, and emotional development is essential for success in school and life. Below are some things to keep in mind when talking to parents about a concern.

Conversation Tips: Empowering parents to want more information

- Take time to elicit their thoughts and feelings
  - If a parent is anxious, validate that their feelings are normal. The more you remain calm, the more calm the parent will be.
  - Explain that the parent hasn't done anything wrong.
- Reassure parents that an evaluation does not necessarily mean that their child will need services, nor does it commit them to services if that's what is recommended.
  - Services are completely **voluntary**.
- Tell them it is common to refer children for further evaluation, and that this is a **positive** step they can take to get more information on how to best support their child.
  - We know that parents want to give their children every advantage possible.

Sample Statements

1. **Accentuate the positive first.**
   Thank you for participating in John's developmental screening. I noticed how well he is using his hands and fingers to reach for objects. He is also making a lot of appropriate sounds for his age. You must be talking and singing to him a lot at home, because what a difference you are making!

2. **Ask for their feedback.**
   I noticed that he is not rolling over yet. This is a milestone I would typically expect to see at this age. What are your thoughts?

3. **Make your recommendation.**
   I think it would be helpful to have someone who specializes in early childhood development take a closer look at him. We all want what's best for John and to give him every advantage possible. Let's see if he needs a little extra help in reaching his milestones.

4. **Emphasize that earlier is better.**
   John's brain is growing so rapidly, and he is learning so many new things at this age. If he does need help, evidence shows that getting help early can make a big difference for his later development. This way we're doing everything we can to make sure he's ready for kindergarten.

Evaluación del desarrollo

Hablar con los padres de familia

Algunas veces puede ser difícil saber cómo transmitirle a los padres de familia cuando tiene preocupaciones o una herramienta de evaluación del desarrollo indica que su hijo(a) se beneficiaría de una evaluación minuciosa. Recuerde que en esta etapa está utilizando su juicio profesional o una herramienta de detección; usted **no** ha diagnosticado un retraso del desarrollo.

Está ayudando a los padres de familia a crear una base saludable para su hijo(a), por lo que un desarrollo físico, social y emocional saludable es esencial para tener éxito en la escuela y la vida. A continuación se mencionan algunas cosas que debe tener en cuenta cuando habla con los padres de familia acerca de sus preocupaciones.

Consejos para la conversación: Aliente el interés de los padres de familia por obtener más información

- Tómese el tiempo para preguntarles sobre lo que piensan y sienten
    - Si un padre de familia está ansioso, hágale saber que sus sentimientos son normales. Mientras se mantenga en calma, más tranquilo se sentirá el padre de familia
    - Explique que el padre de familia no ha hecho nada mal.
- Asegúrele a los padres que la evaluación no necesariamente significa que su hijo(a) necesitará de servicios, ni que los compromete a obtenerlos en caso de que sea lo recomendado
    - Los servicios son completamente **voluntarios**.
- Dígales que es común que se derive a los niños a una evaluación adicional, y que este es un paso **positivo** que pueden tomar para obtener más información sobre cómo apoyar de mejor manera a su hijo(a).
    - Sabemos que los padres desean darle a sus hijos toda ventaja posible.

Ejemplo de declaraciones

1. **Resaltar lo positivo primero.**
   Gracias por participar en la evaluación del desarrollo de John. He notado lo bien que utiliza sus manos y dedos para alcanzar objetos. También produce una gran cantidad de sonidos apropiados para su edad. Seguro le hablan y cantan mucho en casa ¡porque hacen una gran diferencia¡
2. **Pida sus comentarios.**
   He notado que él aún no se da la vuelta. Este es un avance que por lo general esperaría ver a esta edad. ¿Qué opina?
3. **Haga sus recomendaciones**
   Creo que sería útil pedirle a alguien que se especializa en el desarrollo de la temprana edad que le realice un examen más profundo. Todos queremos lo mejor para John y darle toda ventaja posible. Veamos si él necesita un poco de ayuda adicional para alcanzar estos avances.
4. **Enfatice que mientras sea antes mejor.**
   El cerebro de John crece muy rápidamente y él aprende muchas cosas nuevas a esta edad. Si él necesita ayuda, las evidencias demuestran que recibir ayuda en una etapa temprana puede marcar una gran diferencia para su desarrollo más adelante. De esta forma nos aseguramos de hacer todo lo que posible para que esté preparado para el jardín de infantes.

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Hard Conversations - What do I say?

Here is what parents have told us helps them when having a hard conversation.

- Say the child's name
- Model calmness in your voice and body
- Don't label
- Listen
- Sit down
- Speak slowly
- Adapt language so that it's understandable
- Acknowledge how much you appreciate or like the child
- Avoid labeling a parent as difficult

Here are some words to get you started…

- This is scary.
- Are you seeing or experiencing anything like this at home or in other settings?
- Would you like help?
- What do you think?
- What worries you?
- Is there anything about _____that you might see as a reason for concern?
- What do you think might happen if you don't act?
- How important is this to you?
- I can see you are uncomfortable, tell me what you are thinking.
- Of the options we discussed, which one sounds like it fits with your family?
- What makes you concerned about _____?
- You and your doctor will decide what to do, but I can offer some information about what I see at school.
- I hear your concerns.
- It sounds like you want to make this work, and you also have some reservations about it.
- How can I help you?
- Maybe you are not ready now but how about we discuss this in 2-3 months?
- Which of these options might work best for you?
- What have you heard about this?
- Would you be willing to keep track of _____ for a week, to see if you see any patterns?
- Ultimately, this is your decision, so what do you think?
- Would you like to talk about some options, ideas that have worked for other families?
- It's better not to change too many things all at once. How can you take a small step in this direction?
- Maybe this is not a good time.
- Would you like to know more about _____?
- I can see that it is important to you to be a good parent.
- That sounds like a good point.
- That sounds like a good idea.

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Cultural & Relationship Considerations

Developing a **relationship of trust** with a family is consistently noted by early childhood experts as an important factor that would encourage a family to act upon a recommendation. Having a conversation with a parent about referring their child for a more thorough evaluation can be challenging with any family, especially if the family has a cultural background that you are not familiar with. "Culture" may refer to a different country, but it could also mean issues related to poverty, teen parenting, family values, belief systems, etc. Below are tips from providers who have these conversations.

Learn About Their Culture

Prior to speaking with a family it may be helpful to research their culture. However, keep in mind that culture varies from region to region within countries. It really is best to ask the family questions about their culture instead of relying on preconceived ideas from research. You can ask, "What would be helpful for me to know about the (Mexican, Chinese, Arabic, etc.) culture? How are children prepared for school in (Mexico, China, Saudi Arabia)?" Remember that you might need the assistance of an interpreter.

Show Respect

Showing that you care about their child is key to a family being willing to take action on your referral. Some ways to do that include:

- Pronouncing their child's name correctly
- Focusing on their child's strengths before discussing possible areas of concern
- Asking the parents for their feedback

Listen

All families want to be heard. Take the time to really listen to their perspective when they are reluctant to pursue an evaluation. Realize that they may be preoccupied with other issues such as finances or transportation. Can you help identify and assist with these potential barriers?

Allow Time for the Referral

It is important to give the family time to make their decision. Sometimes this can take more than one meeting to accomplish. Respect families' varying levels of readiness and do not rush the referral if they are not ready.

Explain American Culture

You may need to explain American culture and the importance of early childhood education. Parents may not realize that there is an expectation for school readiness before a child starts kindergarten. Teachers expect students to have solid speech, fine motor and social skills.

Offer Written Explanations

It is helpful to provide a written summary for parents in English, as well as their native language, after you discuss their child's developmental concerns. This provides another way for them to understand and process the information and can be used as a future reference.

February 2017

Developmental Evaluation

Dear family,

Your child's growth is more than just physical. You can see their development by how they play, learn, speak, behave and move. You play a very important role in supporting your child's development.

Based on today's screening we recommend further evaluation of your child's development. Evaluations are available at no cost to you. We know that all children develop differently and some children need a boost or support to help them along the way. Together, we can make sure your child's development is on track.

Getting Support

The programs listed below can provide further evaluation at no cost to you. The evaluation will give a clearer picture of your child's development and identify additional help that might be needed. The evaluation will also determine if your child is eligible for the extra support provided by these agencies and will provide information about other resources and supports for your family.

What to Expect

You will be asked to bring your child to the office and meet with two or more people who are experts with children. They will ask you questions about your child, talk to him or her, and see how he or she talks and plays with toys.

Children 0 – 3rd birthday: We will send your information to the Early Intervention Colorado program at the office checked below. They will contact you to schedule an appointment. Please call them if you haven't heard from them in 3 days.

☐ Boulder or Broomfield County – Imagine!
1400 Dixon Avenue, Lafayette, CO 80026
eiintake@imaginecolorado.org
Phone: 303-604-5424
Fax: 303-665-2648

☐ Providers: For other counties go to www.eicolorado.org to locate the appropriate referral source

Children 3 – 5 years old: Please contact the Child Find office in the school district your family lives in, checked below. They will assist you in scheduling an appointment. If you leave a message, please call them if you haven't heard back from them in 7 days.

☐ Boulder Valley School District
Phone: 720-561-5078
Fax: 720-561-5142

☐ St. Vrain Valley School District
Phone: 303-772-6649
Fax: 303-651-3066

We want to know how things turn out. Please ask the people you meet with to send your child's report to us. If you have trouble settings up an appointment, please let_____know so we can assist you.

August 2019

Evaluación del desarrollo

Estimada familia,

El crecimiento de su hijo (a) es más que sólo físico. Usted puede ver su desarrollo por la forma en que juegan, aprenden, hablan, se comportan y se mueven. Usted juega un papel muy importante para apoyar el desarrollo de su hijo (a).

Con base en las pruebas de hoy, le recomendamos una evaluación adicional sobre el desarrollo de su hijo (a). Las evaluaciones están disponibles sin ningún costo para usted. Sabemos que todos los niños se desarrollan de maneras diferentes y algunos niños necesitan un impulso o apoyo para ayudarles a lo largo del camino. Juntos, podemos asegurarle que el desarrollo de su hijo se encuentra bien encaminado.

Cómo obtener apoyo

Los programas enumerados a continuación pueden proporcionar más evaluación sin ningún costo para usted. La evaluación dará una imagen más clara del desarrollo de su hijo (a) e identificará ayuda adicional que podría ser necesaria. La evaluación también determinará si su hijo (a) es elegible para el apoyo adicional proporcionado por estas agencias y le dará información acerca de otros recursos y apoyos para su familia.

Lo que puede esperar

Se le pedirá llevar a su hijo (a) a la oficina y reunirse con dos o más personas que son los expertos con niños. Le harán preguntas acerca de su hijo (a), hablarán con él o ella y verán cómo él o ella habla y juega con los juguetes.

Niños de 0 a 3er cumpleaños: Le enviaremos su información al programa de intervención temprana de Colorado en la oficina de marcada a continuación. Ellos se comunicarán con usted para programar una cita. Por favor llámeles si no ha sabido de ellos en tres días.

☐ Condado de Boulder o Broomfield: ¡Imagine!
1400 Dixon Avenue, Lafayette, CO 80026
eiintake@imaginecolorado.org
Teléfono: 303-604-5424
Fax: 303-665-2648

☐ Proveedores: Para otros condados consulte www.eicolorado.org para localizar la fuente de referencia adecuada

Niños de 3 a 5 años de edad: Por favor comuníquese con la oficina de Child Find en el distrito escolar de su familia indicado a continuación. Ellos le ayudarán a programar una cita. Si deja un mensaje, por favor llame si no ha tenido noticias de ellos en 7 días.

☐ Distrito escolar del Valle de Boulder
Teléfono: 720-561-5078
Fax: 720-561-5142

☐ Distrito escolar de St. Vrain Valley
Teléfono: 303-772-6649
Fax: 303-651-3066

Deseamos saber cómo resulta todo. Por favor pida a las personas con las que usted se reúne que nos envíen el informe de su hijo (a). Si tiene problemas para fijar una cita, le agradecemos comunicarse con_____ para ayudarle.

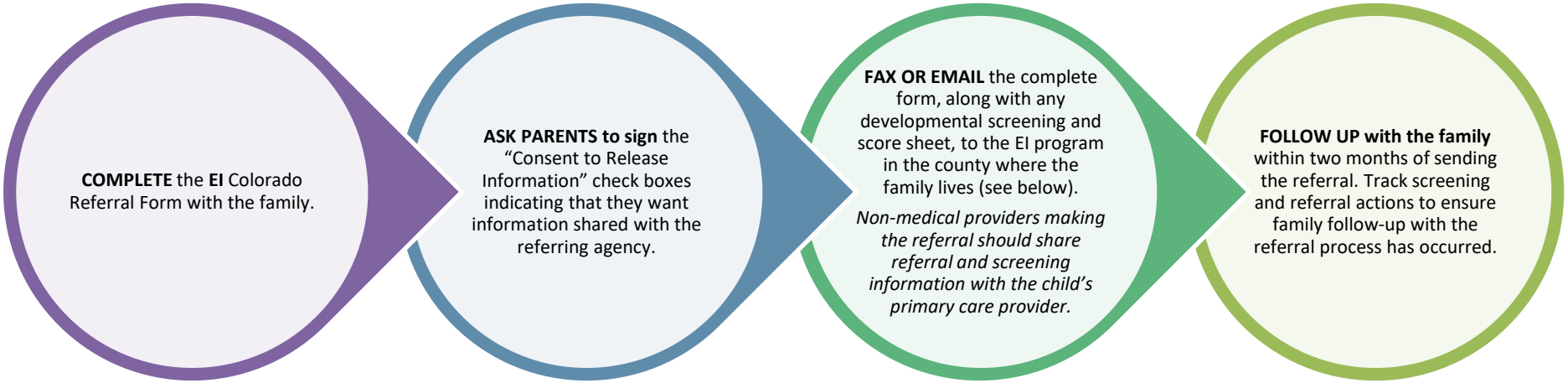
August 2019

Boulder County Child Development Evaluation Referral and Follow-up Process

Children 0 – 3rd Birthday

Referral is made to a local program of **Early Intervention (EI) Colorado** based on the *county* the family lives in. Children referred will receive a multi-disciplinary evaluation and if a 33% or more delay is found in any of the five developmental domains, the child will qualify for services. Services will be provided at no cost to the family, and will occur in the child's home, utilizing an evidence-based Family Service model.

Referral Process



Early Intervention Colorado Providers

Boulder & Broomfield Counties – Imagine!
1400 Dixon Avenue
Lafayette, CO 80026-2790
eiintake@imaginecolorado.org
Phone: 303-604-5424
Fax: 303-665-2648

Larimer County – Foothills Gateway
301 W. Skyway Dr.
Ft. Collins, CO 80525
Phone: 970-226-2345
Fax: 970-226-2613

Weld County – Envision
1050 37th Street
P.O. Box 200069
Evans, CO 80620-0069
Phone: 970-313-2629
Fax: 970-330-2261

Jefferson County – Developmental Disabilities Resource Center
11177 W. 8th Avenue Suite 300
Lakewood, CO 80215
Phone: 303-462-6650
Fax: 303-462-6697

Early Intervention/Child Find Responsibilities

1. Early Intervention staff will make three attempts to contact the family (2 phone calls and 1 letter) to conduct an intake and offer an evaluation.
2. After the intake is complete, Child Find at the child's local school district will contact the family to schedule the evaluation at the Child Find office or the family's home. The evaluation will occur within 45 days of the referral, to determine if the child is eligible for services.
3. Early Intervention staff will send a Referral Status Update Form (RSUF) to the person who sent the referral and the assigned Service Coordinator.
4. With parental consent, a second RSUF will be sent after the evaluation is complete with the evaluation results.
5. If the child is eligible for services, an Individualized Family Service Plan (IFSP) will be written to detail the services to begin within 28 days of the initial meeting or consent date. Services will be provided in the home. A Service Coordinator will also be provided.

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Children 3-5

Referral is made to the **Child Find** office in the *school district* the family lives in. Children referred will receive a screening or evaluation to determine eligibility. Eligibility is for early childhood special education services and is based on the delay impacting a child's ability to succeed in an educational setting. Services are provided in a preschool classroom setting.

Referral Process

Explain the results of the screening and the reason for the referral. Stress the importance of developmental screening and evaluation. Review the process for evaluation.

ASK PARENTS for their feedback and their understanding. Ask the parent to request that the results of the evaluation be sent to the referring entity. This request will prompt Child Find to generate a form asking parents to verify that they want information shared with you, the referring agency.

FAX OR EMAIL any developmental screening information and the score sheet, to the Child Find office in the school district where the family lives (see below).

Non-medical providers making the referral should share referral and screening information with the child's primary care provider.

ENCOURAGE FAMILIES to call the Child Find office in that school district and tell them further screening or evaluation was recommended. Also encourage families to mention that their provider (name the specific practice or agency) sent in a referral form for possible special education services provided at no cost to families.

FOLLOW UP with the family within two months of sending the referral. Track screening and referral actions to ensure family follow-up with the referral process has occurred.

Child Find Offices

Boulder Valley School District
6500 Arapahoe Rd.
Boulder, CO 80303
Phone: 720-561-5078
Spanish: 720-561-5267
Fax: 720-561-5142

St. Vrain Valley School District
830 S. Lincoln St.
Longmont, CO 80501
Phone: 303-772-6649
Fax: 303-651-3066 or 303-702-7800

Child Find Responsibilities

1. Child Find office will contact the family to schedule further screening or evaluation.
2. If the child has a documented delay that is educationally relevant (as determined by the evaluation team), they may attend preschool through the school district, as well as receive any additional services the child may need (speech therapy, occupational therapy, etc.).
3. If parents sign a "Release of Information" indicating that they want information shared with the referring agency, the school district will send screening or evaluation results.

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Mental Health Partners — Healthy Minds, Healthy Communities

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Early Intervention Colorado Referral and Release Form

For Infants and Toddlers- Birth through Two Years of Age Who May Need Early Intervention Services

Referral Information

Community Centered Board: Imagine! **Fax:** 303-665-2648

Child's Name: _____ ☐ Boy ☐ Girl DOB: _____

Parent(s)/Legal Guardian: _____ Phone: _____

Family's Address: _____ County: _____

Family's E-mail: _____ Alt Phone: _____

Primary Language Spoken by Parent(s)/Legal Guardian/Foster Parents: ☐ English ☐ Spanish ☐ Other _____

Primary Care Physician (PCP): _____ PCP E-mail: _____ Phone: _____

DHS REFERRALS ONLY CAPTA? ☐ YES ☐ NO

Legal Status of child:

☐ Biological parent custody, rights intact ☐ Foster/Kinship care, biological rights intact ☐ Foster/Kinship care, parent rights terminated

Foster/Kinship Parent(s) (if applicable): _____ **Phone:** _____

Foster/Kinship Parent(s) Address: _____ County: _____

How long has child resided at this residence? _____ Surrogate/ Advocate/ Guardian ad Litem? ☐ YES ☐ NO

If yes, Name: _____ Phone: _____

Assigned DSS Caseworker: _____ Phone: _____

E-mail: _____ Case open? ☐ YES ☐ NO

Guardian ad Litem (GAL) Name: _____ Phone: _____

GAL E-mail: _____ Educational Decision-making authority? ☐ YES ☐ NO

Referring Practice/Agency: _____ Referring Person: _____

Referring Person Phone: _____ Referring Person Fax: _____

Referring Person E-mail: _____

Are you a Qualified Health Professional? *(See referral source guide for list)* ☐ YES ☐ NO If yes, Discipline: _____

Person to send referral status update to; if different: _____ Fax, if different: _____

Has a developmental screening been completed for this child? ☐ YES ☐ NO **If *yes, send the screening results with the referral.***

Please check and complete one of the following boxes (**A** or **B**):

A. ☐ **This child has been diagnosed with the following physical or mental condition(s) known to have a high probability of resulting in significant delays in development (*even if no delays are apparent at this time*):**

_____

(See the Established Condition Database located at www.eicolorado.org for a complete list of qualifying diagnoses.)

B. ☐ **There are concerns for possible delays in development in the following area(s):** _____

Signed: _____ (referring person) Date of Referral: _____

Authorization to Release Information (optional)

I authorize the Community Centered Board Early Intervention Colorado Program to share the following information with the referring practice/agency listed above.

☐ Eligibility outcome information (eligible/not eligible)

☐ Evaluation/Assessment results (range of delay for each developmental domain)

☐ Ongoing Early Intervention Services included on the Individualized Family Service Plan for the purpose of care coordination.

I understand that I may withdraw this consent by written request to the Community Centered Board Early Intervention Colorado Program. If consent is revoked it does not apply to any actions that occurred before consent was revoked.

I certify that this authorization to release this information has been given freely and voluntarily. Information collected related to early intervention services may not be shared unless the person who consented to sharing this information specifically consents to it and or the sharing this information is allowed by law. I understand I have a right to inspect and copy the information to be disclosed.

Signed: _____ Date: _____

(*child's parent or legal guardian*)

*Authorization is effective for a period of 12 months from this date

Early Intervention Colorado Referral and Release Form

For Infants and Toddlers- Birth through Two Years of Age Who May Need Early Intervention Services

Referral Information

Community Centered Board: Imagine! **Fax:** 303-665-2648

Child's Name: _____ ☐ Boy ☐ Girl DOB: _____

Parent(s)/Legal Guardian: _____ Phone: _____

Family's Address: _____ County: _____

Family's E-mail: _____ Alt Phone: _____

Primary Language Spoken by Parent(s)/Legal Guardian/Foster Parents: ☐ English ☐ Spanish ☐ Other _____

Primary Care Physician (PCP): _____ PCP E-mail: _____ Phone: _____

DHS REFERRALS ONLY CAPTA? ☐ YES ☐ NO

Legal Status of child:
☐ Biological parent custody, rights intact ☐ Foster/Kinship care, biological rights intact ☐ Foster/Kinship care, parent rights terminated

Foster/Kinship Parent(s) (if applicable): _____ **Phone:** _____

Foster/Kinship Parent(s) Address: _____ County: _____

How long has child resided at this residence? _____ Surrogate/ Advocate/ Guardian ad Litem? ☐ YES ☐ NO

If yes, Name: _____ Phone: _____

Assigned DSS Caseworker: _____ Phone: _____

E-mail: _____ Case open? ☐ YES ☐ NO

Guardian ad Litem (GAL) Name: _____ Phone: _____

GAL E-mail: _____ Educational Decision-making authority? ☐ YES ☐ NO

Referring Practice/Agency: _____ Referring Person: _____

Referring Person Phone: _____ Referring Person Fax: _____

Referring Person E-mail: _____

Are you a Qualified Health Professional? *(See referral source guide for list)* ☐ YES ☐ NO If yes, Discipline: _____

Person to send referral status update to; if different: _____ Fax, if different: _____

Has a developmental screening been completed for this child? ☐ YES ☐ NO **If *yes, send the screening results with the referral.***

Please check and complete one of the following boxes (**A** or **B**):

A. ☐ This child has been diagnosed with the following physical or mental condition(s) known to have a high probability of resulting in significant delays in development (*even if no delays are apparent at this time*):

_____

(See the Established Condition Database located at www.eicolorado.org for a complete list of qualifying diagnoses.)

B. ☐ There are concerns for possible delays in development in the following area(s): _____

Signed: _____ (referring person) Date of Referral: _____

Autorización para divulgar información (opcional)

Yo autorizo a la Mesa Comunitaria del Programa de Intervención Temprana de Colorado para compartir la siguiente información con la práctica / agencia mencionada anteriormente que hace la referencia.

- ☐ Información sobre los resultados de elegibilidad (califica / no califica)
- ☐ Resultados de la evaluación / revisión (margen de demora para cada área del desarrollo)
- ☐ Servicios continuos de Intervención Temprana incluidos en el Plan Individualizado de Servicios Familiares, con el propósito de la coordinación de atención.

Entiendo que puedo retirar esta autorización por medio de una petición por escrito dirigida a la Mesa Comunitaria del Programa de Intervención Temprana de Colorado. Si retiro la autorización, la revocación no aplica a las acciones que ocurrieron antes de que la autorización haya sido retirada.

Yo certifico que esta autorización para divulgar esta información se ha dado de forma libre y voluntaria. La información recopilada relacionada con los servicios de intervención temprana no puede ser compartida a menos que la persona que consintió en compartir esta información consienta específicamente que se comparta y/o que compartir esta información esté permitido por la ley. Entiendo que tengo el derecho a inspeccionar y copiar la información a ser divulgada.

Firmada: _____ Fecha: _____

Padre, madre o tutor legal del niño(a)

* La autorización es vigente durante un período de 12 meses a partir de esta fecha

Para más información llame al 1-888-777-4041 o visite www.eicolorado.org

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Frequently Asked Questions

Where do I find the referral form?

Go to the Early Intervention Colorado website http://www.eicolorado.org/; click "Make a Referral" on the menu and then "Download the referral form."

Where do I email/ fax the referral form?

Send the referral form to Imagine!:

- Email: eiintake@imaginecolorado.org
- Fax: 303-665-2648

Who should I contact if I have any questions about a referral?

Contact Heather Forsyth (Early Intervention Intake Service Coordinator at Imagine!):

- Phone: 303-604-5424
- Email: hforsyth@imaginecolorado.org

What can Boulder County ABCD Partnership help us with?

- Connecting with early intervention
- Teaching accurate use of the referral form
- Improving post-referral family follow-up
- Positive messaging with parents
- Tips on how to have a difficult conversation with parents
- Tracking your referrals

How do I contact Boulder County ABCD Partnership?

- Visit www.BoulderCountyABCD.org to print toolkits and other great resources
- Contact Natasha Stewart, RN at 303-579-5343 or nstewart@bouldercounty.org

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