



Guide to the Early Intervention and Developmental Monitoring Programs

The **Early Intervention Program** (EIP) offers therapeutic & support services for children up to 3 years of age with developmental needs and their families with a focus on parent coaching. To be referred, children need to meet one or more of the following criteria.

The Children Suspected of Having a Developmental Delay:

- A child with a developmental delay in one or more of the following areas of development:
 - Cognitive
 - Adaptive
 - Social/emotional
 - Physical (including hearing and vision)
 - Communication
- A child with a diagnosed physical or mental condition with a high probability of developmental delay. Examples:
 - Down Syndrome or other chromosomal abnormalities
 - Central nervous system disorders such as cerebral palsy, spina bifida, micro/macrophaly
 - Fetal alcohol syndrome
 - Central nervous system abnormality following bacterial/viral infection of the brain or head/spinal trauma
 - Extreme prematurity <1000 grams
 - Diagnosed psychiatric conditions such as reactive attachment disorder and emotional/behavioral disorder
 - Hearing and visual impairment

The **Developmental Monitoring Program** offers support services to children up to 3 years of age who do not have a confirmed or suspected disability but may be *at risk* for delay. The use of the Ages and Stages Questionnaire (ASQ) provides a very reliable and valid developmental screening tool. The ASQ is designed to educate parents about child development and empower them to understand when and how to ask for further help for their child.

The Children More Appropriate For Developmental Monitoring:

- Risk Criteria
 - Birth weight <1501 grams
 - Gestational age <33 weeks
 - Congenital malformations
 - Prenatal exposure to certain therapeutic drugs with known potential developmental implications
 - Growth deficiency/nutritional problems
 - Parent concern present but delay not identified
 - **ASQ** score in "grey range"

Other Resources for parents/caregivers

- **Parent as Teachers at Hillside Center:** (585) 436-0370 x308; Home visits, Developmental screenings, Outreach worker services, Transportation to OB/GYN visits
- **Baby's 1st:** (585) 642-0068; Home visits, Transportation, WIC appointments, and Child development education
- **U of R Medical Center Social Work Preventative Program:** (585) 224-1730; Parental education, Transportation, Daycare coordination, Social work services, Temporary assistance
- **Healthy Families Monroe:** (585) 325-6101 x206; Homebased counseling, Parental education, Infant mental health framework, ASQ evaluation
- **Nurse-Family Partnership:** Home visits with an RN, Developmental screenings, Provides education to guide client towards achieving goals
- **Building Healthy Children:** (585) 275-2991 x276; Support for teen mothers, Outreach workers, Therapy sessions
- **Young Women's Christian Association:** (585) 368-2248; Weekly home visits, Support of family well being

**Monroe County Early Intervention Program
Referral Form
(585) 753-5437 fax (585) 753-5259**

Date: _____

Name and title of referral source: _____

Agency Name: _____

Phone number: _____

Address (include zip code): _____

Check one (*See criteria on reverse*): At risk/Developmental Monitoring Early Intervention

Development Screening completed? Yes No *If yes, attach copy.*

Reason for referral (See EI Referral Guidelines) _____

Child's name: _____ DOB: _____ Sex: M ___ F ___

Child's Gestational Age: _____ Hearing Impaired: Yes No

Child's race: _____ Primary Language: _____

Hispanic: Yes No Speaks English: Yes No

Child's address (include zip code): _____

Child's phone number: _____ Alternate #: _____

Child's school district: _____

Insurance Name: _____ Number: _____

Health Care Provider: _____ Phone: _____

Address (include zip code): _____

Biological mother's name: _____ DOB: _____

Foster parent's name: _____ DOB: _____

Household Members (of child):

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Medical History:

If Child Protective/Foster Care involved, include caseworker name and phone number:

Other Comments: _____
