Justice Resource Institute

Early Childhood Training & Consultation Program

REFERRAL FORM

Referral Date: _____ Referred By: _____

Childcare Program/Provider: _____

Program Address: _____ Zip Code: _____

Program Contact Phone #: _____EEC Program #: _____

Program Email: _____ Fax #: _____

Classroom Teacher(s): _____

Please circle the type of referral that you are sending in:

Type of Referral: Child / Classroom / Program

Identified Child & **Parent/Guardian** sections must be completed when sending in an Individual Child Referral.

Identified Child:

Name: _____ Date of Birth: _____

Gender: Male_____ Female_____ Ethnicity: _____

Primary Language: _____ Religion_____

Home Address: _____Zip Code: _____

Family Construct: Mother_____ Father_____# of Siblings_____ Other_____

Date of Enrollment in your Program: _____

Does the child fill a contract/voucher slot? _____

Parent/Guardian:

Name: _____ Relationship to Child: _____

Contact Phone #: _____ Primary Language: _____

Parent/Guardian E-Mail Address: _____

Ethnicity: _____ Religion: _____

Concerns:

☐ Behavioral ☐ Developmental ☐ Speech

☐ Other: _____

If behavioral, please check all that apply:

☐ Aggression	☐ Poor social skills
☐ Self-injurious behavior	☐ Fearful, anxious, withdrawn
☐ Temper tantrums	☐ Overactive
☐ Sexualized behavior	☐ Non-compliant, oppositional
☐ Destruction of property	☐ Inattentive, unable to focus

Is the child at risk of suspension/expulsion from the program?

☐ Yes ☐ No

Other Services child has received/is receiving:

☐ Early Intervention	☐ Department of Children & Families
☐ Individual/play therapy	☐ 504 Plan
☐ Family therapy	☐ Special Education Evaluation
☐ IEP/IFSP	☐ Medication_____

If this is an Individual Child Referral, has the parent/guardian signed the Consent to Receive Services form?

☐ Yes ☐ No

Additional Comments:

_____

_____

_____

We will work in partnership with Justice Resource Institute's Early Childhood Training and Consultation Program on service year expectations and provide access to the classroom to enable consultants to observe and assess the needs of the referred child; develop a written behavioral observation plan; consult to classroom staff; meet with parent/caregiver; and model applicable interventions to address the needs of the child.

_____ _____

Program Director **Date**

_____ _____

ECTC Consultant, JRI **Date**

Referrals will not be processed without a signed consent form from the parent/guardian.

Please E - mail completed forms to lsmall@jri.org and sgay@jri.org
Or fax completed forms to: 508-822-2601

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Early Childhood Training & Consultation Program

CONSENT TO RECEIVE SERVICES

Child's Name: _____ Date of Birth: _____

Parent/ Guardian: _____

Home Address: _____

Parent/ Guardian Contact #: _____

Parent/ Guardian E-Mail Address: _____

Child Care Program Name: _____

Child Care Program Contact #: _____

I give my permission for JRI's Early Childhood Training &Consultation Program (ECTC) consultant to provide some or all of the following services at the child care program listed above:

1. Virtual / In-Person Observation of my child in the school or childcare setting.
   *** Please note that the observation will NOT be recorded. ***
2. Consultation to the teaching staff
3. Modeling strategies that support my child's participation in activities
4. Making recommendations for ongoing services
5. Maintain my child's ECTC record in a confidential file

I give permission for ECTC to communicate with the following individuals and/or agencies:
(Examples are: Your child's current school, your child's pediatrician, the Public School, any other state/ government agency that may be servicing your family and your child's therapist/counselor).

_____

_____

_____

I give permission for these services and I understand that the ECTC staff will be contacting me and keeping me updated on all the services that are recommended and/or provided.

I also understand that I may revoke this consent to receive services at any future time.

_____ _____
Parent/ Guardian Signature Date

*** This Consent to Receive Services is valid for one year from date signed above. ***