InterMountain
EDUCATION SERVICE DISTRICT
Early Intervention / Early Childhood Special Education

2001 SW Nye Avenue
Pendleton, Oregon 97801
EI/ECSE Office 541.966.3121
fax 541.276.4252
www.imesd.k12.or.us

Please fax completed form to 541-276-4252 Attn: EI/ECSE or mail to the above Pendleton Office

REFERRAL/SCREENING INFORMATION

Date:______________

Person making referral:____________________________________Agency:___________________________

Child's Name:____Nickname:_______________________

(First) (Middle) (Last)

Date of Birth:____________________________ Male: ☐ Female: ☐

Father:____ Child Lives With: Both Parents ☐

Mother:____ Father ☐

Foster Parent(s):____________________________________ Mother ☐

Physical Address:____ Grandparent ☐

(Street) (City) (Zip Code) Foster ☐

Mailing Address if Different:____ Other ☐

Home Phone:__________________________(Please include area code on all phone #s)

Work: (Dad)________________________ (Mom)__________________________ Does Child have health insurance?

Cell: (Dad)__________________________ (Mom)__________________________

Email:______________________________________

Message Phone: Whose:______________________#_______________________ ☐ Yes ☐ No

Ethnicity: ☐ White ☐ American Indian ☐ Hispanic ☐ Asian ☐ Black

Primary Language of Child:___________________Parents:____________________

Interpreter Needed: ☐ Yes ☐ No

Attends Preschool: ☐ Yes ☐ No Name of Preschool:________________________________

Teacher:_____________________ Attends: M ☐ T ☐ W ☐ TH ☐ F ☐ Time:___________________

Has child ever received EI or ECSE services? ☐ Yes ☐ No

If so, where?____ When:__________________

Areas of Concern:

Cognitive: ☐ Social: ☐ Articulation (intelligibility): ☐ Language (limited vocabulary): ☐

Fine Motor: ☐ Gross Motor: ☐ Behavior: ☐ Adaptive: ☐ Audiology/Hearing: ☐

Specific Concerns:

____

____

____

Diagnosed Medical Condition(s):

____

____

Child's Doctor:__________________________ Phone:____________________

Clinic:_________________________________ Fax:_______________________

Address:____