This form is provided for use by professionals (physician, nurse, social worker, counselor, etc) or any other practitioner to refer a child, 0-36 months of age, for early intervention services. If you know of a child with, or are concerned that a child may have, one or more of the conditions listed below, please refer the child to the early intervention/infant learning program in your area.

Child’s Name: _____________________________________________   Date of Birth: _____________  Age: _________
Parent /Care Giver Name:____________________________________  Telephone Number: ______________________
Address: _______________________________________  City: _______________  State: ______  Zip Code:__________
Person Making Referral:___________________________________________ Phone Number:___________________

INFORMATION ONLY (info on typical/atypical development, ASQ, Toddler Group):  Yes   No
DEVELOPMENTAL EVALUATION REFERRAL:      Yes     No
Parent is aware that referral is being made:     Yes     No

This checklist includes many, however not all of the conditions or concerns that may make a child eligible for early intervention services. If a child has any condition or concern that has a high probability of being associated with a developmental delay or poor behavioral outcome, the child should be referred to early intervention services no more than seven days after the child has been identified.  34 CFR 303.321(d)(2)(ii)

<table>
<thead>
<tr>
<th>Established Conditions</th>
<th>Developmental Delays</th>
<th>At-Risk Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Autism</td>
<td>□ Cognitive delay</td>
<td>□ Birth-related complications</td>
</tr>
<tr>
<td>□ Chromosomal abnormality (e.g., Trisomy 13, 18, 21)</td>
<td>□ Global developmental delays</td>
<td>□ Family risk factors (e.g., extreme poverty, teen parent, etc)</td>
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<tr>
<td>□ Chronic disease</td>
<td>□ Gross motor delay</td>
<td>□ Limb defect / anomaly (e.g., club foot)</td>
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<tr>
<td>□ Cleft palate/lip</td>
<td>□ Fine motor delay</td>
<td>□ Newborn Intraventricular hemorrhage</td>
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<tr>
<td>□ CNS disorder (e.g., cerebral palsy)</td>
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<td>□ Other (please describe): ____________________________</td>
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<tr>
<td>□ Congenital disorder/anomaly (e.g., anencephaly)</td>
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<tr>
<td>□ Cranial disease (e.g., microcephaly)</td>
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<tr>
<td>□ Degenerative disorder (e.g., muscular dystrophy)</td>
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<tr>
<td>□ Hearing impairment / deaf</td>
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<tr>
<td>□ In utero exposure to drugs and or alcohol</td>
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<td></td>
<td></td>
<td>□ Other (please describe): ____________________________</td>
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<tr>
<td></td>
<td></td>
<td>□ Pregnancy-related complications</td>
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<td></td>
<td></td>
<td>□ Prematurity (&lt;34 weeks gestation)</td>
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<tr>
<td></td>
<td></td>
<td>□ Prenatal infection (e.g., toxplasmosis, rubella)</td>
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<td></td>
<td>□ Recurrent otitis media</td>
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<tr>
<td></td>
<td></td>
<td>□ Substantiated Abuse/Neglect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Very low birth weight (&lt;2500gm)</td>
</tr>
</tbody>
</table>

Date Received by Kodiak ILP: ________________________________
If you have any questions about ILP eligibility and/or ILP services, please contact your local ILP office or the State ILP office.

Alaska Early Intervention / Infant Learning Program

Alaska Center for Children and Adults
Susan Kessler
Phone 1-866-456-4003
Fax 1-907-456-6124
1020 Barnette Street
Fairbanks, AK 99701

Frontier Community Services
Early Intervention Program
Amanda Faulkner
Phone 907-714-6647
Fax 1-907-262-4595
43335 K-Beach RD Suite 36
Soldotna, AK 99669

Norton Sound Health Corporation
Infant Learning Program
Vacant
Phone 1-907-443-3298
Fax 1-907-443-3741
P.O. Box 966
Nome, AK 99762

Bristol Bay Area Health Corporation
Infant Learning Program
Suzanne Nunn
Phone 1-907-842-2036
Fax 1-907-842-2039
P.O. Box 130
Dillingham , AK 99576

Sprout Family Services
Birth to Three ILP
Jillian Lush
Phone 1-907-235-6044
Fax 1-907-235-2644
3691 Ben Walters Lane # 4
Homer, AK 99603

REACH, Inc
Infant Learning Program
Kristen Spencer
Phone 1-907-586-8228
Fax 1-907-586-8205
213 Third St.
Juneau, AK 99801

Center for Community
Early Learning Program
Gail Trujillo
Phone 1-907-747-6960 Ex. 32
Fax 1-907-747-4868
700 Katlian St. Suite B
Sitka, AK 99835

SeaView Community Services
Letty Swanson
Phone 1-907-224-5257
Fax 1-907-224-7081
302 Railway Ave
Seward, AK 99664

Tanana Chiefs Conference
Infant Learning Program
Katie Stone
Phone 1-907-452-8251 Ex 3104
Fax 1-907-459-3952
122 1st. Ave Suite 600
Fairbanks, AK 99701

Community Connections Ketchikan
Early Learning Program
Laurie Thomas
Phone 1-907-225-7825 Ex 211
Fax 1-907-225-1541
201 Deermount St.
Ketchikan, AK 99901

Kodiak Area Native Association
Infant Learning Program
Amanda Sanford
Phone 1-907-484-1366 (Direct Line)
Fax 1-907-486-4829
3449 Rezanof Drive East
Kodiak, AK 99615

Yukon Kuskokwim Health Corporation
Family Infant Toddler Program
Deela Coutu
Phone 907-543-3690
Fax 907-453-1276
P.O. Box 520
Bethel, AK 99559

Family Outreach Center for Understanding
Special Needs
Infant Learning Program
Lizette Stehri
Phone 1-907-694-6002
Valdez/ Cordova 1-907-424-3425
11901 Business Park Blvd.
Eagle River, AK 99577

Mat-Su Services for Children and Adults
Infant Learning Program
Jean Kincaid
Phone 1-907-352-1200
Fax 1-907-352-1249
5000 E. Shennum Dr.
Wasilla, AK 99654

State of Alaska
EI/ILP Program
Jane Atuk
Phone 269-3423 within Anchorage
1 – (877) 477-3659 Toll free in Alaska
Fax (907) 269-3497
323 E 4th Ave
Anchorage, AK 99501

Programs for Infants and Children
Amy Simpson
Phone 1-907-550-3024
Fax 1-907-563-3172
161 Kleven St. Ste 103
Anchorage, AK 99508

Northwest Arctic Borough School District
Infant Learning Program
Kim Mix
Phone 1-907-442-3472 Ex 263
Fax 1-907-442-2196
P.O. Box 51
Kotzebue, AK 99752

SeaView Community Services

Kodiak Area Native Association

Yukon Kuskokwim Health Corporation

Family Outreach Center for Understanding

Mat-Su Services for Children and Adults

Programs for Infants and Children

Northwest Arctic Borough School District

State of Alaska