



For Internal Use Only
 ECCO ID #: _____

Early Childhood Consultation and Outreach (ECCO) Child Referral Form

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|--|---------|----------------------------|
| I am referring a: <input type="checkbox"/> Child <input type="checkbox"/> Classroom/Center/School (see other side) | | Date: |
| Name of child/center being referred: | | DOB: |
| Parent/Caregiver: | Phone: | Ok to leave msg? Yes No |
| Person Making Referral: | Agency: | Phone: |
| Reason for Referral | | |
| Child's/Family's Strengths: | | |
| Others in the Home (Please include Name, Age and Relationship): | | |
| Interactions with parents, family/caregivers/peers: | | |
| Please describe any changes (positive or negative) that have taken place in the environment and their effects: | | |
| Other information that may be helpful (if the child has a diagnosis, please include it here): | | |

Early Childhood Consultation and Outreach (ECCO)

Classroom – Center -- School

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Referral Form

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|--|--------|
| I am referring a: <input type="checkbox"/> Classroom <input type="checkbox"/> Center <input type="checkbox"/> School | Date: |
| Name of Center/School being referred: | Phone: |
| Center/Classroom teacher name: | Grade: |
| Person Making Referral: | Role: |
| Number of Students in Classroom: | |
| Number of times students have been removed from classroom due to disruptive behavior: | |
| Number of times that student(s) have been suspended or removed from classroom for more than one day: | |
| Number of students referred to Special Ed, Child Find, CDS, Day Treatment: | |
| Number of students attending school under a modified day? | |
| What type of supports are you looking for? | |

Please send referral form to: Ursula Hanson, LCSW
Healthy Acadia 140 State Street, Suite 1, Ellsworth, ME 04605
207-667-7171 (office) 207-667-7173 (fax) ursula@healthyacadia.org (email)