# Early Childhood Consultation and Outreach (ECCO)

## Child Referral Form

<table>
<thead>
<tr>
<th>I am referring a:</th>
<th></th>
<th>Classroom/Center/School (see other side)</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of child/center being referred:</th>
<th></th>
<th>Parent/Caregiver:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Person Making Referral:</th>
<th>Agency:</th>
<th></th>
<th>Phone:</th>
</tr>
</thead>
</table>

### Reason for Referral

<table>
<thead>
<tr>
<th>Child’s/Family’s Strengths:</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Others in the Home (Please include Name, Age and Relationship):</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Interactions with parents, family/caregivers/peers:</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Please describe any changes (positive or negative) that have taken place in the environment and their effects:</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other information that may be helpful (if the child has a diagnosis, please include it here):</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
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Classroom – Center – School

Referral Form

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

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)