



# Alaska Early Intervention / Infant Learning Program

## Referral Checklist

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. (Contact information and service areas statewide for the Alaska EI/ILP Programs on back)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent /Care Giver Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent is aware that referral is being made. **Yes** **No** (Please circle)

*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)*

<b>Established Conditions</b>	<input type="checkbox"/> Autism <input type="checkbox"/> Chromosomal abnormality (e.g., Trisomy 13, 18, 21) <input type="checkbox"/> Chronic disease <input type="checkbox"/> Cleft palate/lip <input type="checkbox"/> CNS disorder (e.g., cerebral palsy) <input type="checkbox"/> Congenital disorder/anomaly (e.g., anencephaly) <input type="checkbox"/> Cranial disease (e.g., microcephaly) <input type="checkbox"/> Degenerative disorder (e.g., muscular dystrophy) <input type="checkbox"/> Hearing impairment / deaf  _____ _____	<input type="checkbox"/> Metabolic disorder (e.g., phenylketonuria) <input type="checkbox"/> Musculoskeletal disorder (e.g., spina bifida) <input type="checkbox"/> Physical abnormality / abnormal movement <input type="checkbox"/> Seizure disorder (e.g., epilepsy) <input type="checkbox"/> Visual impairment / blind <input type="checkbox"/> Other (e.g., Prader-Willi syndrome, Cornelia deLange syndrome). Please describe: _____ _____
<b>Developmental Delays</b>	<input type="checkbox"/> Cognitive delay <input type="checkbox"/> Global developmental delays <input type="checkbox"/> Gross motor delay <input type="checkbox"/> Fine motor delay <input type="checkbox"/> Other (please describe): _____ _____	
<b>At-Risk Conditions</b>	<input type="checkbox"/> Birth-related complications <input type="checkbox"/> Family risk factors (e.g., extreme poverty, teen parent, etc) <input type="checkbox"/> Limb defect / anomaly (e.g., club foot) <input type="checkbox"/> Newborn Intraventricular hemorrhage <input type="checkbox"/> Other (please describe): _____ _____	<input type="checkbox"/> Pregnancy-related complications <input type="checkbox"/> Prematurity (<34 weeks gestation) <input type="checkbox"/> Prenatal infection (e.g., toxoplasmosis, rubella) <input type="checkbox"/> Recurrent otitis media <input type="checkbox"/> Substantiated Abuse/Neglect <input type="checkbox"/> In utero exposure to drugs and or alcohol <input type="checkbox"/> Very Low Birth Weight (<1500g)



## Alaska Early Intervention / Infant Learning Program

If you have any questions about ILP eligibility and/or ILP services, please contact your local ILP office or the State ILP office.

### **Alaska Center for Children and Adults**

Phone 1-866-456-4003  
Fax 1-907-456-6124  
1020 Barnette Street  
Fairbanks, AK 99701

### **Bristol Bay Area Health Corporation Infant Learning Program**

Phone 1-907-842- 3398  
Fax 1-907-842-2039  
P.O. Box 130  
Dillingham, AK 99576

### **Center for Community Early Learning Program**

Phone 1-907-747-6960 Ex. 32  
Fax 1-907-747-4868  
700 Katlian St. Suite B  
Sitka, AK 99835

### **Community Connections Ketchikan Early Learning Program**

Phone 1-907-225-7825 Ex 211  
Fax 1-907-225-1541  
721 Stedman Street  
Ketchikan, AK 99901

### **Family Outreach Center for Understanding Special Needs Infant Learning Program**

Phone 1-907-694-6002  
Valdez/ Cordova 1-907-424-3425  
11901 Business Park Blvd.  
Eagle River, AK 99577

### **Programs for Infants and Children**

Phone 1-907-550-3024  
Fax 1-907-563-3172  
161 Klevin St. Ste 103  
Anchorage, AK 99508

### **Frontier Community Services Early Intervention Program**

Phone 907-714-6647  
Fax 1-907-262-4595  
43335 K-Beach RD Suite 36  
Soldotna, AK 99669

### **Sprout Family Services Birth to Three ILP**

Phone 1-907-235-6044  
Fax 1-907-235-2644  
3691 Ben Walters Lane # 4  
Homer, AK 99603

### **Seward Area**

Phone 1-907-235-6044  
Fax 1-907-235-2644  
3691 Ben Walters Lane # 4  
Homer, AK 99603

### **Kodiak Area Native Association Infant Learning Program**

Phone 1-907-484-1366 (Direct Line)  
Fax 1-907-486-4829  
3449 Rezanof Drive East  
Kodiak, AK 99615

### **Mat-Su Services for Children and Adults Infant Learning Program**

Phone 1-907-352-1200  
Fax 1-907-352-1249  
1225 West Spruce Drive  
Wasilla, AK 99654

### **Northwest Arctic Borough School District**

**Infant Learning Program**  
Phone 1-907-442-3472 Ex 263  
Fax 1-907-442-2196  
P.O. Box 51  
Kotzebue, AK 99752

### **Norton Sound Health Corporation Infant Learning Program**

Phone 1-907-443-3298  
Fax 1-907-443-3741  
P.O. Box 966  
Nome, AK 99762

### **REACH, Inc Infant Learning Program**

Phone 1-907-586-8228  
Fax 1-907-586-8205  
213 Third St.  
Juneau, AK 99801

### **Tanana Chiefs Conference Infant Learning Program**

Phone 1-907-452-8251 Ex 3104  
Fax 1-907-459-3952  
122 1<sup>st</sup>. Ave Suite 600  
Fairbanks, Alaska 99701

### **Yukon Kuskokwim Health Corporation**

**Family Infant Toddler Program**  
Phone 907-543-1296  
Fax 907-543-1276  
P.O. Box 520  
Bethel, AK 99559

### **State of Alaska E/ILP Program**

Phone (907) 269-8442  
Toll Free 1 (877) 477-3659  
Fax (907) 269-3497  
550 West 8th Avenue  
Anchorage, AK 99501