

Saskatoon Region

Early Childhood Intervention Program Inc.

Suite 10 - 2302 Hanselman Avenue, Saskatoon, Saskatchewan S7L 5Z3

Ph: (306) 657-3247 Fax: (306) 249-3247 e-mail: atrask.srecip@sasktel.net



Every
Child
Inspires
Possibilities

Referral For Early Childhood Home Based Intervention Services

Date: _____

Child's Name: _____
(First) (Middle) (Last)

M/F: _____ Date of Birth: _____ Age at referral: _____ months

Parents Names : _____

Foster parents Yes _____ No _____ (Mark with X)

Languages spoken in the home: _____

Address: _____

City: _____ Postal Code: _____

Phone: #1. _____ #2: _____ #3: _____

Email: _____

Referring Agent: _____

Agency: _____

Address: _____ PC: _____

Telephone: _____ FAX: _____

Reason for referral: _____

Rate the child's needs: _____
(rate needs 1 to 5)

Rate the family's needs: _____

1. Mild
2. Mild to Moderate
3. Moderate
4. Moderate to Severe
5. Severe

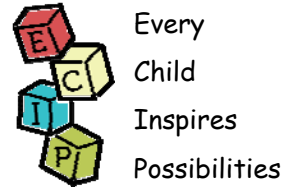
Please fill out Page 2

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Diagnosis: _____

Please identify your 3 main areas of concern:

1. _____

2. _____

3. _____

Please provide any additional referral information:

* Family is aware that referral information will be shared with ECIP.