

CAPTA: (Y) (N)
Due Date: _____



**Jackson County Early Intervention/
Early Childhood Special Education Services**
640 Superior Ct. Medford, OR 97504
Phone: (541) 494-7800 Fax #: (541) 494-7829

Child's name: _____ M/F Date of Birth: _____

Child's physical address: _____ School district: _____

Mailing Address: _____

Mother's name: _____ Address: _____ Phone: (hm) _____ (wk) _____

Father's name: _____ Address: _____ Phone: (hm) _____ (wk) _____

Are there legal restrictions limiting either parents' access to information? (Y) (N) (N/A) Parent E-mail _____

DHS Case Worker name: _____ Phone: _____

Foster Parent name: _____ Address: _____ Phone: _____

Has child ever received EI/ECSE testing/services here or in another location? _____ If yes, where/when? _____

Physician: _____ Dr. aware of referral? Yes / No Has child been in high-risk follow up? _____

School: _____ Teacher: _____ Phone: _____

Child's Primary language: _____ Need interpreter for parent? _____ For child? _____

Referring party: _____ Phone: _____ Parent informed of referral: Yes ____ No ____

CHECK THE SPECIFIC AREA(S) OF CONCERN. Please give examples of skills in each area, and indicate which areas are of concern.

Cognitive Development (problem solving, remembering, and learning new skills): _____

Receptive Language (understanding of language): _____

Expressive Language (using words, sounds, gestures to express needs and wants): _____

Gross Motor: large muscles (crawling, rolling, walking): _____

Fine Motor: small muscles (fingers, hands, wrists): _____

Self-help: taking care of needs (feeding, dressing, toileting): _____

Social, Emotional, Behavioral:(interaction with others and processing feelings) _____

Hearing: _____ Vision: _____ Health Concerns: _____

Additional information: _____

Previous history: _____ Dx: _____

Medications: _____

FOR JACKSON COUNTY EI/ECSE OFFICE USE ONLY Central Valley Team North Valley Team
 South Valley Team

Referral for:
 ECSE, 3 years to kindergarten Disenrollment
 Adding Eligibility Transfer Autism
 EI, birth to 3 years old High Risk Follow-up Other _____