

**Early** **Childhood Consultation and Outreach (ECCO)**

For Internal Use Only

ECCO ID #:\_\_\_\_\_\_\_\_\_\_\_

**Child Referral Form**

|  |  |
| --- | --- |
| I am referring a:  Child  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): |

Please send referral form to Julie Redding, Community Caring Collaborative

Julie Redding, LCPC jredding@cccmaine.org

225 Shattuck Road, Calais ME 04619

Cell: 207.214.8434 Fax: 207.952.9182

**Early** **Childhood Consultation and Outreach (ECCO)**



**Classroom – Center -- School**

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ECCO ID #:\_\_\_\_\_\_\_\_\_\_\_

**Referral Form**

|  |  |
| --- | --- |
| I am referring a:  Classroom  Center  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? |

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