



Early Childhood Consultation and Outreach (ECCO)

Child Referral Form

For Internal Use Only

ECCO ID #: _____

I am referring a: <input type="checkbox"/> Child <input type="checkbox"/> 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



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Classroom – Center -- School

Referral Form

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ECCO ID #: _____

I am referring a: <input type="checkbox"/> Classroom <input type="checkbox"/> Center <input type="checkbox"/> 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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