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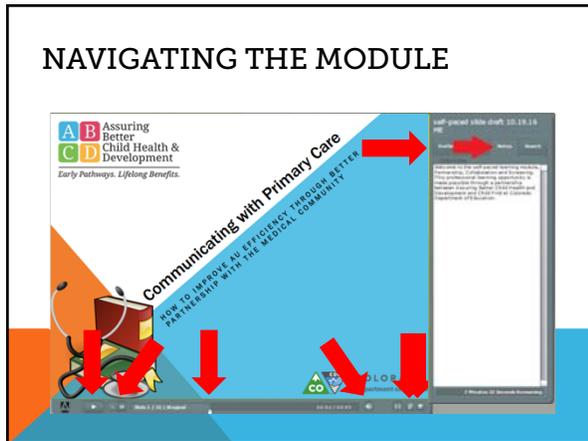
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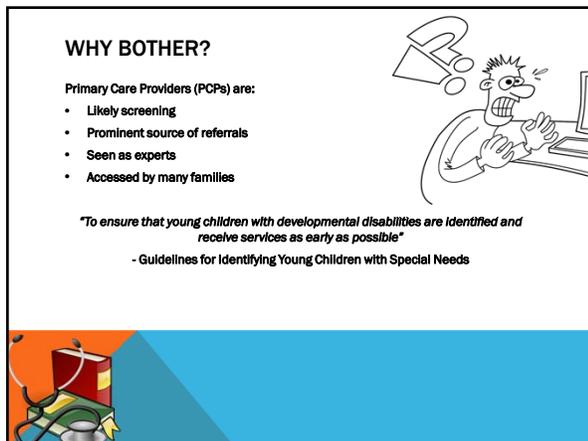
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### LEARNING OBJECTIVES

- > Describe the AU-primary care relationship as depicted by the Guidelines.
- > Identify how improving communication with primary care will benefit their child find program.
- > Understand how improving communication with child find programs benefits primary care practices.
- > Identify next steps in using available tools to improve communication with primary care practices.



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### DEFINING THE RELATIONSHIP

#### Partnership & Collaboration:

- Coordinate Across the Early Childhood System
- Generate Public Awareness
- Support Community Screening Efforts
- Actively Locate and Identify Children for Referral

#### Intake & Referral:

- Accept & Process Referrals



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### DEFINING THE RELATIONSHIP

*"Request permission from the parent to share information back to the referral source in the form of a Referral Status Update."*



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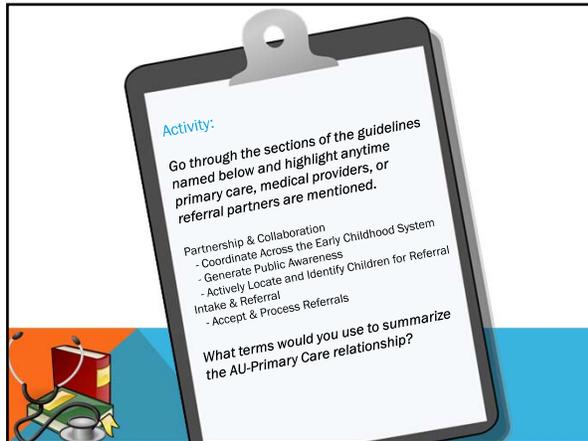
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**Activity:**  
Go through the sections of the guidelines named below and highlight anytime primary care, medical providers, or referral partners are mentioned.

Partnership & Collaboration  
- Coordinate Across the Early Childhood System  
- Generate Public Awareness  
- Actively Locate and Identify Children for Referral Intake & Referral  
- Accept & Process Referrals

What terms would you use to summarize the AU-Primary Care relationship?

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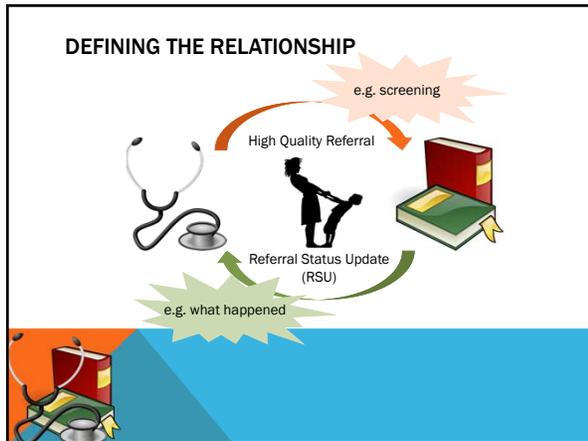
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**DEFINING THE RELATIONSHIP**

e.g. screening

High Quality Referral

Referral Status Update (RSU)

e.g. what happened

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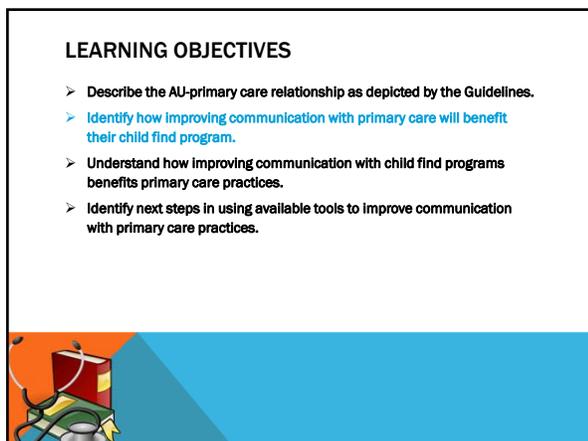
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**LEARNING OBJECTIVES**

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### BENEFITS TO CHILD FIND

**Child Referral Form**  
 COLORADO  
 Department of Public Health and Environment

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral Reason:  New  Update  Other (Please Specify) \_\_\_\_\_

School Name: \_\_\_\_\_ School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

Referral Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_ Referral Status: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Referral and Consent to Share Information**

I am providing this information to the Colorado Department of Public Health and Environment for the purpose of child find. I understand that the information I provide may be shared with other agencies for the purpose of child find. I understand that the information I provide may be used for other purposes, such as for the purpose of child find. I understand that the information I provide may be used for other purposes, such as for the purpose of child find. I understand that the information I provide may be used for other purposes, such as for the purpose of child find.

**Options From Child Find to Referral Source**

The information provided is for the purpose of child find only.

I am providing this information to the Colorado Department of Public Health and Environment for the purpose of child find. I understand that the information I provide may be shared with other agencies for the purpose of child find. I understand that the information I provide may be used for other purposes, such as for the purpose of child find. I understand that the information I provide may be used for other purposes, such as for the purpose of child find.

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The referral form was signed!

Concerns are well documented!

Received the completed screening!

They used the right form!

Reflection: How does the description of Dominic's referral journey differ from what you typically experience?

Accurate contact information!

The parent clearly wants an evaluation!

The parent was expecting my call!

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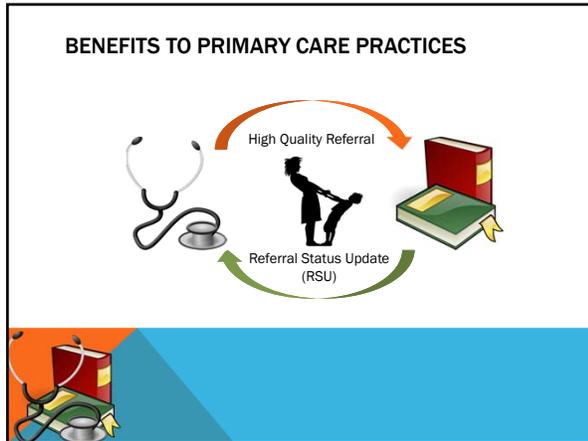
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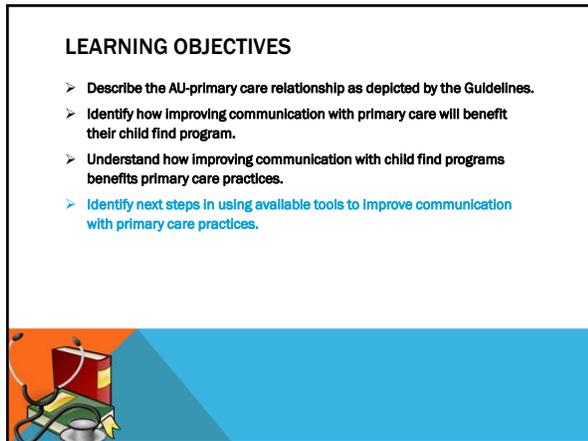
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### TOOLS

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**TOOLS: COVER LETTERS**

*"For future referrals, please use the attached referral form if you are not already doing so."*

*"If an Ages and Stages Questionnaire (ASQ) or a developmental screening was administered, please fax or scan the entire screening together with the referral form. Having this information helps us plan an evaluation with the staff and tools that are best suited to identify that child's needs."*

*"For future referrals, please note that verbal consent alone does not allow us to send referral status updates. In this case we were able to obtain written consent when the family arrived for evaluation, but if we were not able to reach the family or they had missed their appointment, we would not have been able to share that information with you. When possible, please obtain written consent for information sharing at the time of the referral."*

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**TOOLS: COVER LETTERS**

- > **Create several cover letters for various scenarios e.g.**
  - > The child was found eligible for preschool special education
  - > The child was not found eligible
  - > Insufficient contact information (include guidance on the importance of completing all the fields on the referral form)
  - > Wrong referral form
  - > No written consent (verbal consent only)
  - > Mass mailing to share your referral process with all local primary care practices

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**TOOLS: DECISION SUPPORT TOOL**

- > **Engaging families in shared decision making**
  - > High quality primary care
  - > Respecting family's goals and priorities
  - > Increasing referral buy-in
  - > Increasing referral follow-through!



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They used the right form!

Do primary care providers know what form to use and how to get it?

Received the completed screening!

Do they need to include...

Concerns are documented!

Accurate contact information!

The parent clearly wants an evaluation!

Could primary care providers guide some guidance for families?

The referral form was signed!

The parent was expecting my call!

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### COMMUNICATING WITH PRIMARY CARE

High Quality Referral

Referral Status Update (RSU)

*"To ensure that young children with developmental disabilities are identified and receive services as early as possible"*

Guidelines for Identifying Young Children with Special Needs

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### ADDITIONAL SUPPORT

Tailored technical assistance is available for a limited time. Complete and submit your Action Plan to be eligible for a 30 minute session to:

- customize any of the tools in this webinar
- receive extra support around mailing materials to primary care practices
- discuss additional strategies for improving partnerships in your community

Email your action plan to [irena@coloradoabcd.org](mailto:irena@coloradoabcd.org)

### CERTIFICATE OF COMPLETION

Go to this link to receive a certificate of professional development

- Link: <https://goo.gl/forms/1qA2vRJncFt7dCcl1>

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