Vermont I-Team
Early Intervention Project

TECHNICAL ASSISTANCE REQUEST FORM

CHILD INFORMATION:

Child Name: _____ Parents: _____

Date of Birth: _____

Home Address : Phone :_____

_____

_____

Is your child Medicaid (Dr. Dinosaur) Eligible?

☐ Yes

☐ No

ELIGIBILITY:

Children and teams requesting I-Team EI Project consultation will likely answer yes to all of the following statements. Teams are welcome to call the I-Team EI Project if they would like to further explore whether their child meets the eligibility criteria outlined below. Please indicate if each statement is accurate:

1. The child is currently between the ages of birth and 3 years old and has been referred to or is receiving services through Part C Early Intervention. **YES** ☐ **NO** ☐

2. The child has been identified as having or is suspected of having one of the following categories of diagnosis: (please select Yes or No). **YES** ☐ **NO** ☐

   ☐ a. Neurodevelopmental disabilities (e.g., Autism, Rett Syndrome)
   ☐ b. Genetic disorders significantly impacting overall development (e.g., Cornelia de Lange, DiGeorge Syndrome, Down Syndrome, Angelman's Syndrome),
   ☐ c. Congenital disorders (e.g., Agenesis of the Corpus Callosum)
   ☐ d. Acquired neurological injuries (e.g., HIE, PVL, Cerebral Palsy, CMV, Meningitis, Non-accidental trauma)
   ☐ e. Disability resulting in combined vision and hearing loss (e.g., CHARGE, Usher Syndrome)

3. The child has a complex profile of medical and/or developmental needs that significantly impacts participation in daily activities and routines. A child with a complex profile would likely be receiving or be eligible for at least weekly CIS services and have at least 2 CIS providers. **YES** ☐ **NO** ☐

4. The child could benefit from significant individualized supports to access and engage within their home and community environments. Individualized supports may include adaptive equipment, augmentative communication options, assistive technology, individualized instructional practices, and environmental modifications. **YES** ☐ **NO** ☐

5. The team would benefit from training, coaching, modeling and professional collaboration in order to best meet the needs of the child. **YES** ☐ **NO** ☐

CURRENT IDENTIFIED NEEDS:
In order to further assist the I-Team Early Intervention Project to respond to your request, please check the boxes that describe the child's current identified needs:

☐ Identified Medical or Developmental Diagnosis (if applicable): _

_____

☐ Identified or Suspected Hearing Loss

☐ Identified or Suspected Vision Loss

REFERRAL QUESTIONS:
The I-Team Early Intervention Project provides Technical Assistance and Training to support local teams including the family. Support of outcomes determined by the local team are provided through consultation to extend knowledge and skills and to model collaborative service planning and implementation.

What can the I-Team Early Intervention Project do to support your team?

To help us structure our technical assistance and training, please identify up to three questions you have about supporting this child's needs.

1.

2.

3.

TEAM MEMBERS:

Please complete all fields indicated for the team members below.

	Name	Email	Phone
Parent(s)/Guardian(s)			
EI Service Coordinator			
Developmental Educator			
Childcare/Preschool			
Speech Language Pathologist			
Occupational Therapist			
Physical Therapist			
Children with Special Health Needs			
Home Nursing			
Teacher of the Visually Impaired (VABVI)			
Teacher of the Deaf (Parent Infant Program 9 East)			
Other:			

Parent's preferred method of contact: _____

Form Completed By: _____
Date Completed: _____/_____/_____

VERMONT I-TEAM EARLY INTERVENTION PROJECT CONTACT INFORMATION:
Please send completed referral form to via UVM secure file transfer, secure fax, or to the address provided below.

Email: pamela.cummings@uvm.edu
Phone: 802-343-9400
Fax: 802-656-3636
Address:
Attn: Pamela Cummings, Project Coordinator
I-Team Early Intervention Project
UVM CDCI
305 Mann Hall 208 Colchester Ave.
Burlington, VT 05405
http://www.uvm.edu/cess/cdci/i-team-early-intervention-project