

Baker Office
1925 16th Street
Baker City, OR 97814
541.523.2664

Hermiston Office
290 W Punkin Center Road
Hermiston, OR 97838
541.567.7857

John Day Office
329 N Humbolt
Canyon City, OR 97820
541.792.0371

La Grande Office
1100 K Avenue, Ste. 100
La Grande, OR 97850
541.975.5625

Malheur Office
363 A Street West
Vale, OR 97918
541.473.3905

Pendleton Office
2001 SW Nye Avenue
Pendleton, OR 97801
541.966.3130

Wallowa Office
107 SW 1st St 105
Enterprise, OR 97828
541.426.4997

Please fax completed form to 541-276-4252, Attn: EI/ECSE or mail to the above Pendleton Office

REFERRAL/SCREENING INFORMATION

Date: _____

Person making referral: _____ Agency: _____

Child's Name: _____ Nickname: _____
(First) (Middle) (Last)

Date Of Birth: _____ Male: Female:

Father: _____ Child Lives With: Both Parents

Mother: _____ Father

Foster Parent(s): _____ Mother

Physical Address: _____ Grandparent
(street) (city) (zip code)

Mailing Address if different: _____ Foster

Home Phone: _____ (please include area code on all phone #s) Other

Work: (Dad) _____ (Mom) _____

Cell: (Dad) _____ (Mom) _____ Does child have health insurance? yes no

Email: _____

Message Phone: Whose: _____ #: _____

Ethnicity: White American Indian Hispanic Asian Black

Primary Language of child: _____ parent(s): _____

Interpreter needed: yes no

Attends Preschool: yes no Name of Preschool: _____

Teacher: _____ Attends: M T W TH F Time: _____

Has child ever received EI or ECSE services yes no

If so where: _____ When: _____

Areas of Concern:

Cognitive: Social: Articulation (intelligibility): Language (limited vocabulary):

Fine Motor: Gross Motor: Behavior: Adaptive: Audiology/Hearing:

Specific Concerns: _____

Diagnosed Medical Condition(s): _____

Child's Doctor: _____

Phone: _____

Clinic: _____

Fax: _____

Address: _____
