



First Steps Early Intervention System Referral (Sample of Information Gathering Tool)

Child's Information:			
Name: _____		Date of Birth: _____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Address: _____			
Street		Apartment	
City: _____		ZIP Code: _____	
County: _____			
Family Information:			
Mother's Name: _____		Father's Name: _____	
Address: _____		Address: _____	
Home Phone: _____		Home Phone: _____	
Work Phone: _____		Work Phone: _____	
Referral Source Information:			
Name: _____		Phone: _____	
Relationship to the Child: _____			
Date of Referral: _____			
Reason for the referral			
Please describe why the child is being referred to First Steps. Be specific about concerns or presenting problems.			