

**MARYLAND INFANTS AND TODDLERS PROGRAM**

<https://referral.mditp.org>

# Physician's Guide

**For Referring Children  
with Developmental  
Delays and Disabilities to  
Maryland's System of Early  
Intervention Services**



The Maryland Infants and Toddlers Program is coordinated by state and local agencies and organizations. The Maryland State Department of Education, Division of Early Intervention and Special Education Services is the lead agency.

**Through the Maryland Infants and Toddlers Program**, infants and toddlers with developmental disabilities may be eligible for early intervention—a statewide system of services and supports designed to enhance the potential for growth and development in children with developmental disabilities and the ability of families to meet the special needs of their children. A pediatrician, NICU doctor, family physician, or other health care provider is often a family's first link to early intervention. If you or a child's family has a concern about a child's development, please refer the child and family for early intervention services. **Complete a referral online at <https://referral.mditp.org>.** You may also complete the *Maryland Infants and Toddlers Referral and Feedback Form* provided in this guide. Then call or fax the referral to the local Infants and Toddlers Program in the jurisdiction where the child and family live.

**Be the link. [Make the referral.](https://referral.mditp.org)  
The earlier, the better.**

If you suspect developmental delay or atypical development in a child age birth to three years or if a child has a high probability medical condition, please refer the child and family to the Maryland Infants and Toddlers Program for early intervention services. *See page 4 for examples of atypical development.* High probability medical conditions that necessitate referral, include but are not limited to:

- AIDS
- Birth weight <1,200 grams
- Chronic Lung Disease (CLD)
- Congenital Infection—Symptomatic
- Congenital Malformation—Severe
- Deaf or Hard of Hearing (Bilateral or Unilateral)
- Encephalopathy—Severe
- Epilepsy—Severe
- Fetal Alcohol Syndrome
- Inborn Error of Metabolism
- Intraventricular Hemorrhage (IVH) Grades III/IV
- Lead Poisoning—Elevated Blood Lead Level  $\geq 20 \mu\text{g}/\text{dL}$
- Necrotizing Enterocolitis (NEC)—Surgical
- Neonatal Abstinence Syndrome
- Neurodegenerative Disorder
- Periventricular Leukomalacia (PVL)
- Visual Impairment

### Local Infants and Toddlers Programs in Maryland\*

County/Jurisdiction	Phone Number	Fax Number
Allegany	301-759-2415	301-759-2420
Anne Arundel	410-222-6911	410-222-6916
Baltimore City	410-396-1666	410-396-7397
Baltimore County	410-809-2169	410-339-3946
Calvert	301-609-6808	301-609-6691
Caroline	410-479-3246	410-479-4204
Carroll	410-876-4437	410-751-3496
Cecil	410-996-5444	410-996-1062
Charles	301-609-6808	301-609-6691
Dorchester	410-228-4747, ext. 1023	410-221-5215
Frederick	301-600-1612	301-600-3280
Garrett	301-334-7658	301-334-7621
Harford	410-638-3823	410-638-3825
Howard	410-313-7017	410-872-4918
Kent	410-778-7164	410-778-2896
Montgomery	240-777-3997	240-777-3132
Prince George's	301-925-6627	301-925-1994
Queen Anne's	410-758-0720, ext. 4456	410-758-2838
Somerset	410-651-1616	410-651-2931
St. Mary's	301-475-5511, ext. 32223	301-475-2469
Talbot	410-822-0330, ext. 150	410-820-4260
Washington	301-766-8217	301-791-6716
Wicomico	410-677-5250	410-677-5817
Worcester	410-632-5033	410-632-3867

\*Updated 08/2019

**For additional information, call the Maryland Infants and Toddlers Program at 410-767-7770 or toll free 1-800-535-0182.**

As the central figure in a child's medical home, you can be the link between families and the early intervention process.



## The Physician's Role in Early Intervention

### Early identification is critical.

"Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home and an appropriate responsibility of all pediatric health care professionals...children who have positive screening results for developmental problems should be referred to early developmental intervention and early childhood services and scheduled for earlier return visits to increase developmental surveillance."

—Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Children With Special Needs Project Advisory Committee; PEDIATRICS Vol. 118 No. 1, July 2006.

### Link families to early intervention.

As a primary health care provider and a central figure in a child's medical home, you are often a family's first link to early intervention services. Parents may bring a developmental concern to your attention or you may identify a concern as part of a routine visit or developmental screening. You can help families engage in the early intervention process in five simple ways.

- 1. Screen** infants and toddlers for developmental delay, atypical development, and high probability medical conditions.
- 2. Refer** infants and toddlers ages birth to 3 to their local Infants and Toddlers Program as soon as you or the family becomes concerned about the child's development. When making a referral, provide as many details as possible about the child's developmental and health status, and include essential information requested as part of the [online referral](#) or **Maryland Infants and Toddlers Referral and Feedback Form**. This information will help the local Infants and Toddlers Program prepare for an initial evaluation of the child, and develop an Individualized Family Service Plan (IFSP) if the child is determined eligible.
- 3. Arrange** for appropriate medical etiologic diagnostic evaluations and share the findings with the child's family. With the parent's permission, also share the findings with the local Infants and Toddlers Program so that relevant information can be shared with early intervention service providers and the child's IFSP can be modified, if needed.
- 4. Review** the child's initial and annual assessment results and routinely speak with the family about the child's progress towards meeting goals addressed on the IFSP. With the parent's permission, the local Infants and Toddlers Program can provide you with initial and annual assessment results, as well as ongoing information about the child's early intervention services.
- 5. Provide** medical updates, offer recommendations, and share your concerns about the child's development with the local Infants and Toddlers Program staff. As a vital member of the child's early intervention team, your input is extremely valuable.

**Together, physicians and early intervention personnel can help parents make a difference in the lives of their children with disabilities.**



## After a Physician Makes the Referral

### Eligibility is determined.

After you complete the [online referral](#) or phone or fax referral information to the appropriate number, the local Infants and Toddlers Program contacts the family to describe the program. If the family consents, a multidisciplinary eligibility evaluation is scheduled to determine whether the child is eligible for early intervention. **See side bar at right for eligibility criteria.** A multidisciplinary eligibility evaluation includes at least two professionals from different disciplines. As the child's primary care physician, you can be one of those professionals. The child's adaptive, cognitive, language, motor, and social-emotional development are assessed as part of this process, as are the child's hearing, vision, and general health status. After eligibility is determined, a thorough child and family functional assessment is completed to understand the family's natural routines and activities, as well as their resources, priorities, and concerns.

### Individualized Family Service Plan is developed.

Based on the unique needs of the child and family, the local Infants and Toddlers Program develops an Individualized Family Service Plan (IFSP) with the family, within 45 days of your referral. The IFSP is the working document that identifies services and supports (including frequency and duration) to meet specific early intervention outcomes for the child, and support the family's capacity to meet the developmental needs of their child. In most cases, early intervention services listed on the IFSP begin within 30 days of the date of the parent's signature on the plan. The IFSP is reviewed on an ongoing basis and modifications are made as appropriate. The IFSP is re-written annually, or more often if necessary.

### Child receives early intervention services.

Children who are eligible for early intervention due to a  $\geq 25\%$  delay and/or atypical development will continue to receive early intervention services until the delay or atypical development resolves. If the concerns are resolved, the local Infants and Toddlers Program will help the child and family transition to other community resources as appropriate. If concerns persist to age 3, the local Infants and Toddlers Program will transition the child and family to community services, or services through an Extended IFSP until the beginning of the school year following the child's 4th birthday, or school services under an Individualized Education Program (IEP). On the other hand, children who are eligible for early intervention due to a high probability condition are eligible to participate in early intervention until age 3. Depending on whether or not concerns exist at age 3, the local program may transition the child and family to community services, or services through an Extended IFSP, or school services under an Individualized Education Program (IEP).

### Eligibility Criteria

Children ages birth to 3 years may be eligible if they meet one of the following criteria:

1.  $\geq 25\%$  delay compared to chronological age or adjusted age\* in one or more of the following domains:
  - adaptive
  - language (expressive or receptive)
  - motor (fine or gross)
  - social-emotional
  - cognitive
2. Diagnosed condition that has a high probability of resulting in delayed or atypical development\*\*
3. Atypical development in one or more of the above domains

\*A child's adjusted age is used to determine eligibility if the child was born prior to 37 weeks gestational age. A child's adjusted age is used until the child's adjusted age is 12 months.

\*\*Atypical development refers to quality of performance. A child may demonstrate skills that are age appropriate but that are of atypical quality.

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### Examples of Atypical Development

- **Adaptive:** Refusal to take foods of a certain texture
- **Language:** Perseverative repetition of words
- **Motor:** Hypertonicity and arching that results in early rolling (gross motor) or tremulousness and overshooting when reaching for objects (fine motor)
- **Social-emotional:** Decreased initiation of communication for social purposes
- **Cognitive:** Repetitive and stereotyped patterns of play with objects

**As the central figure in a child's medical home, you can be the link between families and the early intervention process.**



## More About Early Intervention In Maryland

The **Maryland Infants and Toddlers Program (MITP)** provides family-centered early intervention services and supports to help families enhance their children's developmental potential. In 2018, the MITP provided early intervention services to more than 19,214 children and their families through 24 local Infants and Toddlers Programs. The MITP provides early intervention services at no direct cost to families.

Research and best practices demonstrate that infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts. The MITP bases its early intervention practices on best available research and evidence-based practice, while adhering to relevant laws and regulations under Part C of the Individuals with Disabilities Education Act (IDEA).

Acknowledging the primary role of the family in the early intervention process, Maryland's early intervention system has evolved from a traditional child-centered "clinical model" to a family-centered developmental model where service providers work with and coach the family in planning and providing interventions and strategies to help foster the development of their child within the context of a family's daily routine. The family participates as a member of the Individualized Family Service Plan (IFSP) team that decides which early intervention services are best for that individual child and family. Outcomes are generated by the IFSP team based on the unique needs, interests, and resources of that child and family.

Since each family has its own aspiration for its child and family, individualized early intervention outcomes are likely to differ from one child to another despite the fact that children may have the same disability. Similarly, the frequency, duration, and types of services may differ for children who share the same disability. Factors such as severity of the disability, the child's age and temperament, and the family needs and resources, contribute to decisions regarding the type and amount of early intervention services provided.

For more information on Maryland's early intervention system and other early childhood initiatives, call 410-767-7770, or visit <https://referral.mditp.org>.

### Family-Centered Services

"Short-term and longitudinal data (even into young adulthood) demonstrate the value of early childhood intervention focusing on family-centered coordinated services that support parent-child relationships as the core element of intervention."

-Adams, RC; Tapia, C; and the Council on Children with Disabilities. Early Intervention, IDEA Part C Services, and the Medical Home: Collaboration for Best Practice and Best Outcomes. PEDIATRICS Vol. 132, Number 4, October 2013

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### The Maryland Infants and Toddlers Program provides family-centered services by:

- Treating families with dignity and respect as their child's first teachers,
- Providing choices to meet individual family priorities and concerns,
- Sharing all available information so that families can make informed decisions, and
- Providing support to empower families to know their rights, communicate effectively about their child, and help their child develop and learn.

# Maryland Infants and Toddlers Program Referral and Feedback Form

Please complete this form for each child you refer for early intervention. Diagnosis of a specific condition or disorder is not necessary for referral.

## SECTION 1 – To be completed by Physician/Health Care Provider/Referring Agency

### Parent/Child Contact Information:

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Child Age in Months: \_\_\_\_\_ Gender: M / F

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **Maryland** Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Reason(s) for Referral to Early Intervention: *Please check all that apply.*

- Identified condition or diagnosis (e.g., spina bifida, Down syndrome, Birthweight <1200g): \_\_\_\_\_
- Suspected developmental delay or concern (*Please circle areas of concern*):  
 Motor/Physical Cognitive Social/Emotional Speech/Language Behavior Other: \_\_\_\_\_
- Failed Standardized Developmental Screening Tool (*Please indicate screen used and attach screen results*):  
 Ages and Stages PEDS Other: \_\_\_\_\_
- At Risk/High Probability Factor (*Describe*): \_\_\_\_\_
- Other (*Describe*): \_\_\_\_\_

### Referral Source Contact Information:

Person Making Referral: \_\_\_\_\_ Date of Referral: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## SECTION 2 – To be completed by the Parent/Guardian

### Parent/Guardian Consent to Release Information:

I, \_\_\_\_\_ (*print name of parent or guardian*), give my permission for my pediatric health care provider (listed above) and the Maryland Infants and Toddlers Program to share and communicate any and all pertinent information regarding my child (*print child's name*) \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## SECTION 3 – To be completed by Local Early Intervention System (Local Infants and Toddlers Program) and returned to the Referral Source (e.g., physician)

Date Referral Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Attempts to Contact Unsuccessful: \_\_\_\_\_

Name of Assigned Service Coordinator: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Eligible for Early Intervention Services? Yes No

Initial Results of IFSP (*Attach IFSP Part II, Section A*):

Areas of Development to be Addressed:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Cognitive          | <input type="checkbox"/> Expressive Language | <input type="checkbox"/> Receptive Language | <input type="checkbox"/> Social-Emotional |
| <input type="checkbox"/> Adaptive/Self-Help | <input type="checkbox"/> Gross Motor         | <input type="checkbox"/> Fine Motor         |   |

Initial Services to be Provided:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Special Instruction | <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
|--|--|---|---|

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### To Make a Referral:

Maryland Infants and Toddlers Program Online Referral System

<https://referral.mditp.org>

### For More Information

Maryland State Department of Education  
Division of Early Intervention and Special Education Services (DEI/SES)  
Maryland Infants and Toddler Program

<https://mditp.org>

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