Early Learning Coalition
Indian River • Martin • Okeechobee

Referral Protocol

Provider Name	**Director Name**
Child Name	**Child DOB/Age**
SR/VPK (circle 1)	**Classroom Name/Teacher**

Please email the following information and documents to Michelle Alkire, Child Screening and Referral Specialist (malkire@elcirmo.org):

-Most recent ASQ. *Email Michelle with DOB for appropriate ASQ questionnaire.*
-ABC Checklist, completed for 1 week minimum https://www.elcirmo.org/wp-content/uploads/2026/08/ABC-Checklist.pdf
-Classroom Daily Schedule, including typical arrival/nap/dismissal time for this child
-When was the child first enrolled and when were they placed in the current classroom?
-Have there been any staff changes affecting this child?

Questionnaire:

1. Describe the behavior/referral concern.

2. How long have you noticed the behavior? Has it increased? Include times of day.

3. Has the family reported similar concerns?

4. Has the family reported any changes at home (divorce, new baby, move, etc.)?

5. What strategies has the teacher implemented and how has the child responded?

6. How long have the above strategies been used?

7. Has this child been referred previously (include outcome).

8. Is he/she currently receiving any services, if so, from whom?

Once all documentation is received and reviewed, Michelle will be in touch with the provider to develop an action plan.