Child Welfare Mental Retardation/Developmental Disability Screening Tool

As a Child Welfare Case Management Provider, please use this screening tool to determine if a referral to the local CDDO or Infant/Toddler/tiny-k program is appropriate for this family/child. If the answers for questions 1-4 are “yes”, a referral to the local CDDO or Infant/Toddler/tiny-k program is required. If you have answered “yes” on question 5, please refer the child for determination of eligibility for the ACIL Program by contacting a Targeted Case Management Provider listed on the website: http://www.srs.ks.gov/services/Pages/MapCIL.aspx

1. Has the child ever had an Individualized Education Plan for MR/DD Issues? Yes ___ No ___

2. Has the child ever been placed in a specialized classroom (i.e. learning disability)?
   Yes ___ No ___

3. Has the child ever been determined eligible for Title I services by the local education authority?   Yes ___ No ___

4. Has the child ever been evaluated by a physician who used any of the following terms in a diagnosis?   Mental Retardation, Downs Syndrome, Cerebral Palsy, Asperger’s Syndrome, any Pervasive Developmental Disorder or diagnosis on the autism spectrum. Yes ___ No ___

5. Does the child have any medical condition that requires on-going use of equipment to sustain life?   Yes ___ No ___

OFFICE USE ONLY
CDDO or Infant/Toddler/tiny-k Referred to: __________________________
Date of Referral: __________________________