

Sharing Child Information to Coordinate Early Childhood Special Education (ECSE) Referrals

GUIDANCE FOR CLINICS AND SCHOOLS

Medical providers and educational professionals each play an important role in early identification and treatment of developmental and social-emotional concerns in young children birth through five years of age. When clinics and schools communicate effectively, families get the support they need to move from screening to evaluation to appropriate services, resulting in better developmental outcomes for their child. The following guidance clarifies responsibilities.

For Clinics

When developmental or social-emotional concerns are identified:

- Talk with the family about the concerns, offer resources and options for next steps, and decide on a plan together.
- Refer the child for a free **educational evaluation** to determine eligibility for early childhood special education (ECSE).
 - Send the referral directly to the child's local school district, online at www.HelpMeGrowMN.org, or by calling 1-866-693-GROW (4769).
 - *Do not delay. An earlier referral may result in better outcomes for the child and family.*
 - Signed parental consent is not needed to share contact information to make the referral, but is required to share screening results or other pertinent medical information.
 - Refer again later if the family has not made it to the next step.
- Provide more in-depth **medical evaluation** to determine potential cause and treatment.
- For social-emotional concerns, also refer to an **early childhood mental health provider** (refer to the [map](#) of trained mental health professionals).

For Schools

When a child is referred to ECSE for an initial evaluation, it is important to share results with the child's primary clinic. Medical providers may use the results to follow up with the family about additional diagnostic or treatment services. They may also connect the child and family with additional private therapies.

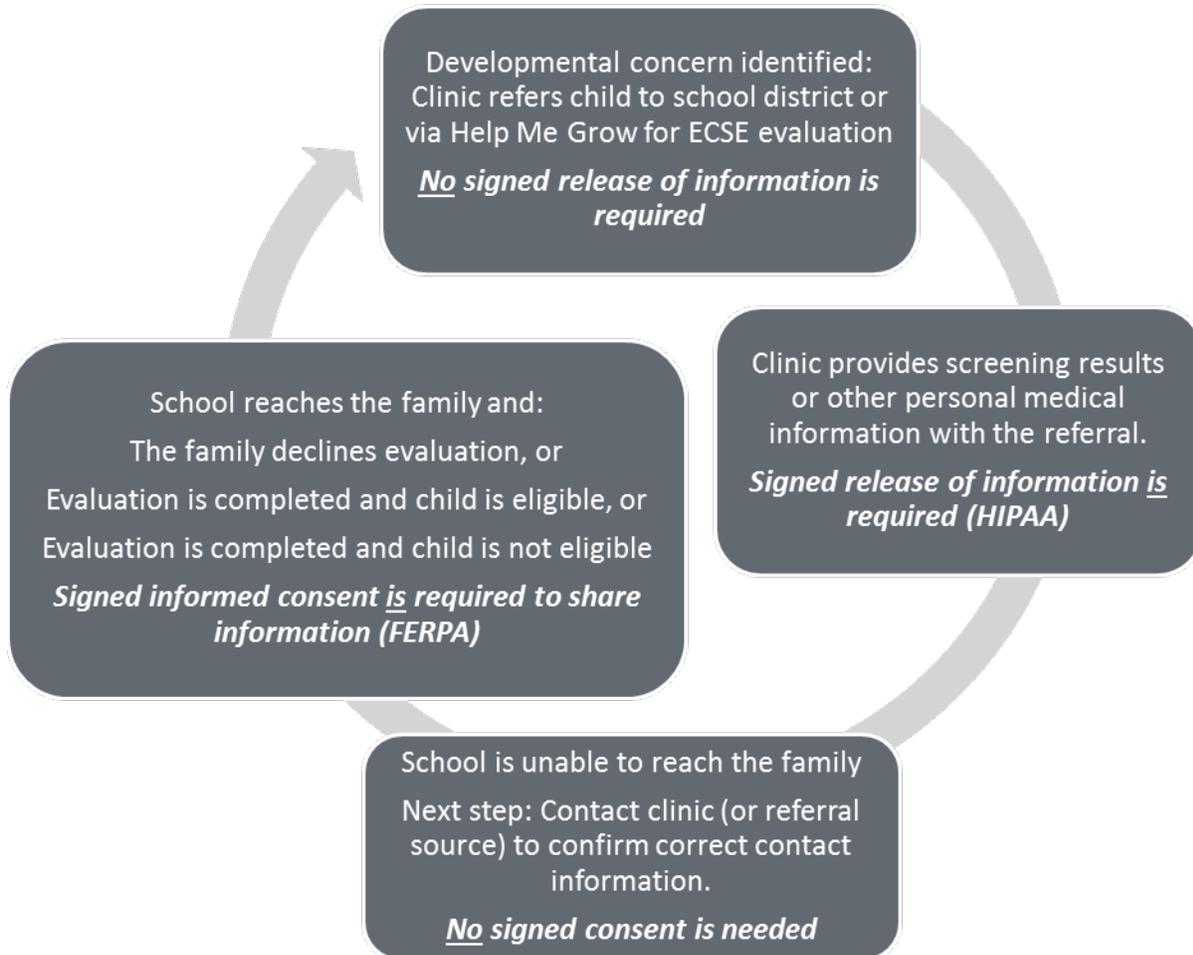
To ensure that medical providers have the information they need from the school to effectively meet the child and family's needs, recommended practice is to *routinely obtain signed parental consent to share information with the clinic and healthcare provider*, regardless of the referral source.

Some or all of the following information may be needed by the clinic and primary care clinician. **Send evaluation information** to the clinic by secure electronic means or mail, rather than sending it with the parent.

- Date of the evaluation.
- A summary of the results: Eligible for ECSE services (yes/no); category of services; type and frequency of services.
- Full evaluation or IEP/IFSP report (for children with more complex needs).

Closing the communication feedback loop: When is signed consent needed?

Clinics are responsible to make sure they have a signed release of information from the parent/guardian before sharing the child’s personal health information, under HIPAA federal law. Schools must obtain written parental consent to share the child’s educational information, under FERPA. Each agency/program must ensure that their processes follow federal law and state statute. For legal questions, contact your local organization or district counsel.



Healthcare providers contact:
Minnesota Department of Health
Child and Teen Checkups
PO Box 64882,
St. Paul, MN (zip) 55164-088285
(phone) 651-201-3760
health.childteencheckups@state.mn.us
www.health.state.mn.us

Educators contact:
Minnesota Department of Education
Early Learning Services
1500 Hwy 36 West
Roseville, MN 55113
Phone 651-582-8495
mde.esce@state.mn.us
www.helpmegrowmn.org

To obtain this information in a different format, call 651-201-3760.