



Indian Children's Program (ICP)
Referral Form
Center for Development & Disability
University of New Mexico

Date ICP Received Referral : _____

Name of child: _____

Date of birth: _____ Age: ____ Male Female School or Preschool: _____

Tribal census number: _____ IHS Chart number: _____

Parents/Guardian (circle one): _____

Mailing address: _____

Location of home: _____

Phone number(s): (home) _____ (cell) _____ (work) _____

Person making the referral: _____ Address: _____

Phone: _____ Fax: _____

Is the family aware of the referral? Yes No

Will an interpreter be needed? Yes-Language _____ No

Reason for referral: (Check all that apply)

- Delays in problem solving/thinking
- Difficulty with academics/learning
- Difficulty with speech & language
- Difficulty with adaptive skills (eating, dressing etc)
- Difficulty with behavior
- Difficulty with social/emotional skills
- Difficulty with motor skills
- Other concerns _____

Services requested: (Check all that apply)

- Evaluation needed
- Determine eligibility/present levels of performance for program planning
- Consult with family/provider
- Therapy services
- TA/training for providers
- Other _____

Reason ICP is needed: (Check all that apply)

- Would like to know what services this child may be receiving
- Need specialized expertise
- No other services available
- Local service agencies overloaded
- Other _____

Comments or Concerns: _____

Questions: Call Daisy Rosero at 1-(866)-427-8661 or (505) 272-1856

Please fax or send referral form to:

Daisy Rosero, ICP
Center for Development & Disability
University of New Mexico
2300 Menaul NE
Albuquerque New Mexico 87107

FAX: (505) 272-9014