

This
**Early Childhood
Intervention**
program works in association with
Texas Health and Human Services

Early Childhood Intervention ECI- Project Niños

Who Are We?

Early Childhood Intervention (ECI) is a state funded program with the Texas Health and Human Services Commission. We service families with children from birth to 36 months with developmental delays, disabilities or certain medical diagnoses that may impact development. ECI services support families as they learn how to help their children grow and develop. Services are provided in the home and community settings.

How Are ECI Services Determined ?

An interdisciplinary team conducts a comprehensive evaluation to determine eligibility. If the child is eligible for services, the team, along with the parents, develop an Individualized Family Service Plan (IFSP) that focuses on involving the family in therapeutic interventions and builds on the setting and routines familiar to the child.

*Medically Diagnosed Condition:

If your child has a medically diagnosed condition that is likely to cause a developmental delay and has a need for services, he or she will qualify for ECI services.

*Auditory or Visual Impairment:

A child who has an auditory or visual impairment as defined by the Texas Education Agency (TEA) qualifies for ECI.

*Developmental Delay:

A child who has a developmental delay of at least 25 percent in one or more areas of development such as, social emotional, self-help, communication, motor functions or cognitive skills- qualifies for ECI services. If the only delay is expressive language development, there must be a 33 percent delay to qualify.

Pathways: Parent-Training Program

The *Pathways Parent Training Program* is developed to teach parents to address the unique needs of their toddler diagnosed with autism or who are demonstrating characteristics of autism. Our early autism intervention program is based on the most current research on intervention for toddlers with autism spectrum disorders. We use an approach that promotes communication and social engagement; helping these children become active participants in the world.



Array of ECI Services

- * Physical Therapy
- * Occupational Therapy
- * Speech-language Therapy
- * Specialized Skills Training
- * Case Management
- * Audiology and Vision Services
- * Assistive Technology
- * Other specialized services available



Referrals

To make a referral, either:

- * Call: (956) 728-1769
- * Fax: (956) 722-1723
- * E-mail: eci@cacost.org
- * Visit our Facebook Page



Referral for ECI Services

Please fill out as much information possible.

Child's Information

Child's Name:	DOB:	Parent's Name:
Phone:	Preferred Language:	Address: Apartment#:

Reason for Referral

1) Suspected developmental delay in the following area(s): **Cognition** **Motor** **Communication** **Adaptive/Self-Help**

2) Medical Diagnosis (Description):

ICD-10 Code(s):

3) Sensory Impairment (Circle if necessary): **Auditory** **Visual**

4) Failed Screener (Circle if necessary): **ASQ** **PEDS** **M-CHAT** **Other:**

Specify Concerns:

Note: Attaching supporting medical records such as well-child exams, prescriptions, and physician's signature will expedite referral process.

Evaluate and treat in the area of (Please check): **Physical** **Occupational** **Speech** **Nutrition**

Referral

Referral Date:	Name of Referral Source:	Name of Person Making Referral:
Phone:	Fax:	Address:

Physician's Signature:

AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION BETWEEN REFERRAL SOURCE AND ECI

By signing I authorize the physician or referral source above to send to the ECI program any of my child's pertinent medical information or other documents that will assist in the ECI evaluation and the determination of services my child may need,

for ECI to exchange information with my physician or referral source regarding this referral as it pertains to the following:

- 1) Status of the referral, 2) Evaluation results, 3) Parent/Caregiver choice regarding ECI services and 4) any other information requested from child's physician.

Parent or Legal Guardian's Signature: _____

Date: _____