



TRACE Practice Guide

REFERRAL

Volume I, Number 4

December 2006

Providing Feedback to Primary Referral Sources

Carl J. Dunst

Findings from a practice-based research synthesis of the patterns of physician referrals of young children with disabilities and identified conditions (Dunst & Gorman, 2006) show that providing feedback to the referral sources is an important factor in sustaining referrals to secondary care providers. This *TRACE Practice Guide* includes guidelines for identifying the types of feedback desired by primary referral sources and for providing feedback in a timely manner and in a format that is most likely to be useful to primary referral sources. The guidelines were specifically designed to promote and sustain referrals to early intervention and preschool special education programs.

Primary Referral Sources

Individuals with Disabilities Education Act (IDEA) Part C early intervention programs and Part B(619) preschool special programs are required to develop methods and procedures for promoting referrals of infants, toddlers, and preschoolers with identified disabilities or developmental delays by primary referral sources. Primary referral sources include, but are not limited to, physicians and other health-care providers, hospitals, information and referral programs, child care programs and family child care providers, public health departments and centers, social services agencies, developmental evaluation centers, and other early childhood professionals and practitioners (Dunst, Trivette, Appl, & Bagnato, 2004). As required by IDEA, states must develop and implement procedures that primary referral sources can use for referring a child to early intervention or preschool special education. Procedures for promoting and sustaining referrals to early intervention and preschool special education are typically part of a comprehensive system of child find, referral, early identification, and eligibility determination (Dunst & Trivette, 2004) used to ensure that all children in need of early intervention or preschool special education are located and identified, then enrolled in and receive the services/supports they

need to promote learning and development. Practices that early intervention and preschool special education program providers can use to improve primary referral source satisfaction with referrals are the focus of this *TRACE Practice Guide*.

Research Foundations

The results of the research synthesis used to develop this practice guide pointed to a number of factors that were important in terms of primary referral source referrals to secondary care providers, including early intervention and preschool special education programs. First, physicians wanted and expected feedback about their referrals, but more often than not did not receive any. Second, satisfaction with referrals was related to timely feedback in a form desired by physicians. Feedback was so important that if it was not provided, referrals to the secondary care providers often were discontinued. Both the type of feedback primary referral sources wanted and the form of the feedback were found to be important if referrals were likely to continue to be made to early intervention, preschool special education, and other secondary care providers.

Types of Feedback

Five types of feedback were found to be desired by primary referral sources: (1) acknowledging a referral, (2) informing the referral source about a child's developmental status and eligibility for services, (3) informing the referral source about the services provided for a

This *TRACE Practice Guide* is a publication of the Tracking, Referral and Assessment Center for Excellence (TRACE) funded by the U.S. Department of Education, Office of Special Education Programs (H324G020002). Opinions expressed in this publication are those of TRACE and do not necessarily reflect the views of the U.S. Department of Education. TRACE is a major initiative of the Center for Improving Community Linkages, Orelena Hawks Puckett Institute, www.puckett.org. Copyright © 2006 by the Orelena Hawks Puckett Institute. All rights reserved.

child, (4) periodically updating the referral source about the child's progress, and (5) keeping the referral source informed about changes in the child's involvement in the early intervention or preschool special education program. The manner in which and the format of the feedback varied depending on the primary referral source. Knowing whether the primary referral source wants to be telephoned, receive a written report, be e-mailed, etc. was important if feedback was to be provided in a desired manner. Knowing how much information to provide was important as well. Too little information was not likely to be informative and too much information (e.g., lengthy assessment reports) was most likely not to be read. Physicians, for example, have told us that a half page report about the desired information is a sufficient amount of feedback.

Feedback Guidelines

The Appendix includes a checklist that can be used to be sure feedback is provided in a timely manner and in a form that is most helpful to primary referral sources. The checklist can be especially helpful for establishing a process that can be used for all referrals made by primary referral sources. The following are guidelines for providing feedback to primary referral sources.

Acknowledge All Referrals

All referrals should be acknowledged immediately. When doing so, include information about the steps that are being taken to "process" the referral. This can be as simple as a "thank you" note with an indication of when and how the referral will be processed. For example, "Thank you for referring Johnny Blake to the 'XYZ' early intervention program. The assessment you requested is scheduled for next week. You can expect the evaluation report in about two weeks."

Reason for the Referral

Take the time to be sure you are clear about the purpose of the referral. Does the primary referral source want a child developmental assessment, an eligibility determination, the provision of services, someone to talk to the child's parents, etc.? Primary referral source satisfaction with a referral is related to the match between what he or she wants and what your program offers or does. If the reason for the referral isn't clear, contact the referral source to clarify what he or she wants you or your program to do.

Provide Feedback in a Desired Format

Take the time to identify the manner in which feedback is desired. Does the primary referral source prefer a written response, a phone call, an e-mail, face-to-face

contact, etc.? Because different referral sources are likely to have different feedback preferences, it is helpful to develop a "tickler file" to tailor the feedback to each referral source's preferences.

The format of the feedback will also influence satisfaction with a referral. If feedback is provided in a written format, the content and length will influence primary referral source appraisals of the feedback. A good rule of thumb is to limit the report or summary to one page.

Provide Feedback in a Timely Manner

The timeliness of feedback is an important factor for both promoting and sustaining referrals. Acknowledging referrals should occur within two working days. If the acknowledgement does not include information about when the referral will be processed, this should be provided as soon as this information is known. If processing a referral is going to be delayed for any reason, the primary referral source should be informed that this is the case and be given some idea about when the referral will be processed.

Keep Referral Sources Informed About Child Services and Progress

Update the primary referral source on a regular basis. Many physicians, for example, tell us that they want "brief updates" every 3 or 4 months on the services being provided a child and the child's progress. Programs that are especially good at keeping primary referral sources informed about child services and progress typically use a feedback form that allows them to indicate what services are being provided, how often, and any changes or improvements in the child's behavior and development. It is a good idea to develop an electronic database that prompts you when it is time to update primary referral sources about the children served by your program.

Provide Status Reports as Indicated

In addition to regular feedback, it is a good idea to keep primary referral sources informed about any changes in a child's involvement in your program. This should be done when services are added, changed, or discontinued; when a child is no longer participating in your program; when a child is enrolled in a new program; if the child's family has moved or no longer wants services, etc. Information obtained from physicians and other primary referral sources as part of *TRACE* activities indicates that referral sources often are disturbed when they learn that changes have occurred and they were not informed about them.

Conclusion

The guidelines in this *TRACE Practice Guide* may seem like a lot of work, but in the long run they will

pay off by building the kind of primary referral source/early childhood provider interface that sustains referrals to early intervention and preschool special education programs. Work at *TRACE* has resulted in a number of lessons learned about promoting and sustaining referrals from primary referral sources. One lesson learned from many different kinds of research, interactions with primary referral sources, and findings from *TRACE* practice-based research syntheses is that frequent contact with primary referral sources and feedback about persons referred are important factors influencing decisions about which provider or program is likely to be used for child referrals.

The *TRACE Practice Guide* described in this paper is part of a series of practice guides and guidelines that can be used for improving childfind and for promoting referrals to early intervention and preschool special education programs (Dunst, 2006a, 2006b, 2006c). The interested reader should find the strategies and checklists in these other *TRACE* products useful as part of a comprehensive and systematic approach to conducting child find.

References

- Dunst, C. J. (2006a). Improving outreach to primary referral sources. *TRACE Practice Guide: Child Find, 1(3)*. Available at http://tracecenter.info/practice-guides/practiceguides_vol1_no3.pdf
- Dunst, C. J. (2006b). Providing regular feedback to primary referral sources is more likely to result in sustained referrals. *Endpoints, 2(1)*, 1-2. Available at http://tracecenter.info/endpoints/endpoints_vol2_no1.pdf
- Dunst, C. J. (2006c). Tailoring printed materials can help improve child find and increase referrals from primary referral sources. *Endpoints, 2(4)*, 1-2. Available at http://tracecenter.info/endpoints/endpoints_vol2_no4.pdf
- Dunst, C. J., & Gorman, E. (2006). Physician referrals of young children with disabilities: Implications for improving child find. *Cornerstones, 2(1)*. Available at http://tracecenter.info/cornerstones/cornerstones_vol2_no1.pdf
- Dunst, C. J., & Trivette, C. M. (2004). Toward a categorization scheme of child find, referral, early identification and eligibility determination practices. *Tracelines, 1(2)*, 1-18. Available at http://www.tracecenter.info/tracelines/tracelines_vol1_no2.pdf
- Dunst, C. J., Trivette, C. M., Appl, D. J., & Bagnato, S. J. (2004). Framework for investigating child find, referral, early identification, and eligibility determination practices. *Tracelines, 1(1)*, 1-11. Available at http://www.tracecenter.info/tracelines/tracelines_vol1_no1.pdf

Author

Carl J. Dunst, Ph.D., is Co-Principal Investigator at TRACE and Co-Director of the Orelena Hawks Puckett Institute, Asheville (dunst@puckett.org).

Appendix

Primary Referral Source Feedback Checklist

Carl J. Dunst

Primary Referral Source _____ Date of Referral _____

Name of Referred Child _____ Age _____

This checklist is used to ensure feedback is provided to primary referral sources in a timely manner and in a form that is most useful to the referral sources. The checklist is designed so that feedback will improve satisfaction with referrals.

✓ **Was the referral acknowledged in a timely manner?** Yes No

Date of acknowledgement: _____

✓ **Was the reason for the referral determined?** Yes No

If **Yes**, indicate the reasons for the referral:

Child assessment/evaluation Eligibility determination

Provision of child services

Other (_____)

✓ **Was the desired format of the feedback identified?** Yes No

If **Yes**, indicate the desired format of feedback:

Written report Telephone call E-mail Personal contact

Other (_____)

✓ **Was the type of feedback determined?** Yes No

If **Yes**, indicate the type of feedback requested:

Progress note IFSP/IEP Evaluation results Status report

Other (_____)

✓ **Was the feedback provided as requested and in a timely manner?** Yes No

If **Yes**, indicate when and how the feedback was provided: _____

✓ **Were changes in the child's status communicated to the referral source?** Yes No

If **Yes**, indicate the changes that occurred: Types of services

Frequency of services Enrollment in a new program

Termination of services Other (_____)