<table>
<thead>
<tr>
<th>Diagnosis or concern for:</th>
<th>Evaluation prior to referral</th>
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</thead>
</table>
| Speech delay or Developmental delay or Autism spectrum disorder | • Audiology referral  
• Speech therapy referral  
• If <3 years old – Babynet referral  
• If >3 years old – Recommend parent  
contact public school district for  
evaluation (Childfind) |
| Gross motor delay                                | • Order CPK and TSH  
• Refer to physical therapy  
• If <3 years old – Babynet referral |
| Fine motor delay or sensory processing concerns  | • Refer to occupational therapy                                                             |