

Date of Referral: _____

Section 1. Child Contact Information

Child's Name: _____ Child's Gender: Male Female

Child's Address: _____

Child's Date of Birth: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Address: _____

Phone: _____ Child's Primary Language: _____

Local Education Agency Name: _____

Local Education Agency Address: _____

Section 2. Early Care and Education Program Contact Information

Early Care and Education Program Name: _____

Early Care and Education Program Address: _____

Contact Person: _____

Contact Phone #: _____ Contact Email: _____

Section 3. Primary Care Provider Contact Information

Child's Primary Care Provider Name: _____

Child's Primary Care Provider Address: _____

Contact Person: _____

Contact Phone #: _____ Contact Email: _____

Section 4. Reason(s) for Referral

Name of Person/Entity Making the Referral: _____

Reason for Referral (choose all that apply)

Screening Results Teacher Observation Parent Request Transitioning from Early Intervention

Areas of Concern (choose all that apply):

Cognitive/Educational Communication Motor Social/Emotional Hearing Vision Health

COMMENTS:



Standardized Request for Early Childhood Special Education Evaluation

Section 5. Authorization to Release Information

I, _____ (name of parent or guardian), give my permission for my child's primary care provider, _____ (print name of provider), to share pertinent information about my child, _____ (print name of child) regarding suspected developmental delay or related medical conditions with the child's Early Child Care and Education Program. I understand that I may withdraw this consent by written request to my child's primary care provider, except to the extent it has already been acted upon.

Your consent allows the child's Early Child Care and Education Program, _____ (insert name of early child care and education program), to share reports and results related to the child's suspected developmental delay with your child's primary care provider listed above in Section 3. I understand that I may withdraw this consent by written request to my child's Early Child Care and Education Program, except to the extent it has already been acted upon.

I certify that this Authorization to Release Information has been given freely and voluntarily. Information collected hereunder may not be re-disclosed unless the person who consented to this disclosure specifically consents to such re-disclosure and/or the re-disclosure is allowed by law. I understand that I have a right to inspect and copy the information to be disclosed.

Signatures

Parent/Guardian*:

Name Printed Signature Date

* Consent is effective for a period of 12 months from the date of you signature on this Release

Individual Authorized to sign for Early Care and Education Program:

Name Printed Signature Date