

Internal Use Only

Referred to

<input type="checkbox"/>	RCEB
<input type="checkbox"/>	SELPA:
<input type="checkbox"/>	Transition ASAP

Children referred at 30+ months:

- Discussed transition to school district for preschool services
- Parent declined referral to LEA at intake
- _____ School district declined acceptance of referral at intake

Sent To:

Name _____

Agency _____

Date _____

Delivery Method _____

Attempts to contact:

Child's Name _____ AKA _____
Last First Middle

F M DOB _____ SSN _____ Ethnicity _____

Student # _____ District/SELPA _____

Lives with Parent Legal Guardian Foster Family Other _____

Name _____

Address _____

Phone _____

Home Phone Work Phone Cell Phone

E-mail _____ Best time to call: _____

Other Contact Person
 (Name / Relationship to Family) _____

Address _____ Phone _____

If Child is a Court Dependent, Children & Family Services Worker's Name & ID # _____

Agency Address _____

Phone _____ Fax Phone # _____

If foster child: Who holds educational rights? If not parents, have birth parents' educational rights been terminated or limited? Yes* No
* Please provide written documentation

Birth parent: Name _____ Phone _____

Address _____

Language(s) spoken in Child's Home (%) _____ Interpreter Needed? Yes No

Does Family Have Interpreter? Yes No Name _____ Phone _____

Birth Status: Vaginal _____ C-Section _____ Any Complications: _____ _____ _____
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MEDICAL & BIRTH INFORMATION

Birth Weight _____ Gestational Age _____ Apgars _____

Hospital; Born: _____ Transferred to: _____

Birthplace (city & state) _____

Hospital Days _____ Discharge Date _____ Medical Insurance? Yes No

Pediatrician _____ Phone _____

Insurer _____ Medical Record # _____

Current or Prior Services & Agency child is involved with _____

Submit the following relevant documents for referred child; [X]:only if attached; Documents Requested

Birth / Discharge Summary Current Medical Reports Court dependency report Genetic Report

Developmental Report Speech, OT, or PT Evaluation Verification of Adoption Status

