

Sample – Referral for Special Education Services

Date:

Dear (Preschool Coordinator/Special Education Contact),
The IFSP Team believes my child is potentially eligible for special education. Please consider this a referral to determine eligibility for special education services.

Child's Name:

Date of Birth:

Duck #:

Place of Birth:

Parent(s)/Guardian(s):

Home Phone:

Address:

Interpreter required? If so, what language?

ESS Provider:

ESS Provider Phone:

Areas of Concern:

I give permission for my child's Early Supports and Services Program to refer my child to his/her school district. Attached you will find the following relevant information (checked below) as I give the Early Supports and Services Provider authority to share this information with the local school district prior to my child's third birthday.

____ Individualize Family Support Plan (IFSP)

____ Most recent ESS Evaluation(s)

____ Other pertinent information/services: _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date