

# Early Intervention Referrals

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MALE/FEMALE

PARENTS' NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

PHONE #S: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REASON FOR REFERRAL (EX. DIFFICULTY TO UNDERSTAND, DELAY IN LEARNING SKILLS, DIFFICULTY FOLLOWING DIRECTIONS, POOR BALANCE, SOCIAL CONCERNS...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS THE PARENT INFORMED? YES/ NO    DATE PARENT NOTIFIED \_\_\_\_\_

PERSON MAKING REFERRAL \_\_\_\_\_

CENTER NAME: \_\_\_\_\_

DAYS/HOURS ATTENDS: \_\_\_\_\_

DATE GIVEN TO IU: \_\_\_\_\_

**PLEASE GIVE TO IU#29 STAFF OR CONTACT EI PROGRAM AT (570) 544-9131 EX. 1222  
FAX: (570)544-6412**