



Sample Notification/Referral Information Packet to Local Education Agency

This packet accompanies the referral for the child listed below, with parent consent*:

Date: _____

Regarding: _____

Child's Name

Date of Birth

To (Receiving Agency): _____

Agency Contact: _____

From (Sending Agency): _____

Service Coordinator/Agency Contact: _____

_____ Most recent Individualized Family Services Plan, including Transition Plan

_____ State of California School Immunization records (if available)

_____ *Parent's signed consent to Exchange Additional Identifying Information Between Agencies

The following assessments, evaluations, and progress reports were completed recently (within the past six months) and are included in this packet. Additional assessments that are in process are noted below. Please contact the service coordinator to obtain additional information.

- Psychological/Developmental _____
- Speech and Language _____
- Occupational Therapy _____
- Behavioral _____
- Medical _____
- Audiological _____
- Vision/Optical _____
- Nursing/Nutrition _____
- Other _____

California Department of Developmental Services and California Department of Education. *Effective Early Childhood Transitions, A guide for Transition at Age Three-Early Start to Preschool.* Sacramento: A collaborative project of California Department of Developmental Services and California Department of Education, 2013



CALECSE
California Early Childhood
Special Education Network