**Parent Notification for Early Intervention or**

**Early Childhood Special Education Evaluation Referral**

Dear

Your child,

has been referred for an early intervention or early childhood special education evaluation.

A developmental screening indicates that your child has the following difficulties:

You will be contacted about this referral. If you would like further information, please call me.

Sincerely,

Name/Title

Phone

Parents of a child with a disability have protection under the procedural safeguards which are enclosed. For assistance in understanding this information you may contact*:*

 Name Title Phone

**Parent Notification for Early Intervention or**

**early childhood speial education evaluation referral**

**This form is used to:**

* Provide notice when a child has been referred for an early intervention or early childhood special education evaluation; and
* Provide parents with the procedural safeguards.

**Directions:**

1. Enter the month, day, and year the form is completed.
2. Enter the name of the parent, guardian, or surrogate parent.
3. Enter the child’s name.
4. Describe the results of the developmental screening.
5. Enter your name, title and phone number.
6. Enter the name, title and phone number of the person to contact for an explanation of the Procedural Safeguards.