



# REFERRAL FOR SPECIAL EDUCATION ASSESSMENT (0-2.10 years)



Child's name		Date of Birth
Primary Language	Ethnicity	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address		Zip Code
Parent's Name	Home Phone (   )	Work Phone (   )
Early Head Start Site /Program Option	Phone Number (   )	Fax Number (   )
Supervisor/Teacher(s)		

## Areas of Concern

Parent/Guardian:

I have concerns about my child's speech and/or language development.

Explain:

I have concerns about my child's behavior.

Explain:

I have concerns about my child's overall development.

Explain:

Teacher Concerns:

I authorize consent for my child to be referred for a developmental assessment. I understand that an Intake Coordinator from Exceptional Family Resource Center (EFRC) will contact me regarding the information I have provided. Once my referral is forwarded to San Diego Regional Center (SDRC), my child will receive a developmental assessment. If he or she is eligible for California Early Start services, SDRC will develop an Individualized Family Service Plan (IFSP). I have received the following items:

- Copy of the Referral for Special Education
- The Family Introduction to California Early Start (CES) handout
- San Diego Regional Center handouts on Early Start, Eligibility, and Services
- Rights and Responsibilities of Parents of Children with Disabilities

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please call and fax form to Exceptional Families Resource Center  
Phone (619) 594-7416 or (800) 281-8252 / Fax (858) 268-4275