



Dear Child Care Provider and Staff,

Enclosed in this packet please find the inclusion referral forms necessary to use when referring a child for concerns in development, behavior, speech and language, vision, hearing, dental, medical, etc. Please note that you do not have to wait for any agency to refer a child who needs intervention. The children do not have to be school readiness or 4C funded in any way. The only requirement is that they be birth to 5 years of age.

Make copies of all the forms in the referral packet and use as necessary. The director/teacher needs to completely fill out two of the forms and the parent signs the Observation Acknowledgement form. Keep a master copy of all three completed forms before submitting to the Coalition.

Send all three completed forms {again remember to make copies of all forms submitted for your files} to the Early Learning Coalition of Orange County through the U.S. Mail or drop off at the Coalition office. It is important that you label the envelope, Attention To: Norma Marvin. **DO NOT FAX OR SCAN E-MAIL THE COMPLETED FORMS.** Privacy information laws do not allow for the receipt of this information concerning the child by any other means.

Once we receive all the completed forms, you will receive a follow up visit for observation of the child, consult with center staff, and/or with the parent or guardian to discuss recommendations and/or intervention. Both the center and parent will be provided with a letter and resources pertaining to the referral concerns.

Thank you for all you do for our children,

Norma Marvin
Inclusion Specialist

Shermaine Humphrey
Inclusion Specialist



INCLUSION REFERRAL FORM

COMPLETE ALL HIGHLIGHTED AREAS

Referral Source

Initial Date _____ **Follow Up Date** _____

Name _____ Dept/Program/Title _____

Daytime Phone/Email _____

Referred to

Name Norma Marvin / Shermaine Humphrey Dept/Program Inclusion Specialist

Daytime Phone 407-259-2470 / 407-377-1233 Other (home, work, cell) nmarvin@elcoc.org / shumphrey@elcoc.org

Childcare Information

Childcare Center/Home _____

Director/Owner Name _____

Teacher's Name _____

Address _____ City _____ Zip _____

Phone/Fax _____ Email _____

Client Information

Child's Name _____ Gender M ___ F ___ Age ___ DOB _____

Parent's Name _____ Guardian's Name _____

Address _____ City _____ Zip _____

Phone _____ Fax/Email _____

Days & Hours of attendance:

Referral Reason and Comments

VPK student program end date Behavior Development Speech/Language
 Physical/Occupational Therapy Audiology Vision Medical Other

Additional comments:

Action Taken and Results (Coalition information only)

Date of Visit _____ Time of Visit _____ Place of Visit _____



REFERRAL CONCERNS

Child: _____ Age: _____ years old
Center/Home: _____ Date: _____

Position & name of person submitting information:

THIS FORM MUST BE COMPLETED ENTIRELY BEFORE SUBMITTING REFERRAL TO THE COALITION. BE SPECIFIC WHEN RESPONDING TO ALL AREAS.

Strengths:

Communication:

Social emotional development & ability to communicate wants, needs, frustrations:

Readiness and developmental skills/needs:

Problem solving skills:

Behavior:

Any additional special issues/concerns:

Type of assistance required beyond that of typical child:



Dear Early Child Care Provider and Parent,

This letter is to introduce you to the referral process for getting additional assistance which you are seeking. As the Inclusion Specialist for the Early Learning Coalition of Orange County, we are a resource for the provider as you have noted some concerns with the child you care for. We are a resource for the parent as you are looking for where to begin in getting further assistance with your little one.

If you are concerned with the development of your child in any area (social emotional, behavioral, speech and language, hearing, vision, medical, dental, or in any other developmental area) we can share with you resources in Orange County for pursuing evaluation and intervention. If you wish for us to observe the child you are concerned about, an appointment for an observation and follow up meeting can be scheduled in which (1) the child will be observed in the natural setting (the classroom), (2) a support plan explaining the concerns and recommendations for evaluation and/or technical assistance strategies to be used in the classroom and/or at home may be developed if necessary, and (3) follow up with you, the provider and/or parent, to share observation results and equip you with the community resources for obtaining evaluation and intervention will be made available. It is important to note that we will not be evaluating nor providing therapeutic intervention.

We are a resource for helping you find the assistance needed, to see to it that your child gets what he/she needs to experience success both in and out of the classroom, and receives all that is necessary for his/her complete development. If we can be of service to you please feel free to (1) contact us, via email if possible, (2) complete and return the necessary referral and acknowledgement forms, and (3) gather information and/or documentation of your concerns to share at the time of the observation.

Yours in service,

Norma Marvin
Inclusion Specialist

Shermaine Humphrey
Inclusion Specialist



OBSERVATION ACKNOWLEDGEMENT

I understand I have the opportunity to meet with a representative
from the Early Learning Coalition of Orange County,
concerning the observation of my child:

Child's Name

Date of Birth

while he/she is engaged in activities at

(Name of Child Care Center/Family Child Care Home)

The purpose of the observation is to assist the child care provider with
suggestions for developmentally appropriate learning activities for my child and
to provide information regarding resources, if necessary.

All information obtained will be kept confidential.

Date

Print Parent/Guardian Name

Complete Mailing Address with zip code

Home/Cell/Work Phone

E-mail address

Parent/Guardian Signature