



Phone Email US Mail Onsite

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 / August Kummerfeldt Dept. /Program Inclusion Specialist

407-259-2470 / 407-506-4724 nmarvin@elcoc.org / akummerfeldt@elcoc.org

Daytime Phone _____ Other (home, work, cell) _____

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 receiving additional assistance which you are seeking. As the Inclusion Specialist for the Early Learning Coalition of Orange County, we are able to connect families and providers with local resources and help ensure the child is in the least restrictive, and most appropriate learning environment.

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.

The coalition makes available services to child care providers/parents to enhance knowledge and competence in serving children with disabilities or behavioral challenges. Inclusion services include technical assistance and consultation regarding curriculum and teaching strategies, environmental adaptations, and challenging behavioral solutions. 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

August Kummerfeldt
Inclusion Specialist

Note: DO NOT FAX, SCAN OR EMAIL ANY CONFIDENTIAL DOCUMENTATION TO INCLUSION SPECIALIST.

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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