



Birth to Three Program Referral Status

Child's Name: _____ DOB: _____

Based upon information available and discussions with _____
(parent) and the _____ Birth to 3 program, the following
will occur:

(Options 2 and 3 may occur simultaneously if the child's need indicates):

Options:

1. _____ No evaluation is necessary, follow-up is available for the family anytime. Notice has been provided to the parents. Next contact will be _____.

2. _____ A multidisciplinary evaluation to determine Part C eligibility is recommended. Parent consent must be obtained to proceed.

3. _____ A referral is being made to _____ school district by _____ to request evaluation to determine possible eligibility under prolonged assistance. District referral form has been completed _____ (date).

Date Part C Referral: _____

Date Consent for evaluation signed by parent: _____

Date IFSP must be completed if child is determined
Eligible for Part C (45 days from referral): _____