

VENTURA COUNTY EARLY START PROGRAM

Referral from Early Start Program to
School District for
Special Education Assessment

From: Regional Center Office TCRC Oxnard TCRC Simi Valley North LA County
Service Coordinator: _____ Phone/ Email: _____
To: _____ School District: _____

Name of Child: _____

Date of Birth: _____ Early Start Eligibility Category: _____

Date of First IFSP: _____

Name of Early Start Service Coordinator: _____

Service Coordinator's Phone and Email: _____

Child's Primary Language: _____ Family's Primary Language: _____

Interpreter Needed? _____

Parent Name(s): _____

Address: _____

City/Zip: _____

Parent phone(s): _____

School District of Residence: _____

Date of transition meeting with school: _____

School representative in attendance: _____

(For referrals sent after 33 months only):

Parent Approval: _____ Date: _____

Early Start records attached:

- Most recent IFSP
- Most recent Assessment Reports

Date Referral Given/ Sent to District:

For Regional Center Use only

Date Referral Received by District:

For District Use only