

VENTURA COUNTY EARLY START PROGRAM

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

Name of Child: _____

Date of Birth: _____ Early Start Eligibility Category: _____

Date of First IFSP: _____

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: _____

Early Start records attached:

- Most recent IFSP
- Most recent Assessment Reports

Date Referral Received by District:

For District Use only