Early Intervention Support Services

Downey Montebello SELPA Regionalized Program

EARLY START REFERRAL FORM

For Infants and Toddlers with Special Needs

Birth to Three Years old

Date:

Name of Child _____ Birth Date:_____ Gender: F/M _____

Parents/Guardians: _____

Address: _____

City: _____ Zip Code:

Home Phone/Other Cell: Email:

Referent:

Name: _____ Title: _____

Agency: _____

Address: _____

Phone: Fax:

Reason for Referral: (Please attach medical information)

☐ Hearing Loss (see attached report) ☐ Visual Impairment (see attached report) ☐ Orthopedic Impairment

Date Hearing Loss was Identified:_____

Other significant factors: _____

Medical Diagnosis (if any) _____

*School districts provide Early Start services for infants and toddlers who have **Low Incidence** disabilities: Vision, Hearing, and Orthopedic Impairments or a combination of these disabilities. Refer infants and toddlers with ***other disabilities*** or ***at-risk factors*** to ***Regional Centers***. *(Regional Centers then refer infants and toddlers with "other" disabilities to school district programs as they deem appropriate.)*

For District Use Only

Date Received:

Date Receipt Acknowledged:

Name of Service Coordinator Assigned:

Please email this form to: sromo@dusd.net or fax to: (562) 469-7175 Subject: Early Start Referral. Downey Montebello SELPA office located at 9625 Van Ruiten St. Bellflower, CA 90706. Any questions call Shannon Romo Program Specialist at (562) 469-6793 Direct or 562-469-6790 Office.