FDLRS/GALAXY CHILD FIND

Office Use ONLY
DBNUMB
____

ESP TRANSITION REFERRAL FORM

NOTE: Incomplete form will result in delay and referral being returned

Child's Name: ______________________________________ DOB: _____/_____/_____
(First name, middle or middle initial, and last name required)

Transferred In from: ____

Date: ____/____/____ Placed@ _______________________________ Zone: R / G / B
(St. Lucie Cty ONLY)

Place of Birth: _____________________________________ Sex: M F (circle one)

Social Security: _______/_____/________ Medicaid #__________________________

Address: ____ Zip: ____________

Mother's Name: _________________________________ Phone# ____________________

Father's Name: ________________________________ Phone# _____________________

Legal Guardian: ________________________________ Phone# _____________________

Language Proficiency: English ____ Spanish ____ Creole ____ Other ______________

Race: White ____ Black ____ Hispanic ____ Multiracial _____ Other _____________

Part C to Part B Transition Notification Date: ______/______/__________

ES Transition Conf.Date: ____/____/____ Part C Ser.Coordinator:___________________

Date ESE received Referral Packet from Early Steps: _____/_____/________

Date of ES Consent for Referral ____/____/_____ Part C Provider : _______________

Date of ES Consent for Records Transfer & Referral to ESE: ____/____/____

Parent Participated (circle one) YES NO LEA Participated (circle one) YES NO

Parent Participation Method:(check one) In Person ____ Phone ____ Other __________

LEA Participation Method:(check one) In Person ____ Phone ____ Other ______________

NOTES:____

History Required: FSP Date/s _____/_____/_____ _____/_____/_____

Last Evaluation: ____/____/____ Instrument Used: ____________________________

Date of Records Review: _____/____/_____ By: _______________________________

Current Therapies: ____

Information recorded by: ___________________________ Phone#___________________

White copy to ESE Pre-K LEA **Yellow copy to FDLRS/CHRIS Facilitator** **Pink copy for ES file** **FRS0015.lwp/Rev04/22/10**