REQUEST FOR SERVICES
Early Learning Coalition of Pinellas County, Inc.
Quality Initiatives Department

Fax To: 727-400-4472 Attn: Screening & Intervention

Referred by: _____ **Date:** _____

Child Name: _____ **DOB**: _____ **(or) Age**: _____

Site/Program Name/Teacher Name/FCCH: _____

(1) Concern: (*check any that apply*) **Phone #:** _____

□Speech □Language □Fine Motor Skills □Gross Motor Skills
□Social Skills □Exposure to Trauma □Family Issues □Behavior
□Emotions □Foster Care Issues □Medical Issues
□Eating/Feeding □Learning/Cognition □Other:

_____

_____

(2) Other services for family or child *(previously or currently)*

_____

_____

(3) Is parent aware of these concerns? Yes____ No____
(If private pay client, please provide their name and phone number.)

_____

_____

(4) What services are you requesting? *(check any that apply)*

□Observe child □Conduct a speech screening □Refer for Community Screening
□Refer child for developmental evaluation □Refer child for mental health services
□Provide behavior intervention services to site □Provide behavior intervention services to child
□Other: _____

_____

OFFICE USE ONLY

Date Reviewed: _____ □ SR □PP □VPK only Staff Assigned: _____

Previous ASQ(s) Date/Score/Follow-up/Services: _____

□SIS □Inclusion Specialist □PIECE □Speech Screen □RS/report update to other service provider

□Give ASQ to provider to complete □Coordinate with Program Services □Coordinate with Licensing

Early Learning Coalition of Pinellas County, Inc.

2536 Countryside Blvd, Suite 500, Clearwater, FL 33763

To Parent/Guardian of _____
(Child's name)

Hi! I work for the Early Learning Coalition of Pinellas or the "ELC". We are the state agency that provides funding and administrative oversight for quality child care programs in Pinellas County.

We conduct and offer free developmental screenings and observations of children in early learning programs. The goal is to provide parents and teachers information on how children develop and learn. I would like to complete a screening to gather more information and make recommendations to your child care provider to help your child reach their early learning goals.

I give permission for the Early Learning Coalition of Pinellas County, Inc. to screen my child:

Child Care Provider: _____

_____ _____
Parent/Guardian Name Parent/Guardian Phone Number

_____
Home address with City & Zip Code

_____ _____
Parent/Guardian Signature Date

Sincerely,
Inclusion Specialist
727-545-7536

This document covers permission for one year from date of signature.