

REQUEST FOR SERVICES



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

Referred by: _____ **Date:** _____

Child Name: _____ **DOB:** _____ **Gender:** M / F

Site/Program Name/Teacher Name/FCCH: _____

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

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

(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
- Refer child for developmental evaluation
- Provide behavior intervention services to site
- Other: _____
- Conduct a speech screening
- Refer child for mental health services
- Provide behavior intervention services to child

OFFICE USE

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 Service Coordinate with Licensing



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 childcare 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 childcare 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.