

REQUEST FOR SERVICES or CONSULTATION



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

Referred by: _____ Date: _____

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

Site/Program Name/Teacher Name/FCCH: _____

Are you a Behavior Boot Camp Provider: Yes No Funding Source: SR PP VPK Only

(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
- Vision
- Hearing

(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 Screening
- Provide behavior intervention services to site
- Other: _____
- Conduct a Speech Screening
- Refer child for Mental Health Services
- Provide behavior intervention services to child
- Refer child for Social Emotional Screening

OFFICE USE

Date Reviewed: _____ SR PP VPK only

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

Process as RFS or RFC



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: _____

Does your child receive ELC School Readiness Funding: Yes No

Parent/Guardian Name Parent/Guardian Phone Number and Email

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.