



Referral Form

Please **fax** the completed form to Intake at 215-823-5083 or **email** it to 3to5EIReferral - 3to5EIReferral@elwyn.org

Referral Date: _____

Child Information

Name _____ Date of Birth _____

Address (street, city, state, zip) _____

Parent/Guardian Information

Name _____ Telephone # _____

Address (if different) _____

Email _____ Primary Language Spoken _____

Foster Parent Information (if applicable)

Name _____ Telephone# _____

Address _____

Email _____ Primary Language Spoken _____

Preschool/Head Start/Childcare/Physician Information

Name _____ Telephone # _____

Address (street, city, state, zip) _____

Email _____

Person Completing the Referral Information _____

Relationship/Title _____

Area(s) of Concern

<input type="checkbox"/> Communication/Language	<input type="checkbox"/> Speech/Articulation	<input type="checkbox"/> Learning & Thinking Skills (Cognitive)
<input type="checkbox"/> Fine and/or Gross Motor	<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Self-Help/Adaptive
<input type="checkbox"/> Behavior (describe)		
<input type="checkbox"/> Other (describe)		

By signing below, I agree to be contacted to discuss my child's needs and the process for Early Intervention services. I understand that at the time of the call, the evaluation process will be explained and I can determine if I wish to proceed. Furthermore, if I have not completed the referral information myself, I am giving permission to the early childhood program representative to release the completed referral information listed above to the Elwyn Early Learning Services program for the purpose of Early Intervention intake and evaluation. Additionally, I understand that a Permission to Evaluate will be provided to obtain my consent before any assessments are administered.

 Signature of Parent/Legal Guardian or Foster Parent

 Date

 Signature of Referring Agency Representative

 Date