

**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:** \_\_\_\_\_

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.**