

Early Childhood Training & Consultation Program

REFERRAL FORM

Referral Date: _____ Referred By: _____

Childcare Program/Provider: _____

Program Address: _____ Zip Code: _____

Program Contact #: _____

Email: _____ Fax #: _____

Classroom Teacher(s) _____

Identified Child:

Name: _____ Date of Birth: _____

Gender: Male _____ Female _____ Ethnicity: _____

Primary Language: _____ Religion _____

Home Address: _____ Zip Code: _____

Family Construct: Mother _____ Father _____ # of Siblings _____ Other _____

Date of Enrollment in your Program: _____

Does the child fill a contract/voucher slot? _____

Parent/Guardian:

Name: _____ Relationship to Child: _____

Contact #: _____ Primary Language: _____

Ethnicity: _____ Religion: _____

Concerns:

Behavioral Developmental Speech

Other: _____

Early Childhood Training & Consultation Program

CONSENT TO RECEIVE SERVICES

Child's Name: _____ Date of Birth: _____

Parent/ Guardian: _____

Home Address: _____

Contact #: _____

Child Care Program Name: _____

Program Contact #: _____

I give my permission for JRI's Early Childhood Training & Consultation Program (ECTC) consultant to provide some or all of the following services at the child care program listed above:

1. Observation of my child in the school or childcare setting
2. Consultation to the teaching staff
3. Modeling strategies that support my child's participation in activities
4. Making recommendations for ongoing services
5. Maintain my child's ECTC record in a confidential file

I give permission for ECTC to communicate with the following individuals and/or agencies:

I give permission for these services and I understand that the ECTC staff will be contacting me and keeping me updated on all the services that are recommended and/or provided.

I also understand that I may revoke this consent to receive services at any future time.

Parent/ Guardian Signature

Date

This Consent to Receive Services is valid for one year from date signed above.

