

**Follow up Letter to Referral Source**  
**Early Childhood Special Education Program**

To: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Address: \_\_\_\_\_

**Thank you for referring this child. Following are the results of our evaluation.**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ School District: \_\_\_\_\_

This child is **eligible** for special education services.

Case Manager: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

A team meeting with the family occurred on \_\_\_\_\_ and this child met educational criteria in the following category;

\_\_\_ Developmental Delay    \_\_\_ Speech/Language Impairment    \_\_\_ Other \_\_\_\_\_

\_\_\_ **Center based service** by a Special Education Teacher will be provided \_\_\_\_\_ times per week.

\_\_\_ Speech Therapy will occur \_\_\_\_\_ times per week

\_\_\_ Occupational Therapy consult will occur \_\_\_\_\_ times per year

\_\_\_ Physical Therapy consult will occur \_\_\_\_\_ times per year

\_\_\_ Developmental Adaptive Physical Education will occur \_\_\_\_\_ times per week

\_\_\_ Other \_\_\_\_\_

Please contact the Case Manager listed above if you would like a copy of the Evaluation Report or Individual Educational Plan (IEP).

\_\_\_\_\_  
Early Childhood Special Education Teacher      Phone: \_\_\_\_\_