

**(ESS PROVIDER/VENDOR LETTER HEAD)**

TO: (Preschool Special Education Coordinator/Director)

**Please consider this a formal referral for special education services.**

Today's date:

School District:

Child's Name:

Date of Birth:

Parent(s)/Guardian(s) Name:

Home Phone:

Address:

ESS Provider:

ESS provider phone number:

Interpreter required? If so, what language?

Areas of Concern:

Present ESS Services:

I give permission for my child's Early Supports and Services Program to refer my child to his/her school district. Attached you will find the following relevant information (checked below) as I give the Early Supports and Services Provider authority to share this information with the local school district prior to my child's third birthday.

\_\_\_ Developmental Transition Summary (includes Progress Update and age ranges)

\_\_\_ IFSP with updates

\_\_\_ Most recent ESS Evaluations

\_\_\_ Other pertinent information/services:

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Parent's signature

\_\_\_\_\_  
Date

cc: