

COMMUNICATION TO LOCAL EDUCATIONAL AGENCY REGARDING CHILD REFERRAL

Use of this form is optional, but it can be used to communicate to the Local Educational Agency that a child exiting the Birth to 3 Program is not being referred to their district.

TO: <Insert name of LEA>

FROM: <Insert name of Birth to 3 Program (County)>

This note is in reference to <Insert Child's name> , whose LEA notification you received recently.

This child was determined to not be potentially eligible for Part B services. The parents have been informed of their right to pursue a referral with the school district at any time.

SIGNATURE – Service Coordinator / Birth to 3

Date Signed