

REFERRAL REQUEST:

SAMPLE MEMORANDUM TO LICENSED PHYSICIANS

To: Licensed Physician Addressed
From: [INSERT NAME OF PERSON], Child Find Contact
[INSERT YOUR PROGRAM NAME]
Re: Child Find Assistance Request
Date: [INSERT CURRENT DATE]

[INSERT YOUR PROGRAM NAME is] [and its member districts are] responsible for identifying, locating, and evaluating any children with known or suspected disabilities who reside within the school district's boundaries to determine whether a need for special education and related services exists. We would like to request your assistance in locating eligible children.

Enclosed is information about Child Find and our programs. Please let us know if you need additional copies. If you know of a child who has a disability or that you suspect may have a disability, you may refer that child's parent or guardian to [INSERT YOUR PROGRAM NAME HERE] by calling [Insert NAME OF CONTACT PERSON] at [INSERT PHONE NUMBER OF CONTACT PERSON]. [INSERT NAME OR POSITION] can answer questions or direct your call to the appropriate personnel.

All referrals are considered confidential. The parent, legal guardian, or surrogate parent retains the right to refuse services and other procedural safeguards under federal and state law.

Thank you so much for your assistance in this matter. If you have questions, comments, or concerns, please do not hesitate to contact us.

[INCLUDE CHILD FIND BROCHURES, FLYERS, POSTERS, AND/OR DISTRICT PROGRAM BROCHURES]