**Title of Form:** Referral and Permission  
**Related Policy:** Created to ensure compliance with Head Start Performance Standards to document procedures for making referrals to the LEA for evaluation to determine whether there is a need for special education and related services for a child, as early as the child’s third birthday.  
**Program Area:** 1308 Disability Services  

### Procedures

| Specific Directions |  
|--------------------|----------|  
| 1. The teacher and/or CFSM will screen children within 45 days after enrolled in the program using the ASQ-3 and ASQ:SE. |  
| 2. The teacher and CFSM gather additional background information on the educational performance of the child to support the need for further evaluation or referral. |  
| 3. A meeting is scheduled by the teacher with the child’s parents to share screening results, concerns, and obtain parent consent to refer the child to the LEA for further evaluation. |  
| 4. During the parent meeting the teacher shares information and explains the referral process to the child’s parent using the Parent Guide to the Referral Process. |  
| 5. The Referral and Permission form is to be filled out by the teacher. Fill in the reason a referral is needed, to what school district the referral will take place and have the parent sign and date at the bottom of the form if the parent agrees to further evaluation. The school district has 15 business days to contact you to explain what evaluations will take place and confirm permission. |  
| 6. If a parent chooses not to participate in the referral process the teacher will document refusal on Referral and Permission form, and obtain parent signature. |  
| 7. Once the parent permission is received, the teacher will initiate the referral process with the LEA through formal letter or a face to face meeting. The school district has 60 Parents are required to be at this meeting. |  

**Submitted To:** CFSM- for outlying and Home-Based- send white copy  
CFSM- for La Crosse and Onalaska- send a copy of the white copy  
**Timeline:** A referral meeting date with the LEA is to be determined or a formal letter is to be sent within 7 days after parent permission is received.  
**Filed In:**  
*White Copy* - Given to LEA at referral meeting or send in formal letter.  
*Yellow Copy* - Teacher’s child’s file  
*Pink Copy* - Parent  
*Copy of Original –CFSM’s office*  

*Note: For duplicate or triplicate forms, please note where each copy of the form is filed.*
Head Start Referral and Permission Form

In order to develop an individual plan to serve your child, we feel it would be helpful to have additional evaluations.

Rationale: _______________________________________________________________
________________________________________________________________________
________________________________________________________________________

We will be referring your child to: __________________________________________

Your school district will contact you to ask your permission to evaluate your child within 15 business days and explain what evaluations will be completed. After the assessments are completed, a meeting will be held to inform you of the results. If additional services are recommended for your child, they will be provided by the school district with your permission.

The school district has up to 60 calendar days from the date they receive the referral to complete the evaluation process.

Date referral sent to school district: _____________

Head Start Child and Family Development Services, Inc. is requesting your permission to forward your child’s health and education records to the school district. We also ask your permission for the school district to forward the results of their evaluations and recommendations to the Head Start Central Office. Permission will remain valid for six (6) months.

Signatures:

________________________________________  ______________________
Parent or Guardian         Date

Child’s Name: __________________________________________________________

Address: ______________________________________________________________

Date of Birth: _______________   Home Phone: ___________________________

White copy – Central Office Yellow copy – Teachers File Pink copy – Parent
15 Business Days

Referral

Consent

Appointment of Individualized Education Program Team

Evaluation
  Evaluation of existing data and information from you
  Testing
  Observation

Individual Education Program
  Discuss Evaluation
  Determine Eligibility
  Make Recommendations
  Write IEP

Placement
  Based on IEP
  Meets least restrictive environment

As soon as possible

Program

Annual IEP Review

Contact people:
Name | Role | Telephone
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White – Teacher Make CFSM copy  Yellow - Parent  Revised 6/2012