

Early Start Referral and Assessment Request: Step-by-Step Guide

Why might a child need an Early Start assessment?

Early Start assessments can help determine whether a child has a developmental delay and whether they are in need of early intervention services. Through Early Start, a child may be eligible to receive an Individualized Family Service Plan ("IFSP") that is specifically designed to meet their unique needs and the concerns of the family.

What does a child with a developmental delay look like?

- Fine Motor or Gross Motor delays
- Cognitive delays
- Self-Help or Adaptive delays
- Social-Emotional concerns
- Communication delays
- Formal diagnosis (e.g. cerebral palsy, autism, down syndrome)

What is an Individualized Family Service Plan ("IFSP")?

An IFSP is a written service plan developed by the regional center service coordinator, early intervention service providers/evaluators/assessors and the education rights holder ("ERH"). IFSPs include the child's current strengths and weaknesses and the supportive services necessary to improve the child's developmental outcomes.

Procedures for Requesting an Early Start Assessment:

Step 1. Complete the form: Fill out the form on the reverse of this document. Include your developmental concerns. Also include why you suspect the child has a disability and/or any diagnosed disabilities they already have (e.g. Down Syndrome or a neurological disorder). Make sure to sign and date the form.

Step 2. Submit the form: Forward the attached form to Early Start Intake Department at the regional center. *(note: Regardless of who is submitting the referral please include the education rights holders [ERH] name on the attached form. The regional center will need to contact the ERH in order to process the referral. If the child has an open DCFS case, ask the social worker to submit a DCFS 5004 referral form as soon as possible.*

Step 3. Get proof: You should get proof that the regional center received your request, in case you have any difficulties getting a response from the regional center. There are 3 possible ways to get proof that you submitted the Early Start referral/assessment request:

- a) If submitting the form in person, get a date stamp on the form and keep a copy as proof.
- b) If submitting via fax, keep a copy of the fax transmittal report confirming that the fax was received.
- c) If sending via mail, send it via certified mail. Make sure to keep the certified mail receipt as proof.

Step 4. Get the regional center's response: Although there is no legal timeline in which the regional center needs to respond to this request, the law requires that the initial evaluation and assessments must be timely and if the child is eligible, the IFSP must be developed within 45 days from the initial referral. As a result, the regional center should be in touch with the ERH sometime before then in order to gather more information about the child and discuss conducting the assessments.

Step 5. Sign the consent for assessment: The regional center cannot evaluate and assess the child until the consent is signed by the ERH.

Step 6. Holding the IFSP Meeting: The Individualized Family Service Plan ("IFSP") is due 45 calendar days from the date of referral, if the child is found eligible for Early Start. Make sure to ask for copies of any evaluation or assessment before the IFSP meeting so that you have a chance to review and prepare questions. You do not have to sign the IFSP document if you do not agree with the services/supports the regional center is offering. Ask your regional center for the contact information for the Office of Client's Rights Advocacy or contact our office for additional referrals for attorneys/advocates who can help you appeal their decision.

Date: _____

INTAKE DEPARTMENT

Name of Regional Center: _____

Address: _____

RE: Child's Name: _____

DOB: _____

Dear Intake Department,

I refer the above-named child to your Early Start Program. I request that the regional center conducts a standardized developmental evaluation to determine my child's eligibility for the Early Start program. My child also requires the following assessments:

_____ Speech and language assessment because child demonstrates the following delays:

_____ Physical therapy assessment because child demonstrates the following delays:

_____ Occupational therapy assessment because child demonstrates the following delays:

_____ Other concerns requiring assessment:

Thank you for your attention to this matter. If you have any questions do not hesitate to contact me at your earliest convenience.

Education Rights Holder Name: _____

Address: _____

Phone Number: _____