

# INTERAGENCY REFERRAL FORM

Serving Alachua, Citrus, Dixie, Gilchrist, Levy, and Marion Counties

Residence County: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Referring Person: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

## REFERRAL INFORMATION

Concern:  Learning  Speaking  Behaving  Seeing  Walking  Listening  Sensory Issues  Other

Comments on Area(s) of Concern: \_\_\_\_\_

Medical Diagnosis From Dr.: \_\_\_\_\_ Previous Evaluation(s): \_\_\_\_\_

## CHILD INFORMATION

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

DOB: \_\_\_\_\_ Male - Female Race: \_\_\_\_\_ Declined: \_\_\_\_\_

Hispanic: \_\_\_\_\_ Non-Hispanic: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent's Primary Language: \_\_\_\_\_

## FAMILY INFORMATION

Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different from mailing address)

Best Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## CURRENT SERVICES

Child Care Facility/School: \_\_\_\_\_

Receiving Therapies @: \_\_\_\_\_

## ADDITIONAL INFORMATION

### Mail or Fax Referral Form to:

FDLRS/Springs  
3881 NW 155th Street  
Reddick, FL 32686

Toll Free: 1-800-533-0326

Phone: 352-671-6051

Fax: 352-671-6096



FDLRS is funded by the Florida Department of Education, Division of Public Schools, Bureau of Exceptional Student Education, through federal assistance under the Individuals with Disabilities Education Act Part B and State General Revenue funds.