Berks County Intermediate Unit
an educational service agency

Referral

Preschool Early Intervention Program

Referral Date _____ Male ____ Female _____ Birth Date _____

Child's Name _____ Home Phone # _____

Address _____ Cell Phone #_____

_____ Work Phone #_____

School District _____ County _____

Child lives with (relationship) _____

Foster Parents _____

Language(s) spoken in the home (list all) _____

Interpreter needed for meeting? _____ If 'Yes" what language? _____

Forms needed in Spanish?_____ Medical Access Card Number? _____

Parent Information Mother Father

Name _____ _____

Address _____ _____

_____ _____

Person Making Referral_____ **Referral Source** _____

Problem/Concerns_____

_____

_____

_____

Preschool/Day Care: