

**REQUEST FOR EVALUATION FOR EARLY INTERVENTION (AGE 0-3)**

(Be sure to keep a copy for your records)

(Date)

(Name of Parish and Address)

RE: Request for evaluation for early intervention

Dear (Name of Coordinator):

I would like my child (name of child) to be evaluated for early intervention services. (Describe reasons you believe the child may need early intervention. See examples below.)

It is my understanding that the parish will evaluate (name of child) at no charge to me, within forty-five calendar days of receiving my referral for evaluation. Please forward any necessary forms to me within ten working days, and I will complete and return them as soon as possible. If you need any further information, or would like to meet with me, please let me know. My telephone number is (telephone number).

Sincerely,

(Parent's name  
and address)

**Examples:**

1. Susan is two months old and has spina bifida.
2. Josh is twelve months old and seems to be significantly delayed in his development. He just learned to sit up and cannot yet crawl.