

IFSP Due Date= (meeting held within 45 days of referral–IFSP completed within 60 days of referral)



EETRK # \_\_\_\_\_

IFSP Due Date: \_\_\_\_\_

**Crawford, Oscoda, Roscommon–Early On Teams**  
11051 N. Cut Road, P.O. Box 827, Roscommon, MI 48653  
Phone (989) 275-9537 // Fax (989) 275-5881

**REFERRAL FOR EVALUATION**

**Referral Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_  
**First Middle Last** Sex = Boy Girl

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Parent/Guardian names: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School District:  Crawford/AuSable  Fairview  Mio  Gerrish Higgins  Houghton Lake

Home Phone: \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Concerns: \_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Request Made By: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

**Primary Health Care Provider** \_\_\_\_\_ Phone # \_\_\_\_\_

Please Indicate: ( ) Parent/Guardian is Aware \_\_\_\_\_  
( ) Release of Information Attached \_\_\_\_\_

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Name of follow up person/initial service coordinator: \_\_\_\_\_

Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eligibility:  Early On eligible – IFSP scheduled;  Early On eligible – parent refused  
 Not eligible – a) rescreen in \_\_\_ months, b) referred to \_\_\_\_\_  
 Not eligible – parent refused rescreen or referrals;  Unable to contact after \_\_\_ attempts

Return form to: Early On Coordinator  
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