

# 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**



“The Florida Diagnostic & Learning Resources System is funded by the State of Florida, Department of Education, Division of Public Schools and Community Education, Bureau of Instruction Support and Community Services, through federal assistance under the Individuals with Disabilities Education Act (IDEA), Part B; IDEA Part B, Preschool; and State General Revenue funds.”  
— Equal Opportunity Schools — Save A Friend Hotline 1-877-7FRIEND