

INTERAGENCY REFERRAL FORM

Serving Alachua, Citrus, Dixie, Gilchrist, Levy, Marion and Sumter 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/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 Education and Student Services, through federal assistance under the Individuals with Disabilities Act Part B and State General Revenue funds. Section 1006.03, Florida Statutes (F.S.) – Diagnostic and learning Resource Centers