

**MONO COUNTY SELPA**  
960 Forest Trail  
PO Box 130  
Mammoth Lakes, CA 93546  
(760) 924-7382 FAX (760) 973-4825

**Inyo County SOS**  
166 Grandview Dr.  
Bishop, CA 93514  
(760)873-3262

**KERN REGIONAL CENTER**  
2957 Birch St  
Bishop, CA 93514  
(760) 873-7411  
FAX 442-228-5032

**EASTERN SIERRA EARLY START PROGRAM  
INITIAL REFERRAL**

Date: \_\_\_\_\_ Initial Parent Contact Date: \_\_\_\_\_ 45 Day timeline: \_\_\_\_\_

Referred by: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Last Seen by Pediatrician: \_\_\_\_\_

REASON FOR REFERRAL: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Interpreter Needed:  yes  no Cell: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Directions to home: \_\_\_\_\_

Child in Pre-School/Childcare?  yes  no, Contact person \_\_\_\_\_ Phone: \_\_\_\_\_

Other children in household/ages: \_\_\_\_\_

Mom Preferred Day(s): **M T W TH F** Preferred Time(s): **AM**\_\_\_\_ **PM**\_\_\_\_  **Anytime**

Dad Preferred Day(s): **M T W TH F** Preferred Time(s): **AM**\_\_\_\_ **PM**\_\_\_\_  **Anytime**

Other Relative Information (Illnesses, ear infections, etc.):

Date Sent: \_\_\_\_\_

**PHYSICIAN RESPONSE FORM**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

has been referred to Early Start

is currently participating in Early Start

Early Start is an interagency collaboration between parents and community professionals to provide early intervention services for children birth to age three years. Our program requires health, vision, and hearing information for a child's initial Early Start evaluation. ***Your response is greatly appreciated.***

**Evaluation of Health**

- Immunizations up to date     Needs: \_\_\_\_\_
- Allergies (medications, foods, insects, etc.): \_\_\_\_\_
- Nutrition:     Within Normal Limits     Concerns: \_\_\_\_\_
- Illnesses/Infections:  Ear Infections: If so, how many: \_\_\_\_\_     PE Tubes: If yes, when: \_\_\_\_\_
- Hospitalizations: If so, for what: \_\_\_\_\_
- Other: \_\_\_\_\_

**Evaluation of Vision**

- Clinically appears to have normal functional vision for age
- Abnormal (deficit/diagnosis): Please explain: \_\_\_\_\_
- Needs further evaluation (please write prescription if you would like us to follow-up with further Vision assessment)
- Ophthalmology exam    Date: \_\_\_\_\_    Results: \_\_\_\_\_
- VER    Date: \_\_\_\_\_    Results: \_\_\_\_\_

**Evaluation of Hearing**

- Clinically appears to have normal functional hearing for age
- Abnormal (deficit/diagnosis): Please explain: \_\_\_\_\_
- Needs further evaluation (please write prescription if you would like us to follow-up with further Hearing assessment)
- Audiology exam    Date: \_\_\_\_\_    Results: \_\_\_\_\_
- BSER/BAER/ABR/Newborn Hearing Screening Date: \_\_\_\_\_    Results: \_\_\_\_\_

Current Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

Kern Regional Center  
 2957 Birch St  
 Bishop, CA 93514  
 Phone: (760) 873-7411  
 Fax: 4422285032

Mono County Office of Education  
 PO Box 130  
 Mammoth Lakes, CA 93546  
 Phone: (760) 924-7382  
 Fax: (760)973-4825

Thank you for sharing this child and family with the Eastern Sierra Early Start program. For questions, please call: Rocio Prieto at 760-924-7382

\_\_\_\_\_  
 Physician Signature                      Typed or Printed                      Date                      Phone