

**Early On<sup>®</sup> Referral Form**  
For use by Primary Referral sources  
[www.1800EarlyOn.org](http://www.1800EarlyOn.org)



Refer by phone: 1-800-EarlyOn (800) 327-5966  
Refer by fax: (517) 668-0446

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

**Child's Information**

Child's First Name: \_\_\_\_\_ Premature birth born at \_\_\_\_\_ weeks gestation  
Child's Last Name: \_\_\_\_\_ Low birth weight \_\_\_\_\_ lbs \_\_\_\_\_ ozs or weight in grams \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Has the child had an IEP?  Yes  No  Unsure  
Type of Birth:  Single  Twin  Triplet Has the child had an IFSP?  Yes  No  Unsure  
Gender:  Male  Female  
Ethnicity:  American Indian/Alaska Native  Asian  Hispanic of any race.  Two or more races  
 Black or African American  White  Native Hawaiian/Other Pacific Islander

Briefly describe symptoms and/or diagnosis, recommendations, or description of concerns in the space below:

**Parent/Guardian Information**

(Michigan Address Requested)

Parent Name(s): \_\_\_\_\_ Address: \_\_\_\_\_  
 Foster Parent \_\_\_\_\_  
 Grandparent Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Apt. #: \_\_\_\_\_  
 Adoptive Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ City: \_\_\_\_\_  
 Aunt/Uncle Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_ Zip: \_\_\_\_\_  
 Legal Guardian Email: \_\_\_\_\_ County: \_\_\_\_\_  
 Other (Please Specify Below) \_\_\_\_\_  
What's the best time to call? \_\_\_\_\_ School District: \_\_\_\_\_

Interpreter needed:  Yes  No Language: \_\_\_\_\_

**Your Contact Information (if different than Parent/Guardian Information)**

Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_ City: \_\_\_\_\_  
Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Does the Parent/Guardian know that this referral is being made?  
(please check one)  Yes  No

**How did you find out about us?**

Pediatrician  Childcare Provider  
 Hospital  Family Member  
 Department of Human Services  Web Site  
 Teacher/Education Professional  Advertisement  
 Other \_\_\_\_\_

Download referral form at [www.1800EarlyOn.org](http://www.1800EarlyOn.org)