

Early On®/Project Find Referral Form

For use by Primary Referral sources

Download referral form at www.1800EarlyOn.org

Refer by fax (517) 668-0446



Early On: Birth - 3 years
Refer by phone 1-800-EarlyOn
(800) 327-5966



Project Find: Birth - age 26
Refer by phone (800) 252-0052
Project Find is a referral for
Special Education.

Date: _____

Child's Information

Child's Name: _____ Premature birth born at _____ weeks gestation
Date of Birth: _____ Low birth weight ____ lbs ____ ozs or weight in grams _____
Type of Birth: Single Twin Triplet Has the child had an IEP? Yes No Unsure
Gender: Male Female Has the child had an IFSP? Yes No Unsure
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?

- | | |
|---|---|
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Childcare Provider |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Department of Human Services | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Teacher/Education Professional | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Other _____ | |