Ventura County Early Start Program
EARLY START INQUIRY

Initial Intake Date: _____ IFSP Due Date: _____ SSN#_____ UCI#_____

Child's name: _____ Date of Birth: _____ Age: _____ Gender:_____
Last First MI

Mother/Guardian: _____ Maiden Name: _____ Father: _____

Parent Consent to Referral: ❑ Yes ❑ No Do Parents live together? _____ Primary Language: _____ Interpreter? _____

Mailing/Home Address: _____

Phone: _____ Message Phone: _____ School District of Residence: _____

Inquirer's Name: _____ Relationship to the Family: _____ Contact Phone _____

Has applicant ever applied for services from any regional center? ❑ Yes ❑ No Where? _____

Primary physician:_____Telephone:_____

Other agencies involved:_____Medical Info Attached: _____

Parent was informed that Early Start is a partnership between DDS and Dept of ED and information will be shared between TCRC and the LEA, and parents agreed to proceed. ❑ Yes ❑ No

HISTORY AND CONCERNS:

Birthplace:_____ Hospital:_____ Gestational Age: _____ Birth weight:_____

Present weight:_____ Medications and Equipment: _____

Medical Confirmation/Diagnosis: _____Specialist(s) Involved: _____

Developmental Concerns	Description of Concerns:
☐ Vision	
☐ Hearing *see checklist	
☐ Physical *see checklist	
☐ Self-Help *see checklist	
☐ Behavioral	
☐ Social	
☐ Communication	
☐ Cognitive	

*Physical Checklist: (*Circle all that apply*): rolls tummy to back, sits unsupported, belly crawls, crawls, pulls to stand, cruises furniture, walks, grasps toy, releases toy

*Self Help Checklist (*Circle all that apply*) : holds a bottle with both hands, finger feeds, drinks from open cup, uses a spoon to feed

*Newborn Hearing Screening Passed: ☐ Yes ☐ No

Inquiry taken by:_____ Phone #: _____ Ext: _____

Regional Center Service Coordinator assigned:_____ Phone #: _____ Ext: _____

Date of follow up – phone call to family (if appropriate):_____ How did you hear about Early Start: _____

Actions taken: ❑ Appears SLI-sent to LEA ❑ Faxed to LEA for consideration for dual Date_____

School District Response: _____ Possible Dates for Joint Intake: _____

LEA Early Start Coordinator:	LEA Response Date:
☐ Yes- agree to serve as SLI (Pending evaluation results)	☐ No- does not appear appropriate for dual/no available openings at this time
☐ Yes- agree to dual intake	☐ No- reconsider at later date when more information is available
Concerns/ Need More Info:	