

**WV BIRTH TO THREE**

Office of Maternal, Child and Family Health
Bureau for Public Health
Department of Health and Human Resources

Child's Name: _____

Child's Date of Birth: _____

Consent to Refer for Eligibility Determination

This consent is used for a child who was referred to WV Birth to Three less than 45 days prior to his/her third birthday and therefore was not evaluated for eligibility under Part C of the Individuals with Disabilities Education Act (IDEA). Upon request, and with parental consent, WV Birth to Three will assist the parent to make a referral to the County School District to determine if the child may be eligible for services under Part B of IDEA.

My child, _____, was referred to WV Birth to Three less than 45 days before his/her third birthday and was not evaluated for eligibility in accordance with Part C of the Individuals with Disabilities Education Act (IDEA).

I am providing consent for WV Birth to Three to share the information below and to assist me in making a referral of my child to the _____ County School District to determine his/her eligibility for Part B preschool special education services.

Parent Signature

Date

Referral Information

Child's Name (First, Middle, Last)

Child's Date of Birth

Parent/Guardian Name

Parent/Guardian Address - Street, Town, Zip Code

County

Telephone (Home)

(Work)

(Cell)

Please briefly describe your concern(s) regarding your child's development.