

ELWYN SEEDS GENERAL RELEASE OF INFORMATION

Date: _____

Child's Name: _____ **DOB:** _____

Address of Child: _____

This release authorizes the **ELWYN SEEDS** and _____

release written documentation and hold verbal conversations containing confidential information on the above referenced child for the purpose of: Referrals and/or on-going coordinating and providing early Intervention services.

The following records are being requested or release:

- ___ **Evaluation Report (ER)**
- ___ **Individualized Education Program (IEP)**
- ___ **Notice of Recommended Educational Placement (NOREP)**
- ___ **Teacher's Observations and Progress Reports**
- ___ **Developmental Screen Results**
- ___ **Other: On-going conversations between assigned staff**

The undersigned understands that this release is effective for One Year from the date signed and may be revoked by written statement at any time.

Records should be ☐ Sent to and/or ☐ Received by:

Name of Person, School or facility: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Fax Number: _____

Signature (Parent/Legal Guardian)

Witness

Date

Date

ELWYN SEEDS
(SPECIAL EDUCATION FOR EARLY DEVELOPMENTAL SUCCESS)

4025 Chestnut St, 3rd Floor
Philadelphia, PA 19104

REFERRAL FORM—INCLUDING SIGNED PERMISSION TO REFER
(To be used by community agencies, daycares/preschools, medical personnel)

Date of Referral	
Name of Child	Date of Birth
Name of Parent/Legal Guardian	Address (street, city, state, zip)
Telephone # of Parent/Legal Guardian	Secondary Telephone Number
Name of Referring Hospital/Agency/School	Referral Contact Telephone #
Reason for Referral (please check all that apply) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Cognitive Concerns</div><div><input type="checkbox"/> Communication/Language Concerns</div><div><input type="checkbox"/> Speech/Articulation Concerns</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Fine/Gross Motor Concerns</div><div><input type="checkbox"/> Personal/Social Concerns</div><div><input type="checkbox"/> Other _____ (please explain)</div></div>	
Parent/Legal Guardian's native language or other primary mode of communication, if other than English. Please specify:	

Parent/Legal Guardian, please check one box below:

☐ I hereby give my permission to _____ (name of referral source) to release the above information to Elwyn—Philadelphia SEEDS Early Intervention Program for a possible screening and/or evaluation. **(**You will be asked to sign a Permission to Evaluate by Early Intervention before an evaluation is done on your child)**

☐ I do **NOT** give permission to _____ (name of referral source) to release the above information to Elwyn—Chester SEEDS Early Intervention Program for a possible screening and/or evaluation.

Signature of Parent/Legal Guardian

Date

Signature of Referring Agency Representative

Date

*****IN ORDER TO BE PROCESSED, PARENT/LEGAL GUARDIAN MUST BE INFORMED OF REFERRAL, GIVE PERMISSION AND SIGN THE REFERRAL FORM.**

*****PLEASE FAX COMPLETED REFERRAL FORM TO ELWYN SEEDS INTAKE AT 215-823-5083**

ATTN: Malene Green, Assistant Director Intake Dept