Los Angeles Unified School District
EARLY CHILDHOOD SPECIAL EDUCATION
Division of Special Education
333 South Beaudry Avenue, Floor 17
Los Angeles, California 90017
Telephone: (213) 241-4713 Fax: (213) 241-8932

ALBERTO M. CARVALHO
Superintendent of Schools

MARIBEL LUNA, Ed.D.
Senior Director, Special Education

LOW INCIDENCE REFERRAL FORM

Child's Name _____ DOB _____ Gender _____

Parent/Guardian Name _____ Home Language _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Referred By _____ Agency _____ Date of Referral _____

Phone # _____ Fax # _____ E-mail _____

Area of concern:

☐ **Hearing (DHH)** ☐ **Vision (VI)** ☐ **Severe Orthopedic (OI)**

Do not refer for the LAUSD orthopedic service program
- If child has or has been referred for CCS therapy
- If the child is or will receive regional center services

Reason for referral; brief description of concern:

Attached is a current report: ☐ IFSP ☐ Audiologist ☐ Ophthalmologist ☐ Optometrist ☐ Doctor

Is the child currently receiving services from Regional Center? ☐ No ☐ Yes: which services and frequency?

Who is the Service Coordinator? _____

If not, are there concerns that might warrant a referral to Regional Center? e.g. Developmental/motor/language (not related to a hearing, vision, orthopedic) delays. If so, what?

Send this form with reports to:
Early Childhood Special Education
333 S. Beaudry Avenue - 17th floor
Los Angeles, CA 90017
Phone: (213) 241-4713
Fax: 213) 241-8932
EMAIL REFERRALS TO:
Infantreferrals@lausd.net