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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**  Division of Medicaid Services  F-00043 (02/2017) | | | | | | | | | | |
| **communication to local educational agency regarding CHild referral** | | | | | | | | | | |
| Use of this form is optional, but it can be used to communicate to the Local Educational Agency that a child exiting the Birth to 3 Program is not being referred to their district. | | | | | | | | | | |
| **TO:** | | <Insert name of LEA> | | | | | | |  | |
|  | |  | | | | | | |  | |
| **FROM:** | | <Insert name of Birth to 3 Program (County)> | | | | | | |  | |
|  | | | | | | | | | | |
| This note is in reference to | | | <Insert Child's name> | | | | | , whose LEA notification | | |
|  | | |  | | | | |  | | |
| you received recently. | | | |  |  | | | | | |
|  | | | |  |  | | | | | |
|  | | | | | | | | | | |
| This child was determined to not be potentially eligible for Part B services. The parents have been informed of their right to pursue a referral with the school district at any time. | | | | | | | | | | |
|  |  | | | | |  |  | | |  |
|  | **SIGNATURE** – Service Coordinator / Birth to 3 | | | | |  | Date Signed | | |  |