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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**Division of Medicaid ServicesF-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 |  |