



SESA REFERRAL

For children with deaf-blindness age 3 or younger

Last updated: 9/11/19

For questions about SESA referrals,

Call 907-334-1300

CHILD INFORMATION	
Current Age:	
Name (First & Last):	
Date of Birth:	
Sex:	
Referral Category:	<input type="checkbox"/> Deaf-Blind

REFERRER INFORMATION	
School district in which the child lives:	
Your Name:	
Your Role/Title:	
Your Phone Number:	
Your Email:	

PARENT/GUARDIAN INFORMATION	
Primary Parent/Guardian Name:	
Relationship to Child:	
Address:	
Email:	
Phone:	
Phone Type:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

SECONDARY PARENT/GUARDIAN INFORMATION (OPTIONAL)	
Secondary Parent/Guardian Name:	
Relationship to Student:	
Address (if different from primary):	
Email:	

Phone:	
Phone Type:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

ADDITIONAL CONTACTS: <i>Additional contacts who are authorized for correspondence regarding the child</i>		
Name	Title	Email
1.		
2.		
3.		

REQUIRED DOCUMENTS: <i>please attach/enclose with the referral</i>
<i>Referrals submitted without ALL of these documents will face processing delays</i>
1. SESA Mutual Exchange of Information – <i>signed by the guardian</i>
2. Medical report(s) that show the diagnosis of the child
3. Individualized Family Service Plan (IFSP) – <i>signed by the IFSP team</i>

PRIMARY CONCERN:

- | | |
|--|---|
| <input type="checkbox"/> Adaptive-Functioning/Self-Help Skills | <input type="checkbox"/> Deaf-Blindness |
| <input type="checkbox"/> ASL Development | <input type="checkbox"/> Physical Development (Fine & Gross Motor Skills) |
| <input type="checkbox"/> Behavioral Development | <input type="checkbox"/> Speech or Language Development |
| <input type="checkbox"/> Cognitive Development | <input type="checkbox"/> Social or Emotional Development |
| <input type="checkbox"/> Communicative Intent | |

SECONDARY CONCERN (optional):

- | | |
|--|---|
| <input type="checkbox"/> Adaptive-Functioning/Self-Help Skills | <input type="checkbox"/> Deaf-Blindness |
| <input type="checkbox"/> ASL Development | <input type="checkbox"/> Physical Development (Fine & Gross Motor Skills) |
| <input type="checkbox"/> Behavioral Development | <input type="checkbox"/> Speech or Language Development |
| <input type="checkbox"/> Cognitive Development | <input type="checkbox"/> Social or Emotional Development |
| <input type="checkbox"/> Communicative Intent | |

OTHER NOTES:

DATE: _____

SIGNATURE: _____