

REQUEST FOR REGIONAL CENTER SERVICES ASSESSMENT

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DATE: \_\_\_\_\_ DELIVERED VIA: \_\_\_ Fax \_\_\_ Registered Mail \_\_\_ In Person

**FROM:**

Parent/Guardian/Educational Rights Holder: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

**TO:**

Intake Coordinator: \_\_\_\_\_

Regional Center: \_\_\_\_\_

Regional Center Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (if known): \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

On behalf of the above mentioned child I am hereby requesting an intake assessment to determine if a developmental disability exists. I believe this child has a developmental delay for the following reasons:

Please contact me within 48 hours to schedule out initial intake and assessment, to take place within 15 days of this notice. I understand that assessment must be complete within 60 days of me agreeing to the assessment plan

Sincerely,

Parent/Guardian/Educational Rights Holder Signature:

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