

Referral Date:

EARLY LEARNING PROGRAM

721 Stedman St, Ketchikan AK 907-225-7825

Referral for Services

Child's Name:

DOB:	Parent/Guardian:
Phone:	E-mail
Referred by:	How heard:
Family Mailing address:	Family Physical address/directions:
Reason for referral	
Developmental screening/evaluation:	
Hearing Screening:	
Vision Screening:	
Notes:	

Physician: Diagnosis:

Fax referral to:

Ketchikan & Metlakatla – 907-225-1541 Craig – 907-826-3892

Phone:

Ketchikan & Metlakatla – 907-225-7825 Craig – 907-826-3891