



OSNS Child Development Centre

#103 - 550 Carmi Avenue, Penticton BC, V2A 3G6
Ph: 250 492 0295 Toll Free: 1 866 492 0295 Fax: 250 492 2164

Request for Early Intervention Services

► Child's Information

Referral Date: _____ Child's Name: _____
Date of Birth: _____ Gender: _____ Cultural background: _____
Primary Language: _____ Is a Translator Required? _____ Available? _____
Other Languages Spoken: _____
Family Physician: _____ Pediatrician: _____
Preschool/Daycare: _____ Name of Contact for Pre-school/Daycare: _____

► Address & Contact Information

Street Address: _____ Home Phone: _____
Mailing Address: _____ Work Phone: _____
City/Town: _____ Postal Code: _____ Cell/Contact Phone: _____

► Parent/Caregiver Information

Name: _____ Relationship to Child: _____
Gender: _____ Has Custody? Yes ___ No ___
Primary Language: _____ Is a Translator Required? _____ Available? _____

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Gender: _____ Has Custody? Yes ___ No ___
Primary Language: _____ Is a Translator Required? _____ Available? _____

► Referral Information

Referral by Parent/Caregiver Referral by Professional Involved with the Child
Name of Professional: _____ Organization/Profession: _____

► Diagnosis/Reason for Referral (please attach copies of relevant reports, i.e. medical history, hospital admissions and discharges, preschool profile)

Please Describe:

Parent/Guardian Signature(s): _____

NOTE: This referral will be discussed at a weekly intake meeting which includes staff from the Infant Development Program of the Families First Resources Society. A referral to this program may be made during this meeting.