

BUILD UP MICHIGAN/EARLY ON®

Berrien Regional Education Service Agency
711 St. Joseph Avenue, Berrien Springs, MI 49103
(269) 471-7725 FAX (269) 471-0314

INQUIRY

Child's Name: _____

Date of Birth: _____

Sex: M F

Parent(s) or Guardian/Address: _____

Phone: () _____

District of Residence: _____

City of Birth: _____

Race/Ethnic Group: _____

Native Language: _____

Phone: () _____

Information provided by:

Name: _____

Date Received: _____

Title/Parent: _____

Interview Data Informant: Parent informed by: _____

Date: _____

required

Current Services/Case Worker:

FIA _____

FC _____

PS _____

CSHC _____

Riverwood Center _____

Berrien RESA _____

Physician _____

Other _____

There is reason to suspect that this child is experiencing developmental delay in one or more of the following areas:

Cognitive Development

Physical Development

Speech & Language Development

Self Help skills

Social Development

Hearing

Comments/test results: _____

BERRIEN RESA USE ONLY

Date Received: _____

Notice/Procedural
Safeguards sent: _____

45 day timeline: _____

Transition By: _____

Initials: _____