



Dear Doctor:

Re: _____
Child's Name **Date of Birth**

This child has been referred to the Preschool Early Intervention Program to determine if Preschool Special Education Services are needed to support learning.

A new health appraisal for every child enrolled in our Preschool Early Intervention Program is required by Pennsylvania regulations. Please complete the enclosed Child Health Assessment form and return it to:

Berks County Intermediate Unit
Preschool Early Intervention Program
1111 Commons Blvd.
P.O. Box 16050
Reading, PA 19612-6050

Please include the following:

- Health history or diagnosis
- Physical exam results
- All immunizations received
- Tuberculin Tine Test results
- Screening results - especially **hearing** and **vision**
- Medications currently prescribed
- Any special precautions necessary due to health status

Thank you for your assistance in helping us support this child's learning needs. If you have questions about this matter, please feel free to call the Preschool Early Intervention Program at (610) 987-8543.

Sincerely,

The Preschool Early Intervention Staff

Enclosure