



SoonerStart Early Intervention Program Notification to Local Education Agency (LEA)

Child's Name:		Date of Birth:	
Section 1: Parent Information			
Name:		Phone:	
Address:	City:	State:	Zip:
Any Additional Contact Information			
Section 2: School District Name			
Section 3: SoonerStart Information			
Service Coordinator:	Site:	Phone:	Date:
Address:	City:	State:	Zip:
<input type="checkbox"/> U.S. Mail Date Mailed:		<input type="checkbox"/> Emailed Date Sent:	