



Infant & Toddler
Connection of Virginia

Central Directory: 1 (800) 234-1448
TTY/TDD 1(804) 771-5877

Infant & Toddler Connection of [Local System]

[Address]

[Address]

[City], Virginia [Zip]

[Phone (000) 000-0000]

THIS TO BE ITOTS REPORT

[Date]

[Referral Source]

[Address]

[City/State/Zip]

Dear [Referral Source]:

The Infant & Toddler Connection of [System] has received your referral of [Child's Name] on [date]. We will be happy to share information on the status of this referral once we have written parent consent as required by Part C of the Individuals with Disabilities Education Act (IDEA). Should you have questions about this Part C requirement, please give me a call at [Phone].

Thank you for the referral.

Sincerely,

[Name, Title]