## SCHOOL REFERRAL FOR SPEECH/LANGUAGE AND/OR PSYCHOLOGICAL SERVICES
### (Preschool/Early Childhood)

Formal psychological evaluation is a vital part of an overall evaluation. Information available from parents and school personnel is equally important. **Please answer __all__ questions as completely as possible.** (In cases of reevaluation, it is especially important that information about a child's academic, social, and behavioral growth be furnished.)

Name of School_____District#_____Name of person making referral_____

Contact Person_____Phone#_____Address_____

**Background Information**

Child's Name:_____Birth Date:_____Age:_____Sex: M ☐  F ☐

Mother's Name:_____Occupation:_____Work Phone:_____

Father's  Name:_____Occupation:_____Work Phone:_____

Home Address:_____

Home Phone:_____Best time to phone:_____

Child lives with: _____**Please describe any special family circumstances**.

Primary language spoken in home:_____

**Referral Reason (Be specific)**

**Additional Information**

Has the child been evaluated for medical, cognitive, speech/language development, social, or behavioral reasons?  Yes ☐  No ☐  If **yes, please enclose a copy of the previous evaluation.** (Not necessary if the evaluation was previously conducted by an ESU #8 psychologist.)

If the child is taking any prescribed medications or herbal remedies, please give its name, dosage, and what it is for.

Has the child had hearing tested?  Yes ☐  No ☐  If **yes**, what were the results:

Does the child wear hearing aids?  Yes ☐  No ☐

Has the child had vision tested?  Yes ☐  No ☐  If **yes**, what were the results:

Does the child wear glasses?  Yes ☐  No ☐

Does the child wear contacts?  Yes ☐  No ☐

What special services has the child received in the past?

What special services is the child receiving now, and amount of time per week?

What are the child's strengths in the following areas?

Preacademic skills:

Behavioral:

Social:

Communication:

What are the child's needs in the following areas?

Preacademic skills:

Behavioral:

Social:

Communication:

Explain any additional concerns.

Please attach the following to this referral:Signed Notice of Consent for Evaluation

Parent Information Sheet

1. Copies of any (and all) previous evaluations completed with this child
2. Go to the following google doc complete and submit.
   https://docs.google.com/spreadsheet/viewform?formkey=dEhSZFZFeVIycFZuSTV5eXpVQUtLVGc6MA#gid=0

Evaluation procedures have been discussed with parent or guardian?  Yes ☐  No ☐

Signature of Person making the referral:_____Position_____
                                                                    Date _____

Signature of Authorized School Official:_____Position_____
                                                                    Date_____