

SCHOOL REFERRAL FOR ESU 8 PSYCHOLOGICAL AND/OR SPEECH/LANGUAGE SERVICES PRESCHOOL (3-5 years old)

This child has been referred for special services and/or evaluation. Information from school personnel and parents is equally important in gaining a full understanding of this child. **Please answer all questions as completely as possible** (even in the case of re-evaluation).

Name of School: _____ Name of person making referral: _____

Contact Person: _____ Email address: _____ Phone # _____

I. Background Information

Child's Name: _____ DOB: _____ Age: _____ Gender Assigned at Birth: M ☐ F ☐

Mother's name: _____ Occupation: _____ Phone: _____

Father's name: _____ Occupation: _____ Phone: _____

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

Email: _____

Method(s) of communication school has used with parent(s): Call ☐ Text ☐ Email ☐

What information are you hoping to gain from this evaluation (current concerns)?

II. Additional Information

Has the child ever been evaluated for medical, cognitive, speech/language, social, or behavioral reason? Y or N
If Yes, please enclose a copy of the previous evaluation results.

Has the child ever been under the ongoing care of a physician or mental health professional for physical, emotional, behavioral, or other reason? If **yes**, what condition:

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

Date of Visual Test/Screening _____ Results _____ Glasses or contacts? Yes No

Date of Hearing Test/Screening _____ Results _____ Hearing Aids? Yes No

III. Intervention History

List all intervention or services the child has received **in the past** (e.g., speech/language, behavior intervention, occupational therapy, physical therapy, Early Childhood Special Education):

Current Service (e.g., speech/language)	Amount of time (e.g., 30 min/month)

What are the child's **STRENGTHS**:

Pre-Academic	
Behavioral	
Social	
Communication	

What are the child's **NEEDS**:

Pre-Academic	
Behavioral	
Social	
Communication	

Explain any additional concerns you have:

Please attach the following to this referral:

1. Signed Notice of Consent for Evaluation (SRS form) *Required for all
2. Parent Information Form *Required for all
3. Copies of previous evaluations completed with this child

Signature of person making the referral: _____ Position _____
Date _____

Signature of Authorized School Official: _____ Position _____
Date _____