|  |  |
| --- | --- |
| **Date:** |  |

NOTE: GIVE PARENT COPY OF PRESCHLREFERRAL & CONSENT

NORTHEAST INDIANA SPECIAL EDUCATION COOPERATIVE

1607 E. Dowling Street

Kendallville, IN 46755

(260) 347-5236 1-800-589-5236 FAX (260) 347-1657

*Preschool Referral for Multidisciplinary Educational Evaluation*

**Student Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student:** | | |  | | | | | | | | **Date of Birth:** | | | |  | | | | | **Sex:** | | **M** |  | **F** |  |
| **Address:** | | |  | | | | | | | | | | **County of Residence:** | | | | |  | | | | | | | |
| **Phone:** |  | **Home:** | | |  |  | **Cell:** | |  | | |  | **Work:** |  | | | | | (Indicate order of preference) | | | | | | |
| **Corporation:** | | | |  | | | | **Home School:** | |  | | | | | | | **STN:** | | | |  | | | | |
| **Referred By:** | | | |  | | | | | | | **e-mail Address:** | | | | |  | | | | | | | | | |

**Racial Background:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | American Indian or Alaskan Native |  | Hispanic/Latino, any race |  | White |
|  | Asian |  | Multi-Racial (not Hispanic) |  | |
|  | Black/African American |  | Native Hawaiian/Pacific Islander |

**Legal Custody:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Natural Parents |  | Maternal Parent | | |  | Paternal Parent | |  | Legal Guardian |  | Other Relative |  | Friend |
|  | Education Surrogate Parent | | |  | Other | | |  | | | | | | |

**Primary Language:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | English |  | | Spanish | |  | Dutch (Amish) | | | |  | Mandarin | |  | German |  | Vietnamese |  | Korean |  | Japanese |
|  | Arabic | |  | | Russian |  | | Serbian |  | Other (list) | | |  | | | | | | | | |

**Parent/Guardian Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Father’s Name**: |  | Work Phone #: |  | Cell Phone #: |  |
| **Mother's Name**: |  | Work Phone #: |  | Cell Phone #: |  |
| **Guardian's Name**: |  | Work Phone #: |  | Cell Phone #: |  |

**Reason for this referral (check only suspected disability areas):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Developmental Delay |  | Speech or Language Impairment\* | | | | | | | |  | Intellectual Disability | |  | | Multiple Disabilities | |
|  | Autism Spectrum Disorder | | | | |  | Deaf or Hard of Hearing | | | | |  | Blind or Low Vision | |  | | Orthopedic Impairment |
|  | Transition from First Steps | | |  | Move-In | | |  | Other: |  | | | | | | | |

**Specific questions to be answered by this evaluation:**

**Developmental:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Gross or fine motor development | | |  | Screening | | |  | Gross |  | Fine | |  | | Physical Therapy Evaluation |  | Occupational Therapy evaluation | | |
|  | Cognitive development |  | Receptive language development | | | | | | | | |  | | Expressive language development | | | |  | Social development |
|  | Emotional development | | | | |  | Self-help or other adaptive development | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | |

**\*Speech and Language Referrals**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Speech problems |  | Language problems |  | Speech and language problems |
| Comments: | | | | | |

**Other**:

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| --- |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | |  | | | |
| Has the child attended preschool? | | | | | | | | |  | | Yes | | | | | |  | | No | | | | | | If so, how many hours per week? | | | | | | | | | | | |  | | | | | | | | |
| Past Evaluation? | | | |  | Yes | | | | |  | | | No | | | | | | | | | |  | | | | | | Copy Attached? | | | | | | | | |  | Yes | | | | |  | No |
| First Steps Services? | | | |  | | Yes, currently | | | | | | | | |  | | Yes, in the past | | | | | | | | | | |  | | | No | | If yes, when/dismissal date | | | | | | | | | |  | | |
| Past Special Education Services? | | | | | | | | |  | | | Yes | | | | | |  | | No | | | | | | When: | | | |  | | | | | Where? | | | | |  | | | | | |
| Prosthetic devices prescribed? | | | | | | |  | Yes | | | | | |  | | No | | | | | | What type (Glasses, Hearing Aid, etc)? | | | | | | | | | | | | | | | |  | | | | | | | |
| Used regularly? | |  | Yes | | | |  | No | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Language/Speech Impairment (LSI) remediation? | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | |  | No | | | | When: | |  | | Where: | | | | |  | | | | |
| Describe the child’s strengths: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the concerns of the parent for enhancing the education of the student: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Based on evaluation data, provide a statement of the student's present levels of academic achievement and functional performance, including how the student's disability/suspected disability affects the student's involvement and participation in appropriate activities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the evaluation procedure, assessment, record, report, or other relevant factors used as a basis for proposing to conduct the evaluation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The decision to conduct this evaluation was based on: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other factors relevant to this referral: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Must Be Completed By Designated Official**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Initial in box below** | | | | | | | | | | |
| 1. Current Vision & hearing screening (Attached) | | | | | | | | | |  |
| 2. Family background/social history form completed (Attached) | | | | | | | | | |  |
| 3. Documentation of Behavioral Problems, Interventions, and Functional Behavioral Assessment  for ED Referral (Attached) | | | | | | | | | |  |
| 4. Relevant medical data/reports | | | | | | | | | |  |
| 5. Referral, 2 pages completed. | | | | | | | | | |  |
| 6. Other pertinent documentation to reason for referral | | | | | | | | | |  |
| 7. Date Request for Evaluation Initiated – verbal or written |  | Parent | |  | 1st Steps | |  | School |  |  |
| 8. Date Written Notice of Intent to Evaluate provided to parent | | | | | |  | | | |  |
| 9. Date Parent Consent received | | |  | | | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Teacher Signature:** |  | **Date:** |  |
|  | | | |
| **Intake Person/ Principal Signature:** |  | **Date:** |  |