

REFERRAL FOR A SPECIAL EDUCATION EARLY CHILDHOOD EVALUATION

Background Information:

Date of Referral: _____
 Child's Name: _____ School District: _____
 Child's Birth Date: _____ Male/Female: _____
 Parent(s)/Guardian Name: _____ Home Phone: _____
 Address: _____ City: _____ Zip: _____
 Person Submitting the Referral: _____ Relationship to Child: _____
 Child's Social Security Number: _____ Child's Medicaid Number: _____

Purpose:

The purpose of the Early Childhood Referral form is to assist the school district and the Cornbelt Educational Cooperative staff in making appropriate recommendations for children ages three to five years and their families regarding developmental concerns. The form is to be completed by the child's parent/guardian or any other individual knowledgeable of the child's needs. Upon request, assistance will be provided by school district or Cornbelt Educational Cooperative staff.

Developmental Concerns:

Directions: Please check the developmental concerns affecting the child:

1. SPEECH/LANGUAGE. The child

- has difficulty using gestures
- has difficulty responding to facial expressions
- does not maintain eye contact when spoken to
- has difficulty making sounds
- has difficulty using a single word
- has unclear or garbled speech
- has difficulty expressing wants
- uses incomplete or incorrect sentences
- needs instructions repeated often
- repeats what he or she says
- doesn't remember simple information from day to day
- gives inappropriate answers to questions

2. SOCIALIZATION. The child

- does not play with other children
- does not separate easily
- will not work in a group
- is left out of activities with other children

3. MOTOR. The child

- has difficulty rolling over
- has difficulty sitting
- has difficulty standing
- appears clumsy
- has difficulty using pencils, crayons, or scissors
- has difficulty buttoning or zipping
- has hand/eye coordination problems
- has poor control of body movements
- does not show interest in new things

4. DEVELOPMENTAL ABILITIES. The child

- does not appear to be learning at an average rate
- has had delays in developmental milestones
- does not seem to understand well
- acts much younger than his/her age
- seeks much younger friends

5. BEHAVIOR. The child

- has tantrums
- is not able to accept limits
- resists rules or refuses to comply with requests
- is destructive with toys
- clings to an adult
- appears sluggish or lacks energy
- is fearful or worries a lot
- rarely smiles, giggles, or laughs

 6. ATTENTION. The child

- is easily distracted
- has a short attention span
- darts from one task to another
- persists when asked to stop

 7. SELF-HELP. The child

- has difficulty washing and drying hands
- has difficulty drinking from a straw or cup
- has difficulty dressing
- has toileting difficulties
- has difficulty feeding
- has difficulty following routines

 8. HEARING. The child

- has trouble hearing
- wears a hearing aid
- asks people to repeat or talk louder
- favors one ear over the other
- is startled at sudden noises
- has earaches
- speaks loudly
- watches a person's face when that person talks
- had numerous ear infections
- currently has tubes in his/her ears

 9. VISION PROBLEMS

- has eyes that turn in
- has eyes that turn out
- squints
- tilts his/her head
- wants to sit too close to the TV
- holds books very close to his/her face
- blinks a lot
- rubs his/her eyes
- wears eye glasses or contacts

MEDICAL/HEALTH RELATED. The child

- has been in the hospital ____ times.
- is taking medication. (Describe) _____
- has had serious illnesses. (Describe). _____
- has had accidents. (Describe) _____
- has had a significant head injury. (Describe) _____

If you have a concern that is not listed, please summarize here.

To Be Completed by the School District

An informal review was conducted with the person making the referral, the child's parents/guardian, and the other qualified individuals regarding identified areas of concern. The following determination was made regarding the referral: (check one)

- There is no need for a Special Education evaluation at this time. Notify the parents/guardian in writing stating the reason(s) why an evaluation is not necessary at this time and provide a copy of their parental rights.**
- A Special Education evaluation should be completed at this time and parent consent must be obtained.**

Administrator or Designee Signature

Date