

**Program for Exceptional Children Randolph – Clay Initial Referral Form**

**Circle One**

**Preschool Disabilities / Speech**

**Child's Full Name** \_\_\_\_\_ **Referral Date** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **SS#** \_\_\_\_\_ **GTID#** \_\_\_\_\_

**Medicaid # (please attach a copy of the card)** \_\_\_\_\_ **sex** \_\_\_\_\_

**Parent Guardian** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Address** \_\_\_\_\_ **County** \_\_\_\_\_

**Specific reasons for the referral** \_\_\_\_\_

\_\_\_\_\_

**Does the child already attend a preschool program?** \_\_\_\_\_ **If yes, where**

\_\_\_\_\_

**Has hearing and vision screening been done in the last year?** \_\_\_\_\_ **If yes, indicate dates and results and attach to the referral.**

**Vision – Date Passed** \_\_\_\_\_

**Hearing – Date Passed** \_\_\_\_\_

**(THE CHILD MUST HAVE PASSED THESE TESTS BEFORE REFERRAL CAN BE ACCEPTED) (IF CHILD FAILS EITHER TEST THEIR DOCTOR SHOULD REFER THEM TO A SPECIALIST.)**

**Does the child have significant health concerns, major childhood illness /disease or diagnosed syndrome?** \_\_\_\_\_ **If yes, explain**

\_\_\_\_\_

\_\_\_\_\_

**Does the child have motor/coordination/ mobility needs? If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

**Does the child have adaptive or medical needs (eye glasses, wheelchair, walker, hearing aids, leg braces, feeding tube, take medicine on a regular basis.)**

**Summarize the interventions and data that were collected. (Attach more specific information)** \_\_\_\_\_  
\_\_\_\_\_

**What screens and test have been given? (Attach more specific**  
\_\_\_\_\_  
\_\_\_\_\_

**Is the child free from frequent attendance problems or irregular attendance that impacts the child’s ability to make reasonable progress in the curriculum? (Obvious referrals start documenting the very first day. There should be at least three weeks of documented interventions in the regular classroom.)**

**How does the child’s work compare to peers? (Attach work samples)**  
\_\_\_\_\_  
\_\_\_\_\_

**What academic/ behavior concerns did SST/RTI identify?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is the child’s primary language?** \_\_\_\_\_

**Unless the child is being referred by Babies Can’t Wait, before any child’s referral can be accepted, the student support team must show documented interventions that have been used in the regular classroom. (Refer to preschool disabilities teacher for suggestions if needed.)**

\_\_\_\_\_  
**Signature of Referring Person**

\_\_\_\_\_  
**Date**

**Attach any additional information pertinent to this referral such as previous screenings, evaluations, developmental history, IFSP pan (Babies Can't Wait Information) Please have the parent sign the attached medical release form if there are any recent vision, hearing or medical concerns.**

**I acknowledge that I have been informed by the staff at \_\_\_\_\_ that my child is being referred to the Randolph/ Clay Preschool for Exceptional Children.**

**Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**