

Referral Procedures

Child Find

Forsyth County School System
Special Needs Preschool Department
Kristi Quinn - Coordinator

- **Speech Only (articulation/speech sounds)**

For concerns with **articulation/speech sounds** only, you DO NOT need to refer to Child Find, but should instead have parents register child for a speech evaluation:

- Go to the Forsyth County School System website: www.forsyth.k12.ga.us
- Quick Links(bottom left of page) – click **Enroll Your Child**
- Choose Option 1
- Yellow boxes – click **Registration Information**
- Follow the **Steps 1-4**

- **Developmental Concerns (behavioral, social/emotional, and adaptive behavior)**

If you suspect a child is struggling developmentally in any of the following areas: **behavioral, social/emotional, and adaptive behavior**, you may refer them to Forsyth County Child Find for a classroom observation and suggested RTI strategies. You will find the referral paperwork in this packet. (see below)

1. **Copy the Teacher form** for the teacher to complete.
2. **Copy the Parent form and Parent Consent form** to send home. Parents should complete and return the forms to the teacher to be faxed in with the teacher forms
3. Once all the forms are returned and filled out **completely** the teacher should:

Fax or mail ENTIRE pack of information to:

Fax: c/o Christie Ingram/Pre K Department-RTI

Fax # 678-965-5026

Mail: Hill Center c/o Christie Ingram/Pre K Department-RTI

136 Almon C Hill Dr. Cumming, GA 30040

- **Once forms are received:**

- An observation will be scheduled. Observations will last approximately 30 minutes. The observation will be briefly discussed with the teacher and the parent.
- If the observer feels more strategies and interventions (RTI) could be put into place to help the child, it will be discussed with the teacher. The parent will also be informed of any strategies suggested. The teacher will collect data on the outcome of recommended strategies and interventions.
- **Not all children are recommended for further assessment or qualify for special education services.** Recommendations will be made after reviewing the observation notes, the results of the rating scales, and the outcome data provided by the teacher. However, parents always have the right to request an evaluation.
- If a full evaluation is recommended the parent will need to register the child for a full evaluation at the Hill Center.

- **Developmental Concerns (cognitive, communication/language, and motor)**

If you suspect a child is struggling developmentally in any of the following areas:

communication/language, cognitive and motor, you may refer them for the free Developmental Screening that is held on the first Friday of every month. (See attached flyer)

Parents can schedule an appointment by contacting:

Mary VanBavel, Preschool Administrative Assistant

Phone: 770 887- 2461, ext. 310100

Email: mvanbavel@forsyth.k12.ga.us

Forsyth County School System

Preschool Early Intervention RTI

PARENT CONSENT FOR SCREENING and Parent Information

Date: _____

Dear Parent/Guardian:

Your child, _____, has been referred for a classroom observation or a school screening that will be helpful in determining specific problem areas. Test results will be used by the Child Study Team to plan remedial help, assist the teacher in designing alternative teaching techniques, or in determining the need for more comprehensive evaluation.

Should you have any questions about the reasons for our request, please feel free to contact:

Christie Ingram @770-887-2461 ext.312720 or email at cigram@forsyth.k12.ga.us

Please sign the Parent Consent for Screening below:

_____ I agree for my child to be screened/observed

_____ I do not agree

Child's name _____ DOB _____

x _____ *Parent/Guardian Signature*

Parent email _____ Parent phone # _____

School name _____ Days of week child attends _____

Are you a Forsyth County resident? Y or N

(If you are not a Forsyth County resident, please contact the Special Education Department in the county in which you live.)

Parent Concerns and Information

I am requesting that _____ be referred to the RTI team for review of his/her educational needs, if any. This review is requested due to concerns in the following areas:

Primary areas (s) of concern (check all that apply):			
General Development		Language	
Pre-Academic		Phonological Awareness (Articulation)	
Behavior		Social-Emotional	
Other (Describe here)		Fine/Gross Motor	

Other relevant information:

Difficulties with (check all that apply):			
Expressing/understanding language		Getting along with others	
Being understood by others		Following directions	
Colors/shapes/letters/numbers		Feeding/dressing/toileting	
Attention		Holding a pencil/writing	

Interventions Parent Has Tried to Address Concerns:			
Model age appropriate language		Positive praise and reinforcement for appropriate behavior	
Talk out loud during daily routines/activities		Behavior charts	
Show/model/correct speech production		Discuss/explain/model appropriate behaviors and social skills	
Private therapy		Encourage independence with self-help skills	
Review colors/shapes/letters/numbers during daily routines		Provide exposure to fine motor activities such as: chalk, markers, crayons, scissors, play dough, shaving cream, paint	
Verbal/physical redirection		Schedule play dates with peers	
Read aloud to child		Visual schedule	

What is student's home language? _____

Has the child's teacher indicated any concerns about the student? _____ if yes, what are the concerns?

Parent/Guardian Signature

Date completed

Response to Intervention & Student Support Team Preschool (ages 3-5) *Teacher form*

Fax or mail ENTIRE pack of information to:

Fax: c/o Christie Ingram/PreK Department-RTI Fax # 678-965-5026
 Mail: Hill Center c/o Christie Ingram/PreK Department-RTI
 136 Almon C. Hill Dr.
 Cumming, GA 30040

Student Name:	DOB:
Gender:	Parent Name:
Parent Phone:	Parent Email:
Preschool Name:	Teacher Name:
Teacher Phone:	Teacher Email:
Days/Times Attending:	Preferred time of observation:
Age level of Class:	

Please describe the student's strengths:

Primary areas (s) of concern (check all that apply):			
General Development		Language	
Pre-Academic		Phonological Awareness (Articulation)	
Behavior		Social-Emotional	
Daily Living		Fine/Gross Motor	

Difficulties with (check all that apply):			
Expressing/understanding language		Getting along with others	
Being understood by teachers/peers		Following directions	
Colors/shapes/letters/numbers		Feeding/dressing/toileting	
Attention		Holding a pencil/writing	

Any other concerns:

Interventions Teacher Has Tried to Address Concerns:			
Model age appropriate language		Positive praise and reinforcement for appropriate behavior	
Provide language rich curriculum		Behavior charts	
Show/model/correct speech production		Discuss/explain/model appropriate behaviors and social skills	
Encourage child to use words		Encourage independence with self help skills	
Ask child to repeat unclear parts of message, rather than entire message		Provide exposure to fine motor activities such as: chalk, markers, crayons, scissors, play doh, shaving cream, paint	
One on one review or reteach colors/shapes/numbers/letters/other concepts		Peer models, or pair with a specific peer	
Small group instruction		Visual schedule	
Eliminate down time		Visual support cards	
Verbal and physical redirection		Emotional regulation key ring	
Planned ignoring		Token economy	
Social story		Special seating during circle time	

Parent contact documentation:

Have you discussed above concerns with parent: YES or NO

Date of conference: _____

Outcome of conference: _____

How long have difficulties been present? _____

Are there any extenuating circumstances in child's life, i.e. parent divorce, parent sick, financial, moving, etc _____