

Kent County Public Schools-Infant/Toddler Referral Form

This referral form is to be completed for children ages Birth-3 years of age. Please send referral form to Kent County Public Schools, Infant/Toddlers Program @ 5608 Boundary Ave. Rock Hall, MD 21661. If you have any questions regarding the Infant/Toddler program or in completing this form, please call: Office of Special Education, KCPS @ 410-778-7164
Fax Number: 410-778-2896

Name of Child: _____

Date of Birth: _____ Age: _____ Gender: _____

Social Security # _____

Parent / Guardian: _____

Address: _____

Telephone Numbers/ Home: _____ Work: _____

Email Address: _____

Reason for Referral – Please provide specific information about concern

◇ Speech/Language: (ex. forming sounds and words, etc.) _____

◇ Cognitive/Learning: (example – stimulation, focusing attention, etc.) _____

◇ Emotional/Behavioral: (example – tantrums, rage, excessive crying, etc.) _____

◇ Fine Motor: (example – holding items, reaching hand to mouth, etc.) _____

◇ Gross Motor: (example – rolling over, crawling, walking, etc.) _____

◇ Hearing: _____

◇ Vision: _____

◇ Other: _____

Ethnicity Identification:

Is Student Hispanic or Latino? (Please Circle) Yes - No

Race Identification: (Fill in Circle for as many as appropriate):

- (01) American Indian/Alaska Native
- (02) Asian
- (03) Black/African American
- (04) Native Hawaiian/Other Pacific Islander
- (05) White

Name of Physician: _____

Birth History:

Does the Child attend, or you are planning to attend a Day Care Center? If so, Please provide the name and location of the Daycare Center below.

◇ Daycare: _____

Please list any relevant medical information:

(Frequent ear infections, hospitalizations, pre-maturity, etc.)

Has the child received any other evaluations / assessments? (please circle) Yes

No

If (Yes), please list type of assessment and where it was completed: _____

Please attach the following:

- Outside Evaluation Reports, if any
- Physician Referral

Referred by: _____

Date: _____

Parent's Signature: _____

Date: _____