

PRESCHOOL REFERRAL FOR EDUCATIONAL EVALUATION

The referral for an educational evaluation may be initiated by a parent/guardian, school personnel, or outside agencies. This form is to be used for all non-parent/guardian referrals. If a parent/guardian is interested in evaluating their child the JESSE and/or the home school corporation should be contacted directly. All referrals will be screened by JESSE clerical personnel for completeness. Incomplete referrals will be returned. Please forward this form to the address above.

Child's Name:

Date of Referral: **Sex: M or F** **Birth Date:**

Source of Birthdate: **Child's Age:**

Parents:

Street Address: **Phone:**

City: **State:** **Zip:**

Email Address:

Race/Ethnicity: A. American Indian B. African American C. Asian D. White E. Multirace
F. Hawaiian/Pacific Islander G. Hispanic

School of Legal Settlement:

Individual Making Referral:

name and title

BACKGROUND INFORMATION:

1. Is the student current attending a preschool or daycare program? YES NO N/A
If yes, please provide the name and address of the program:

***Please identify days/times child is attending and teacher's name if available.
2. Is the primary language of the student English? YES NO
If no, what is the primary language?
3. Has a previous psychological evaluation been conducted? YES NO
Date of previous psychological evaluation:

***** Please attach copy of evaluation if not conducted by J.E.S.S.E.**

REASON FOR REFRRAL:

State the reason(s) why the educational referral is being made:

Areas of Primary Concern:

- | | |
|--|---|
| <input type="checkbox"/> developmental lags | <input type="checkbox"/> physical/health problems |
| <input type="checkbox"/> visual perception | <input type="checkbox"/> visual-motor skills |
| <input type="checkbox"/> gross motor skills | <input type="checkbox"/> fine motor skills |
| <input type="checkbox"/> speech/articulation | <input type="checkbox"/> language skills |
| <input type="checkbox"/> listening comprehension | <input type="checkbox"/> ability to follow directions |
| <input type="checkbox"/> language development | <input type="checkbox"/> readiness skills |
| <input type="checkbox"/> social/emotional adjustment | <input type="checkbox"/> behavior |
| <input type="checkbox"/> attention/concentration | |
| <input type="checkbox"/> other (please explain): | <div></div> |

ATTEMPTS TO RESOLVE THE ABOVE CONCERN:

What resources have been utilized (family physician, mental health center, special agencies) to address the concerns identified above?

ADDITIONAL COMMENTS: