



REFERRAL FOR SPECIAL EDUCATION ASSESSMENT (2 .10 years - 5 years)



Child's Name		Date of Birth
Primary Language	Ethnicity	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address		Zip Code
Parent's Name	Home Phone ()	Work Phone ()
Preschool Site/Program Option <input type="checkbox"/> EHS	Teacher(s)	Phone ()
Hearing Screening Date: Result: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Vision Screening Date: Result: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	

Areas of Concern

<input type="checkbox"/> I have concerns about my child's speech and/or language development. Explain:
<input type="checkbox"/> I have concerns about my child's behavior. Explain:
<input type="checkbox"/> I have concerns about my child's overall development. Explain:
Teacher Concerns:

School District Name _____	Contact # _____
Referring Head Start Staff Name _____	Title/Position _____
Referring Head Start Staff Signature _____	Date Referral Provided ___/___/___

Attach Authorization to Release Information, ASQ-3/SE2 and any documentation related to the referral, if appropriate.

I authorize consent for my child to be referred for possible developmental assessment. Once my child has been referred, I will receive a packet of materials from the school district that includes a copy of the Assessment Plan and Procedural Safeguards. The parental consent form must be signed and returned to the school district in order for the evaluation/assessment to take place. Within 60 days of receiving a parental consent for assessment, the school district will conduct an IEP meeting to share results of the evaluation. If my child meets the eligibility criteria, an IEP will be developed by the local education agency. Failure to provide needed information may delay the process. I have received the following items:

- Copy of Referral for Special Education
- Disabilities Resource List for Parents of Children 3-5 Years Old
- Rights and Responsibilities of Parents of Children with Disabilities

Parent/Guardian Name	Parent/Guardian Signature	Date
----------------------	---------------------------	------