

**RADFORD CITY SCHOOLS**  
**SPECIAL EDUCATION REFERRAL FOR EVALUATION FOR PRESCHOOL**

CHILD'S NAME \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ TEACHER: \_\_\_\_\_

PARENTS/GUARDIAN: \_\_\_\_\_

ADDRESS/ \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATE OF REFERRAL \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

**REASON FOR REFERRAL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF DEVELOPMENTAL LEVELS**

**COGNITION:**

**FINE MOTOR:**

**GROSS MOTOR:**

**RECEPTIVE LANGUAGE:**

**EXPRESSIVE LANGUAGE:**

**ARTICULATION:**

**SOCIAL EMOTIONAL DEVELOPMENT:**

**ADAPTIVE BEHAVIOR:**

**Medical History: MEDICAL CONDITIONS EXISTING:**

Physician \_\_\_\_\_

Medications Prescribed \_\_\_\_\_

Sensory Screening Results:

Vision \_\_\_\_\_ Date \_\_\_\_\_

Hearing \_\_\_\_\_ Date \_\_\_\_\_

Glasses Prescribed? \_\_\_\_\_ If so, does student wear them? \_\_\_\_\_

Physical or other Handicaps (specify) \_\_\_\_\_

Outside Agencies involved (specify) \_\_\_\_\_

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**Services Being Received by preschooler (check):**

\_\_\_\_\_ PRIVATE DAY CARE (SPECIFY WHERE: \_\_\_\_\_)

\_\_\_\_\_ IN HOME CHILD CARE (SPECIFY: \_\_\_\_\_)

\_\_\_\_\_ HEAD START

\_\_\_\_\_ OTHER: \_\_\_\_\_

Other Comments:

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING FORM

\_\_\_\_\_  
DATE

PLEASE FORWARD TO THE ADMINISTRATOR OF SPECIAL EDUCATION WITH PARENTAL CONSENT TO EVALUATE WHEN COMPLETED.

DATE RECEIVED: \_\_\_\_\_