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**Preschool Teacher Information Form**

**Parent Referral for Individual Evaluation**

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| Date:  |            | School: |       |
| Student name:  |       | ID#: |       |
| Date of birth: |       | Referral source: |       |
| Parent/guardian name: |       |
| Address: |       | Apt/lot#: |       |
| City: |       | State |       | Zip Code: |       |
| Phone (home, cell, work): |       |        |        |

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|  | **Enrollment, Attendance, and School Services/Supports** |
|  | Is attendance a concern? |  [ ]  Yes [ ]  No |
|  | Does the child have behavior difficulties in the classroom? Explain if yes. | [ ]  Yes [ ]  No       |
|  | What methods have been used to address these behaviors? |       |
|  | Has the child moved frequently? | [ ]  Yes [ ]  No |
|  | **Child’s Strengths and Challenges** |
|  | What are the child’s strengths, talents, interests? |       |
|  | What are the areas of challenge for him/her? |       |
| Is the child able to meet pre-academic expectations in the classroom? Describe weak areas if any. |  [ ]  Yes [ ]  No       |
| **Communication, Oral, Motor, Hearing** |
| Does did the child have sucking, swallowing, drooling, or feeding difficulties? Explain if yes. | [ ]  Yes [ ]  No       |
| Does the child combine 2-5 words to form short sentences? | [ ]  Yes [ ]  No  |
| How does the child request/make needs known? Provide examples. |       |
| Does he/she name people and objects in the classroom environment? |  [ ]  Yes [ ]  No |
| When speaking, is the child easily understood by teachers and peers? |  [ ]  Most of the time [ ]  Sometimes [ ]  Never |
| What kinds of questions will the child answer appropriately?Give examples: |  [ ]  Yes/No [ ]  What [ ]  Where [ ]  Who [ ]  Why       |
| Can the child retell a story in his/her own words? |  [ ]  Yes [ ]  No |
| Can he/she follow directions you give? |  [ ]  Yes [ ]  No |
| Does the child follow a two (2) step direction independently? For example: “Get your coat, and take it to your room.” |  [ ]  Yes [ ]  No |
| How long will the child sit for structured activities such as circle time? |       |
| Does the child get frustrated when he/she is not understood and/or when he/she does not understand others? |  [ ]  Yes [ ]  No |
| Does the child echo what is said rather than giving an appropriate response? |  [ ]  Yes [ ]  No |
| Do you notice hearing difficulties in the classroom? |  [ ]  Yes [ ]  No |
| **Social Skills** |
| Describe the student’s relationships with peers: |       |
| Describe the student’s relationship with teachers: |       |

Distribution:

Student Services

Parent

Confidential File