

TAYLOR EARLY CHILDHOOD CENTER

400 Joachim Avenue * Herculaneum, MO 63048

Phone: (636) 479-5200 Fax: (636) 479-2053

(Crystal City 47, Dunklin R-5, Festus R-VI, Jefferson County R-VII)

EARLY CHILDHOOD SPECIAL EDUCATION REFERRAL

TAYLOR OFFICE USE ONLY

Date: _____

Referring Agency: _____

Referring Name: _____

☐ Agency Referral

☐ Parent Referral

*** Each section **MUST** be completed; incomplete forms will result in an invalid referral. If you need assistance please contact our office at 636-479-5200, opt. 5. E-mail completed forms to rschuepbach@dunklin.k12.mo.us OR you may bring them to our office at the address listed above.

CHILD INFORMATION:

Child's Legal Name: _____ Age: _____ DOB: _____
First Name Middle Initial Last Name

Nickname or name the child usually goes by: _____ Gender: ☐ Male ☐ Female

Ethnic Origin: ☐ Caucasian ☐ African-American ☐ American Indian ☐ Hispanic ☐ Other: _____

Primary language spoken in the home: ☐ English ☐ Spanish ☐ Other: _____

Home School District: ☐ Dunklin R-5 ☐ Festus R-6 ☐ Jefferson R-7

Medicaid Number: _____

Copy of Birth Certificate Attached: ☐ Yes ☐ No Copy of Immunizations Attached: ☐ Yes ☐ No

Proof of Residency (i.e. utility bill or real estate/rental contract): ☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION:

Parent(s)/Guardian(s): _____

☐ Natural Parents ☐ Foster Parents ☐ Adoptive Parents ☐ Guardians ☐ Other: _____

Street Address: _____ E-mail: _____

City/State/Zip: _____ Home Phone: _____

Mother/Guardian Cell Phone: _____ Work Phone: _____

Father/Guardian Cell Phone: _____ Work Phone: _____

MEDICAL INFORMATION:

Physician's Name: _____ Physician's Phone: _____

Physician's Address: _____

List any past and/or current health/medical problems: _____

Currently attends a daycare/preschool: ☐ Yes ☐ No

If yes, where: _____ How long: _____

Has the child been seen by another agency: ☐ Yes ☐ No If yes, indicate which ones below:

☐ P.A.T. ☐ First Steps ☐ Head Start ☐ Therapeutic Playtime ☐ PS Kids

Dates: _____ Dates: _____ Dates: _____ Dates: _____ Dates: _____

☐ PS Kids ☐ Mercy Behavioral Clinic ☐ Cardinal Glennon Knights of Columbus ☐ Walker-Scottish Rite

Dates: _____ Dates: _____ Dates: _____ Dates: _____

☐ SLCH: ☐ Other: _____

Dates: _____ Dates: _____

*** **REASON FOR REFERRAL:** Summarize concerns by indicating specific reasons and/or situations that make you feel a referral is necessary: _____

	I CAN	I CANNOT	INTERVENTIONS / STRATEGIES	INTERVENTION OUTCOMES
FINE MOTOR SKILLS	<input type="checkbox"/> Stack blocks <input type="checkbox"/> Scribble <input type="checkbox"/> Use utensils <input type="checkbox"/> Puzzles <input type="checkbox"/> Cut with scissors <input type="checkbox"/> Button/unbutton <input type="checkbox"/> Finger/thumb pickup <input type="checkbox"/> Write - fist closed <input type="checkbox"/> Write - 3 finger grip <input type="checkbox"/> Draw a line <input type="checkbox"/> Draw a closed circle	<input type="checkbox"/> Stack blocks <input type="checkbox"/> Scribble <input type="checkbox"/> Use utensils <input type="checkbox"/> Puzzles <input type="checkbox"/> Cut with scissors <input type="checkbox"/> Button/unbutton <input type="checkbox"/> Finger/thumb pickup <input type="checkbox"/> Write - fist closed <input type="checkbox"/> Write - 3 finger grip <input type="checkbox"/> Draw a line <input type="checkbox"/> Draw a closed circle		
GROSS MOTOR SKILLS	<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Jump <input type="checkbox"/> Climb <input type="checkbox"/> Walk up/down steps <input type="checkbox"/> Independently <input type="checkbox"/> With assistance	<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Jump <input type="checkbox"/> Climb <input type="checkbox"/> Walk up/down steps <input type="checkbox"/> Independently <input type="checkbox"/> With assistance		
SOCIAL / EMOTIONAL	<input type="checkbox"/> Transition <input type="checkbox"/> Control emotions <input type="checkbox"/> Play with peers <input type="checkbox"/> Share/take turns <input type="checkbox"/> Pretend play <input type="checkbox"/> Follow directions <input type="checkbox"/> Attend to task	<input type="checkbox"/> Transition <input type="checkbox"/> Control emotions <input type="checkbox"/> Play with peers <input type="checkbox"/> Share/take turns <input type="checkbox"/> Pretend play <input type="checkbox"/> Follow directions <input type="checkbox"/> Attend to task		
ACADEMICS / GENERAL INTELLIGENCE	<input type="checkbox"/> Count to _____ <input type="checkbox"/> Match colors <input type="checkbox"/> Name colors <input type="checkbox"/> Match shapes <input type="checkbox"/> Name shapes <input type="checkbox"/> Say ABC's <input type="checkbox"/> Sing songs	<input type="checkbox"/> Count to _____ <input type="checkbox"/> Match colors <input type="checkbox"/> Name colors <input type="checkbox"/> Match shapes <input type="checkbox"/> Name shapes <input type="checkbox"/> Say ABC's <input type="checkbox"/> Sing songs		
Do you have concerns?		Test Results	What are your concerns?	
VISION	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
HEARING	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
HEALTH	<input type="checkbox"/> Yes <input type="checkbox"/> No			

COMMUNICATION / LANGUAGE:

- 1) My child uses the following forms of communication to make his/her needs and wants known: (check all that apply)
☐ Cries ☐ Eye Contact ☐ Gestures ☐ Words
- 2) Number or words used: (check one) ☐ 0-10 ☐ 10-30 ☐ 30-50 ☐ 50-99 ☐ 100+
- 3) My child understands the following: (check all that apply) ☐ Many words ☐ One-step directions ☐ Two-step directions

COMMUNICATION / SPEECH:

- 1) My child can make the following sounds: ☐ p ☐ b ☐ m ☐ t ☐ n ☐ d ☐ k ☐ g ☐ f
- 2) Family and individuals *familiar* with my child understands his/her speech: ☐ 0-25% ☐ 25-50% ☐ 50-75% ☐ 75-100%
- 3) New people/individuals *unfamiliar* with my child understand his/her speech: ☐ 0-25% ☐ 25-50% ☐ 50-75% ☐ 75-100%

Additional comments on communication:

Parent / Guardian Signature

Date