**FOUR RIVERS SPECIAL EDUCATION DISTRICT**

**SCHOOL REPORT/REFERRAL FOR FULL AND INDIVIDUAL EARLY CHILDHOOD EVALUATION**

**Please complete all 3 pages and send in a copy of the birth certificate.** Date of Referral\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_

 First Middle Last

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Message #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Parent/Guardian

Residing School District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has child been enrolled in this program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was the child enrolled last year?\_\_\_\_\_\_\_

What days & times does the child attend your class/program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What curriculum and/or assessments are used?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Please send current assessment report***

Has the child ever attended any other program? (if yes, what?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has attendance been regular?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What services does the child receive? (i.e., speech therapy, counseling, OT/PT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Concerns/Diagnoses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary language used by parents, if other than English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If child is currently being monitored, how many weeks have you been implementing interventions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you requested a rescreen by the 4 Rivers Screening Team? Yes No An observation by 4 Rivers? Yes No

Reason for referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has the parent been contacted regarding your concerns? \_\_\_\_ Has the parent been contacted about this referral? \_\_\_\_

**Screening Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Pass | Fail | UNC |
| Hearing |  |  |  |
| Vision |  |  |  |
| Date: |  |
| Agency: |  |

|  |  |
| --- | --- |
|  | **DIAL-4** |
|  | Score | % |
| **Language** |  |  |
| **Concepts** |  |  |
| **Motor** |  |  |
| **Overall** |  |  |
| Date: |  |
| Agency: |  |

|  |  |
| --- | --- |
|  | **Speed DIAL-4** |
|  | Score | % |
| **Overall** |  |  |
| Date: |  |
| Agency: |  |

Developmental Screening Recommendations *(please circle)*:

 OK Monitor Speech

Directions: Please indicate what skills the child *already* has by placing a check mark (√) on the line in front of the skill. If there are no concerns in an area, please circle “No Concerns”. If there are concerns in an area, please explain in detail.

|  |  |  |  |
| --- | --- | --- | --- |
| **Cognitive/****Pre-academic** | **\_\_**operates mech. toys\_\_matches pictures\_\_sorts by shape/color\_\_3 piece puzzle\_\_understands “two”\_\_points to pictures in books | **\_\_**names 2 colors\_\_counts to four\_\_recalls parts of story\_\_shows imaginary play\_\_understands same/different | \_\_names 4 colors\_\_counts 10 objects\_\_ids letter in name\_\_retells short story\_\_ids basic shapes\_\_recognizes name in print |
| No Concerns | **Concerns:** |  |  |
| **Social/Emotional** | \_\_imitates others\_\_shows interest in others\_\_parallel play\_\_brief interactive play\_\_attends for 3 minutes | \_\_cooperative play\_\_role playing\_\_attends for 4 minutes | \_\_elaborate fantasy play\_\_turn taking\_\_follows rules\_\_shows caring for others\_\_stays with group\_\_attends for 5 minutes |
| No Concerns | **Concerns:** |  |  |
| **Self-Care** | \_\_undresses self\_\_needs minimal assistance with toileting\_\_starting to use utensils | \_\_dresses self w/help\_\_independent with toileting\_\_washes hands \_\_brushes teeth | \_\_Buttons, snaps, zips\_\_puts on coat\_\_dresses independently\_\_uses utensils well |
| No Concerns | **Concerns:** |  |  |
| **Communication** | \_\_uses 3 word sentences\_\_speech is understandable to familiar people\_\_understands differences\_\_follows 2 step direction\_\_uses a wide variety of words | \_\_uses 4 word sentences\_\_answers some “wh” ?s\_\_speech is understandable to unfamiliar people\_\_does not stutter\_\_talks about activities | \_\_answers ?s about stories\_\_communicates easily\_\_uses correct grammar\_\_says most speech sounds\_\_uses sentences with details |
| No Concerns | **Concerns:** |  |  |
| **Gross Motor** | \_\_climbs playground equip\_\_alternates feet on steps\_\_kicks ball\_\_runs easily\_\_pedals tricycle | \_\_stands on one foot\_\_throws overhand\_\_catches bounced ball\_\_uses stairs w/o railing | \_\_hops\_\_kicks/throws with accuracy\_\_stands on one foot |
| No Concerns | **Concerns:** |  |  |
| **Fine Motor** | \_\_draws lines and circles\_\_use emerging tripod grasp\_\_builds 6 block tower\_\_screws and unscrews\_\_turns book pages 1 at a time | \_\_copies simple shapes\_\_draws a person with 2 body parts\_\_uses scissors\_\_copies some capital letters | \_\_copies triangles\_\_draws person with body\_\_prints letters |
| No Concerns | **Concerns:** |  |  |
| **Sensory Issues** | **\_\_**flapping/spinning \_\_overreaction to sound \_\_unusual sounds/words/echoing  | \_\_difficulty with routine \_\_ atypical play\_\_uncommon behaviors  | \_\_difficulty transitioning\_\_ poor eye contact\_\_ self-harm |
| No Concerns | **Concerns:** |  |  |
| **Additional Notes:** |  |  |  |

**Please list any additional assistance given to this child to address the areas of concern. Common interventions are listed, but please add any additional activities.**

**\_\_\_\_**Sits by teacher in group

\_\_\_\_Extra one-on-one instruction

\_\_\_\_Extra small group instruction

\_\_\_\_Repeated instructions

 \_\_\_\_Picture schedule

 \_\_\_\_Verbal reminders of the

 routine

 \_\_\_\_Hand over hand assistance

\_\_\_\_Holding hands in hallway/transitions

\_\_\_\_Sitting on lap in group

\_\_\_\_Sensory tools Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other assistance/interventions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Signature Title Date**

*Checklist adapted from the Center for Disease Control and Mayo Clinic*