



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT
Committee on Pre-School Special Education (CPSE)
Referral

Section 1: Demographic Data

Child's Name: _____ /____/____
Last name First name Date of Birth

Name of Parent: _____
Last name First name

Home Address: _____
Street Address City State Zip

Contact Information: _____
Email Address Phone Number

Section 2: Referral Information

Referral Source Name: _____
Last name First name

Reason for Referral: _____

Section 3: Developmental History

Indicate any pre/post-natal complications that were experienced:

Mark an X to all applicable categories up to the child's current age:

0-6 months			7-12 months		
Yes	No	Skill	Yes	No	Skill
		Reaches/grasps			Sits and pulls to stand
		Vocalizes			Says Mama/Dada
		Smiles			Picks up objects with thumb and forefinger
		Turns to sound			Plays peek-a-boo and similar activities

1-3 years			3-5 years		
Yes	No	Skill	Yes	No	Skill
		Runs well			Jumps in place
		Speaks clearly			Tells a story
		Imitates actions			Knows first and last name
		Uses crayons and scissors			Plays well with other children

Mark an X if the child exhibits any of the following behaviors:

	Initiative		Fearfulness
	Persistence		Destructiveness
	Cooperation		Frequent crying
	Frequent tantrums		Difficulty with separation
	Difficulty following directions		Difficulty complying with adult authority

Section 4: Physical Development/Medical Background

Complete the following sections based upon your personal knowledge.

General Health: _____

Vision: _____

Hearing: _____

Coordination: _____

Is the child toilet-trained? ___yes ___no

Is the child taking any medication? ___yes ___no

(If yes, please provide the name, dosage, and purpose:

Section 5: Socialization

Mark an X for each statement that describes the child:

Child works well:

	On a one-to-one basis		In small groups
	In large groups		Independently
	During adult-directed activity		During play
	During quiet time		

Last updated 10.4.16

Child interacts well with:

	Peers
	Younger children
	Older children
	Adults

Child responds well to:

	Praise
	Positive reinforcement
	Consequences
	Other: please describe: _____

Section 5: Speech and Language

Mark an X for each skill that is difficult for the child:

	Speaking to an unfamiliar listener and being understood
	Speaking in complete sentences
	Orally expressing his/her wants and needs
	Using age appropriate language
	Understanding what is being said

Section 6: Academic Readiness

Mark an X for each skill the child can demonstrate:

	Recognizes and writes first and last name
	Identifies shapes
	Identifies colors
	Listens to a story from start to finish
	Identifies numbers

For the reasons indicated on this referral form, I believe this child requires an evaluation to determine the existence of a disability and eligibility to receive preschool special education services.

Print name of referring person

Title/Relationship to child

Signature of referring person

Date