

REFERRAL FORM
 Meade School District 46-1
 Sturgis, South Dakota 57785
 Telephone (605)-347-4770
 Fax (605)-347-8089

Background Information:

Date of Referral: _____

Child's Name: _____

Date of Birth: _____ Age: _____ Male/Female: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

Person submitting the referral: _____

Relationship to the child: _____

Purpose:

The purpose of the Early Childhood Referral form is to assist the school district in making appropriate recommendations for children ages birth to five years old and their families regarding developmental concerns. The form is to be completed by a person knowledgeable of the child's needs. Upon request, assistance will be provided by school district staff.

Developmental Concerns:

Directions: Please check (✓) the developmental concerns affecting the child

Behavior: The child _____.

_____ has tantrums

_____ is not able to accept limits.

_____ resists rules or refuses to comply

_____ is destructive with toys

_____ clings to adults

_____ lacks energy

Developmental: The child _____.

_____ is not learning at the average rate

_____ has developmental delays

_____ does not understand well

_____ acts younger than his/her age

_____ seeks younger age

Socialization: The child _____.
 _____ does not play with other children
 _____ does not separate easily
 _____ will not work in a group
 _____ is left out of peer activities
 _____ doesn't show interest in new things

Motor: The child _____.
 _____ has difficulty rolling over
 _____ has difficulty sitting
 _____ has difficulty standing
 _____ appears clumsy
 _____ has difficulty using pencils & scissors
 _____ has difficulty buttoning or zipping
 _____ has eye/hand coordination problems
 _____ has poor control of body movements
 _____ has difficulty walking
 _____ has difficulty jumping
 _____ has difficulty climbing stairs

Speech/Language: The child _____.
 _____ has difficulty using gestures
 _____ doesn't respond to facial expressions
 _____ has no eye contact when spoken to
 _____ has difficulty making sounds
 _____ has a limited vocabulary
 _____ has unclear/garbled speech
 _____ has difficulty expressing needs
 _____ uses incomplete/incorrect sentences
 _____ needs instructions repeated often
 _____ doesn't recall day to day information
 _____ answers inappropriately to questions
 _____ has difficulty following directions
 _____ has difficulty sequencing an event
 _____ has a harsh or breathy voice quality
 _____ has a voice quality that sounds nasal
 _____ demonstrates repetitions in speech
 _____ demonstrates a fast speaking rate

Hearing: The child _____.
 _____ has trouble hearing
 _____ needs things repeated or louder
 _____ is startled at sudden noises
 _____ has earaches
 _____ speaks loudly
 _____ watches the speaker's face
 _____ has had numerous ear infections
 _____ currently has tubes in his/her ears
 _____ wears a hearing aid

Self-Help: The child _____.
 _____ has difficulty washing/drying hands
 _____ has difficulty drinking from a cup
 _____ has difficulty dressing
 _____ has toileting difficulties
 _____ has difficulty feeding him/herself
 _____ has difficulty following routines

Vision Problems: The child _____.
 _____ has eyes that turn in
 _____ has eyes that turn out
 _____ tilts his/her head
 _____ wants to sit too close to the TV
 _____ holds books close to his/her face
 _____ blinks often
 _____ rubs his/her eyes
 _____ wears eye glasses or contacts

Attention: The child _____.
 _____ is easily distracted
 _____ has a short attention span
 _____ darts from one task to another
 _____ persists when asked to stop

Medical/Health related: The child _____.
 _____ has been in the hospital ___ times
 _____ has had serious illnesses

 _____ has had a significant head injury

 _____ is taking medications

Please provide specific examples of behaviors by the child: _____

Additional Concerns: _____

To Be Completed by the School District	
_____ Child was observed by professionals. There is no need for an evaluation at this time. (A prior notice was sent to explain the reason for no evaluation and if the referral was made from a parent, due process was provided).	
_____ An evaluation should be completed at this time and parental consent must be obtained.	
_____ Early Intervention Teacher's Signature	_____ Date
_____ Therapist's Signature	_____ Date
_____ Administrator's Signature	_____ Date