Date Completed: ___________________ **Testing Date:** ___________________

SUNRISE PRESCHOOL: 3-YEAR-OLD SPECIAL EDUCATION REFERRAL FORM

This information will be used as part of your student's evaluation and will be kept confidential.

CHILD AND FAMILY INFORMATION

Child's Name: ________________ (First) ________________ (Middle) ________________ (Last) DOB: _________ ❑ Male ❑ Female

Parent/Guardian Name: ______________________ Phone Number: __________________ Relation: __________________

Parent/Contact Name: ______________________ Phone Number: __________________ Relation: __________________

Home Address: ________________________________ (Street Number) ____________________ (City) ________________ (Zip)

Parent Email: ____

HOME LANGUAGE

Primary Language: ______________________________ *Second Language: ______________________________

Interpreter needed for parent meetings? ❑ Yes ❑ No

*If a language other than English is spoken in the home, please complete the Culturally & Linguistically Diverse Form

DAYCARE / PRESCHOOL EXPERIENCE

Does your child spend any time in a daycare or preschool program? (Head Start, Private Preschool, or Daycare) ❑ Yes ❑ No

Name of Daycare or Preschool: ____

Days and Hours Attending: ____

GROUP / CLASSROOM FUNCTIONING

In a group or class, does your child: (If no group or classroom experience, mark N/A)

- Remain seated when appropriate? ❑ Yes ❑ No ❑ N/A
- Follow the routine and transition between activities? ❑ Yes ❑ No ❑ N/A
- Pay attention to activities and tasks for 5-10 minutes? ❑ Yes ❑ No ❑ N/A
- Participate in activities? ❑ Yes ❑ No ❑ N/A

MEDICAL HISTORY

Does your child receive any services / therapies from another provider (e.g. OT, PT, Speech, ABA)? ❑ Yes ❑ No

If yes, please list:____

Does your child have a medical diagnosis? ❑ Yes ❑ No

If yes, please list:____

Does your child use any type of medical equipment (e.g. Wheelchair, Oxygen, G-tube)? ❑ Yes ❑ No

If yes, please list:____

Has your child ever had any significant injuries or hospitalizations/surgical procedures? ❑ Yes ❑ No

If yes, please list:____

Does your child have any allergies? ❑ Yes ❑ No

If yes, please list:____

Does your child have any relatives who have known delays or disabilities? ❑ Yes ❑ No

If yes, please list:____

VISION / HEARING

Are you concerned about your child's vision? ❑ Yes ❑ No If yes, please explain:__________________________________

Are you concerned about your child's hearing? ❑ Yes ❑ No If yes, please explain:__________________________________

ARTICULATION / STUTTERING

Are you concerned about your child's speech being understood? ❑ Yes ❑ No ❑ Not yet speaking *(If No, proceed to communication section)*

If yes, please explain:____

What are your concerns regarding your child's speech development? *(Mark all that apply)*

❑ Removing Sounds ❑ Substitutes sounds ❑ *Stuttering concerns ❑ Speaking quietly ❑ Other:

**Stuttering / fluency: unusual pauses, frequent repetitions of sounds or words, or drawing out certain sounds*

Are you concerned with your child's ability to produce any earlier-developing speech sounds? (/p, b, t, d, k, g, m, n, f, h, w/)?

If yes, please list: ____

How well is your child's speech understood by the primary caregiver?

❑ 0-25% of the time ❑ 25-50% of the time ❑ 50-75% of the time ❑ 75-100% of the time

How well is your child's speech understood by familiar people (such as other family members)?

❑ 0-25% of the time ❑ 25-50% of the time ❑ 50-75% of the time ❑ 75-100% of the time

How well is your child's speech understood by unfamiliar people (such as neighbors, peers, etc)?

❑ 0-25% of the time ❑ 25-50% of the time ❑ 50-75% of the time ❑ 75-100% of the time

COMMUNICATION

Are you concerned about your child's language / communication development? ❑ Yes ❑ No *(If No, proceed to Social section)*

If yes, please explain:____

How does your child *usually* communicate information, wants, and needs? *(Mark all that apply)*

❑ None ❑ Gestures and Pointing ❑ Babbling ❑ Word Approximations ❑ Sign Language ❑ Words

How frequently does your child use:

Single Words (e.g. "More"):	❑ Never	❑ Sometimes	❑ Often	❑ Almost Always
2 Words Together (e.g. "More cookies"):	❑ Never	❑ Sometimes	❑ Often	❑ Almost Always
3-4 Words Together (e.g. "I want more cookies"):	❑ Never	❑ Sometimes	❑ Often	❑ Almost Always
5+ Words Together (e.g. "Can I have more cookies please?"):	❑ Never	❑ Sometimes	❑ Often	❑ Almost Always

Does your child *understand* simple directions?

1-part directions (e.g. "go get your shoes")? ❑ Yes ❑ No

2-part directions (e.g. "pick up your jacket and put it away")? ❑ Yes ❑ No

Does your child look at or point to pictures or objects that you name? ❑ Yes ❑ No

SOCIAL

Are you concerned about your child's social development? ❑ Yes ❑ No *(If No, proceed to Behavior section)*

If yes, please explain:______________________________

How often does your child play with other children? ❑ daily ❑ ___ time(s) weekly ❑ monthly ❑ rarely

In what settings does your child typically interact with other children? ❑ Home ❑ Playgroups ❑ Church ❑ Playgrounds
Other:______________________

Is your child able to:

Play with toys functionally (for their intended purpose)?	❑ Yes	❑ No
Observe and imitate what others are doing?	❑ Yes	❑ No
Parallel play (play with same items near other children)?	❑ Yes	❑ No
Interactively play with other children (e.g. build things together)?	❑ Yes	❑ No
Put away toys or items when asked?	❑ Yes	❑ No

Does your child have difficulty engaging with others (making eye contact, playing, etc.): ❑ Yes ❑ No

Has anybody brought up concerns of Autism for your child? ❑ Yes ❑ No
If yes, please explain:______________________________

BEHAVIOR

Are you concerned about your child's emotional or behavioral development? ❑ Yes ❑ No *(If No, proceed to Adaptive section)*

If yes, please explain:______________________________

Does your child:

Calm herself /himself with support and express emotions?	❑ Yes	❑ No
Demonstrate extreme refusal behavior with any adults?	❑ Yes	❑ No
Demonstrate extreme aggressive behavior toward others?	❑ Yes	❑ No
Engage in extreme behavior or tantrums?	❑ Yes	❑ No

Frequency of behavior: _______________

Duration of behavior: _______________

What does your child do when upset or engaging in extreme behavior?: *(Mark all that apply)*

❑ Scream or Cry ❑ Hit ❑ Kick ❑ Bite ❑ Scratch ❑ Throw items ❑ Refuse ❑ Drop to the ground
❑ Yell / Argue ❑ Other: ________________________

ADAPTIVE

Are you concerned about your child's adaptive (self-help / independence) skills? ❑ Yes ❑ No *(If No, proceed to Motor section)*

If yes, please explain:______________________________

Does your child:

Put away toys or items when asked?	❑ Yes	❑ No
Make requests and ask for help when needed?	❑ Yes	❑ No
Participate in self-care activities appropriately (e.g. brush teeth, get dressed)?	❑ Yes	❑ No
Follow home routines and transition between activities?	❑ Yes	❑ No
Adjust to changes in routine?	❑ Yes	❑ No

MOTOR

Children ages 3 and 4 should be able to:

- Gross Motor: run, jump, throw, kick, walk up and down stairs, and play on playground equipment
- Fine Motor: pick up small items, use crayons/markers to scribble, attempt puzzles

Do you have concerns with motor development? ❑ Yes ❑ No *(If No, proceed to Cognitive section)*

If yes, please explain:____

COGNITIVE / PRE-ACADEMIC

Are you concerned about your child's pre-academic skills or ability to learn new things? ❑ Yes ❑ No *(If No, proceed to next section)*

If yes, please explain:____

ATTENTION / MEMORY

Does your child:

Occupy himself or herself for 10 or more minutes?	❑ Yes ❑ No
Pay attention to an adult-directed activity (book, game, etc.,) for 5-10 min?	❑ Yes ❑ No
Remember parts of a story or recall recent events?	❑ Yes ❑ No

PRE-ACADEMIC SKILLS

Is your child able to:

Match items and pictures?	❑ Yes ❑ No
Problem-solve (try multiple ways to solve a problem)?	❑ Yes ❑ No
Imitate a simple skill after a model is given?	❑ Yes ❑ No
Identify some colors or shapes?	❑ Yes ❑ No

ADDITIONAL INFORMATION

Tell us a little more about your child (temperament, likes, dislikes, etc.):

If there is any other information you feel would be helpful for us to know about your child or family that has not yet been addressed, please use this space:

Signature: ____ Date: ____________________

Return completed form to 87 N 700 E, Provo UT 84606 or email it to sunrisepreschool@provo.edu