

## **RSD17 Child Find Preschool Screening Referral Form**

Please fill out and return to Burr Elementary School prior to or upon arriving to the Preschool screening.

Child's name: \_\_\_\_\_ Date completing this form: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (chronological age = \_\_\_\_\_)

Parent/Guardian's names: \_\_\_\_\_

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

Best way to communicate (phone/email address): \_\_\_\_\_

Birth History (length of pregnancy, birth complications, health in first weeks):

\_\_\_\_\_

Developmental Milestones: List approximate ages in months when met:

\_\_\_\_\_ sat unsupported      \_\_\_\_\_ walked      \_\_\_\_\_ spoke first words

Health History (i.e., ear infections, medical diagnoses):

\_\_\_\_\_

Who does the child live with (parents, siblings/ages):

\_\_\_\_\_

List activities your child does outside of the house (daycare, PK, classes):

\_\_\_\_\_

Have you previously sought out help from others due to your concerns (Birth to 3 referral, other specialists)? If so, please describe:

\_\_\_\_\_

Please describe your concerns/specifics on why you would like your child screened (use additional paper if needed):

\_\_\_\_\_