

GREENWICH PUBLIC SCHOOLS

PRESCHOOL REQUEST FOR ASSISTANCE

This process is for the purpose of identifying students with a disability who may require special education services.

****Prior to submitting the "Request for Assistance" to the Greenwich Public Schools, the parents must be notified that the request is being made and a parent signature must be obtained. Please indicate the name of the person who contacted the parents and the date the contact was made. ****

Parent contacted by:		Date:	Click here to enter a date.
Parent's signature:			
Person/Program requesting assistance:		Phone:	
Director of Program:		Teacher's name:	
Child's name:		X	
Address:		D.O.B.	Click here to enter a date.
Parent's name(s):		Home phone:	
Greenwich Home School:		Cell phone:	
Past Birth to Three Services:		Home Language:	
Siblings with IEP? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is this your First: <input type="checkbox"/> Second: <input type="checkbox"/>	Referral?

Current Preschool (Include days/hrs in program/and how long they have been in program/phone) on line below:

How did you hear about us?

Data regarding description, strategies and outcomes, (see reverse side) is essential for GPS to assist you. Forms will be returned if at least two documented strategies were not implemented for a number of weeks each. Please complete and send to: **GPS Preschool Program-Havemeyer/Board of Education, 290 Greenwich Avenue, Greenwich, CT 06830. Phone: (203) 698-7796, Fax: 203 625-7490**

Please check off the relevant areas of concern:

Parental Concern	Preschool Concern	
		Significant speech articulation concerns only
		Expressive language (requests, comments, labels)
		Receptive language (following directions)
		Attention span for classroom activities (time on task)
		Fine motor skills (coloring, blocks, puzzles)
		Gross motor skills (running, jumping, stairs)
		Social skills (sharing, responding to adults, managing conflicts)
		Behavior (tantrums, refusals, aggression)
		Play skills (uses play materials appropriately)

Attach any additional information per area of concern (CT Benchmarks, classroom observation, etc.) **Turn over**

Description: What does the concern look/sound like; how often does it occur?	Strategies: What interventions were put in place to support the child?	Outcomes: How was the concern impacted by the strategy?