

**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. \*\***

Child's name:		Date completed:	
DOB:		Cell phone:	
Parent/s name:		Home phone:	
Home address:		Parent/s email address:	
Greenwich home school:		Current preschool:	
Parent contacted by:		Current days/hours in preschool:	
How did you hear about us?		How long in current preschool?:	
Person/Preschool requesting assistance:		Preschool phone:	
Past Birth to Three Services:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Teacher/s name:	
Siblings with IEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	First or second referral:	First <input type="checkbox"/> Second <input type="checkbox"/>
Home language/s:		Parent signature:	

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 area 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/gross motor skills (coloring, blocks, puzzles or 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 observations, etc)

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