

Please fill out *each item completely* and send to the Preschool Program Secretary.

REFERRAL TO MCOE PRESCHOOL ASSESSMENT COLLABORATION TEAM (PACT) AND/OR REFERRAL TO MCOE PRESCHOOL PROGRAM

Student's Name: _____

Mother/Guardian: _____ Ed Rights ☐Y ☐N

Father/Guardian: _____ Ed Rights ☐Y ☐N

Ed Rights ☐ Child Welfare, Case Worker: _____

Home Address: _____

City and Zip Code: _____

Mailing Address (if different): _____

City and Zip Code: _____

Telephones: _____

☐ Home ☐ Cell ☐ Work

☐ Home ☐ Cell ☐ Work

Primary Language: _____

Language(s) spoken by Student

Language(s) spoken by Parent/Guardian

☐ Interpreter Needed

Referring District: _____

Referral Date: _____

District Case Manager: _____ Telephone: _____ E-mail: _____

The Referring School District is responsible for obtaining the signed assessment plan and sending a copy along with this completed referral form, to the MCOE Preschool Program Secretary, within 48 hours by email to Kia Chang at kchang@mcoe.org (North County); email Andrea Covert acovert@mcoe.org (Central/Westside). If the district does not add MCOE to the assessment plan, they must have a "consent to share information" signed by the parent to allow MCOE team members to observe the child. MCOE PACT members will observe & collaborate with the district regarding their observation and or testing.

Referring School District Responsibilities

- District is responsible for all timelines concerning this assessment.
- Initiate the collaboration of scheduling the IEP date/time/location with MCOE.
- Evaluation of the student to rule out or identify all potential disabilities
- Chair the IEP (see attached flow chart).
- District team members who assess the student and will need to attach their reports on SEIS two weeks prior to IEP date.

MCOE PACT Responsibilities

- MCOE PACT team members will observe and collaborate with the district regarding their observation.
- MCOE PACT can collaborate with team on possible goals based upon observations and assessment results.

Required 2 Weeks Prior to IEP: Psychological/Multidisciplinary Report, Speech & Language Report, H&D History, CVRC/Diagnostic Center Report (if applicable), Immunization Record, and any Children's Hospital Reports (if applicable).

School of Residence: _____ District of Residence: _____

Public/Private Preschool of Attendance: _____ ☐ N/A Telephone: _____
(Circle)

Public/Private Preschool Teacher: _____ ☐ N/A E-mail: _____
(Circle)

Reasons for Referral: ☐ Assessment Assistance (PACT) ☐ MCOE Placement

Students Strengths: _____

District School Psychologist's Signature

Name (Printed)

E-mail

District Special Education Administrator's Signature

Name (Printed)

E-mail