School District 622
NORTH ST. PAUL | MAPLEWOOD | OAKDALE
Ready for tomorrow

North St. Paul - Maplewood - Oakdale Schools

Early Childhood Special Education
Referral Form Ages Birth-3/Ages 3-5

PHONE: 651-702-8480 FAX: 651-702-8452
helpmegrow622@isd622.org

help me GROW

Child's full name: Today's date:

◯ Male ◯ Female Date of birth:

What is the primary concern about the child? Check all that apply.

◯ Cognitive ◯ Communication ◯ Motor ◯ Sensory ◯ Social Emotional ◯ Physical Health ◯ Information Only

Referral name: Phone number:

Relationship to child: Was parent informed about referral? Number of siblings:

Child lives with: Child spends day at:

Do court orders apply? State Race/Ethnicity:

Which language is most often spoken in your home? Interpreter needed?

Parent/Guardian Info	Parent/Guardian Name	Parent/Guardian Name
Full name		
Home address		
City/State/Zip		
Home phone		
Cell phone		
Work phone		
Email address		

Child's primary physician name: Clinic name:

Clinic phone: Clinic FAX:

Does child have a diagnosed medical condition? ◯ Yes ◯ No Has child had developmental screening? ◯ Yes ◯ No

Is the child currently involved in any of these services? Check all that apply.

◯ NICU follow-up clinic
◯ Private therapy
◯ Previous developmental screening
◯ Private nursing
◯ SSDI
◯ HeadStart
◯ Public health/WIC
◯ County social worker
◯ County financial worker
◯ ECFE
◯ Follow along program
◯ Preschool

Additional comments:

Tell us briefly about:

How your child plays and learns

How your child moves and handles small toys

How your child communicates with you

How your child gets along with people (adults and children)

How your child responds to new situations

Submit by Email