

**Red Hook Central School District  
9 Mill Road  
Red Hook, NY 12571**

**Committee on Preschool Special Education**  
*Referral Information*

**Preschooler's Name:** \_\_\_\_\_ **M / F**

**Date of Referral:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Parents Name(s):** **Mother:** \_\_\_\_\_  
**Father:** \_\_\_\_\_

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

**Telephone Number:** **Home:** \_\_\_\_\_  
**Work:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Preschool (includes days & times of attendance):**  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Evaluations:** \_\_\_\_\_  
\_\_\_\_\_

**Other Information:** \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

*Please return referral to the above address*