

Marcellus Central Schools

Kara Lux, Preschool Special Education Chairperson
 1 Learners Landing
 Marcellus, New York 13108
 (P) (315)673-6006 (F) (315)673-6033

REFERRAL FOR PRESCHOOL SPECIAL EDUCATION

Child's Name (Last, First, Middle)			
Date of Birth:		Age	
Parent/Guardian Names:			
Complete Address:			
Home Phone:		Work:	
		Cell:	
Is your child attending preschool? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide name and location of program:			
Name of your child's Primary Care Physician:		Phone #	
If your child is transitioning from early intervention (EI) services, would you like to invite your EI Coordinator to the CPSE meeting? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please indicate your concerns regarding your child: (If a screening was done, please attach a copy)			
<p>List of possible Preschool Evaluators:</p> <p>Children's Therapy Network (607) 235-3982 Connections Diagnostics (315)450-4898 E. John Gavras Center (315) 255-2746 Liberty Resources POST (315)425-1004 Milestones Children's Center (315) 701-1107</p> <p><i>Note: You may call any of the evaluators to ask how quickly they can schedule an evaluation and the location for their evaluation.</i></p>			

Please indicate your first and second choice for Evaluator below:

Selected Evaluator: (First Choice)	
Selected Evaluator: (Second Choice)	

Best time for you to attend a 30 minute meeting on a Wednesday

Morning 9:00-11:30am Afternoon 12:00-3:00pm

Date form was completed: _____