

COMMITTEE ON PRESCHOOL SPECIAL EDUCATION
Chester Union Free School District
Chester, New York 10918

Date Received _____

REFERRAL FORM

TO: Chairperson, Committee on Preschool Special Education

FROM: _____

RELATIONSHIP TO CHILD: _____
(Parent, doctor, preschool provider, etc.)

Pupil's Name: _____ D.O.B.: _____

Parent's Name: Mother: _____ Home Phone#: _____

Cell #: _____

Work#: _____

Email Address: _____

Father: _____ Home Phone#: _____

Cell #: _____

Work#: _____

Email Address: _____

Address: _____

_____ Dominant
Language: _____

Is the student Hispanic, Latino, or of Spanish Origin? Yes, Hispanic _____ No, Non-Hispanic _____

RACE: American Indian or Alaskan Native _____ Asian _____ White (Caucasian) _____ Black
or African American _____ Native Hawaiian or Other Pacific Islander _____

DOMINANT LANGUAGE SPOKEN IN HOME

LANGUAGE IN WHICH STUDENT IS FLUENT

1. ENGLISH 2. SPANISH 3. ITALIAN 4. FRENCH 5. FRENCH/CREOLE 6. CHINESE 7. GREEK
8. YIDDISH 9. HEBREW 10. RUSSIAN 11. GERMAN 12. ARABIC 13. POLISH 14. OTHER

REASONS FOR REFERRAL: For the reasons given below, I suspect this child may
have the following handicapping conditions:

<u>Condition</u>	Reasons
_____ Mental	_____
_____ Emotional	_____
_____ Learning Disabled	_____
_____ Physical	_____
_____ Speech	_____

Give any test results, records, or reports to substantiate this referral. (Make note of any special social/emotional or health related problems).

Does this child receive Early Intervention? Yes _____ No _____

If yes, please consent to allowing CPSE Chairperson and EI Coordinator to share information on your child. _____ Yes _____ No

Prior to this referral, has this child been enrolled in?

Preschool Special Education Program? _____ Yes _____ No

Name of Program _____ Date _____

Nursery, Preschool, or Day Care Type Program? _____ Yes _____ No

Name of Program _____ Date _____

Please list any other services this child may have received:

Type of Service	Frequency	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMENTS AND ADDITIONAL INFORMATION:

Signature

Date