

TAYLOR EARLY CHILDHOOD CENTER

400 Joachim Avenue / Herculanum, MO 63048

Phone: (636) 479-5200 Fax: (636) 479-2053

(Dunklin R-5 & Jefferson County R-VII)

EARLY CHILDHOOD SPECIAL EDUCATION REFERRAL

TAYLOR OFFICE USE ONLY

<input type="checkbox"/> Parent	<input type="checkbox"/> Parents as Teachers
<input type="checkbox"/> Teacher	<input type="checkbox"/> First Steps
<input type="checkbox"/> Other	Date: _____

*** Each section **MUST** be completed; incomplete forms will result in an invalid referral. If you need assistance, please contact our office at 636-479-5200, ext. 5134. Email completed forms to rdooley@dunklin.k12.mo.us or bring them our office at the address listed above.

CHILD INFORMATION:

Child's Legal Name: _____ Age: _____ DOB: _____
First Name Middle Initial Last Name

Nickname or name the child usually goes by: _____ Gender: ☐ Male ☐ Female

Ethnic Origin: ☐ Caucasian ☐ African American ☐ American Indian ☐ Hispanic ☐ Other: _____

Primary language spoken in the home: ☐ English ☐ Spanish ☐ Other: _____

Home School District: ☐ Dunklin R-5 ☐ Jefferson R-7

Medicaid Number: _____

Copy of Birth Certificate Attached: ☐ Yes ☐ No

Copy of Immunizations Attached: ☐ Yes ☐ No

Proof of Residency (i.e. utility bill or real estate/rental contract): ☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION:

Parent(s)/Guardian(s): _____

☐ Natural Parents ☐ Foster Parents ☐ Adoptive Parents ☐ Guardians ☐ Other: _____

Street Address: _____ City/Zip: _____

Preferred email address: _____

Mother/Guardian Cell Phone: _____ Other Phone: _____

Father/Guardian Cell Phone: _____ Other Phone: _____

MEDICAL INFORMATION:

Physician's Name: _____ Physician's Phone: _____

Physician's Address: _____

List any past and/or current health/medical problems: _____

SCHOOL / AGENCY INFORMATION:

Currently attends a daycare/preschool: ☐ Yes ☐ No Location: _____

Has the child been seen by another agency (i.e. First Steps, Parents as Teachers, outside therapy): ☐ Yes ☐ No

If yes, where and when: _____

REASON FOR REFERRAL: Summarize your concerns for why you feel a special education referral is necessary.

DEVELOPMENTAL AREA	SKILL	YES	WITH ASSIST	NO	NOTES
GROSS MOTOR	Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Jump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Climb on playground equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Go up and down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FINE MOTOR	Stack blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Peg puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Scribbles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Tripod grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Draw a line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Draw a circle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SPEECH	Uses a pacifier/sucks thumb	<input type="checkbox"/>		<input type="checkbox"/>	
	Uses jargon (pretend words mixed w/real)	<input type="checkbox"/>		<input type="checkbox"/>	
	Uses a variety of consonant and vowel sounds	<input type="checkbox"/>		<input type="checkbox"/>	
	Is at least 75% intelligible (understandable)	<input type="checkbox"/>		<input type="checkbox"/>	
	Leaves sounds off the beginning/end of words	<input type="checkbox"/>		<input type="checkbox"/>	
	Shows frustration when not understood	<input type="checkbox"/>		<input type="checkbox"/>	
LANGUAGE	Seems interested in what others are doing	<input type="checkbox"/>		<input type="checkbox"/>	
	Uses gestures to communicate	<input type="checkbox"/>		<input type="checkbox"/>	
	Uses words to communicate	<input type="checkbox"/>		<input type="checkbox"/>	
	Answers questions	<input type="checkbox"/>		<input type="checkbox"/>	
	Follows directions	<input type="checkbox"/>		<input type="checkbox"/>	
	Tells about experiences	<input type="checkbox"/>		<input type="checkbox"/>	
SOCIAL EMOTIONAL	Controls emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Transitions easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Plays with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Shares / Take turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Pretend play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Attends to task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL INTELLIGENCE/ ACADEMICS	Counts to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Matches colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Matches shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Names pictures in a story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Plays memory matching games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Understands basic concepts (more/less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADAPTIVE BEHAVIOR	Uses utensils to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Drinks from an open cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Eats a variety of foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Is a good sleeper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Dresses and undresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Understands basic safety rules/awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SENSORY PROCESSING	Bothered by bright lights/busy visual patterns	<input type="checkbox"/>		<input type="checkbox"/>	
	Bothered by loud noises and/or startles easily	<input type="checkbox"/>		<input type="checkbox"/>	
	Seeks out rough play or crashing into objects	<input type="checkbox"/>		<input type="checkbox"/>	
	Excessive spinning, rocking, or swinging	<input type="checkbox"/>		<input type="checkbox"/>	
	Fixates on objects that light up, spin, etc.	<input type="checkbox"/>		<input type="checkbox"/>	
HEARING	I have concerns	<input type="checkbox"/>		<input type="checkbox"/>	Tested: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
VISION	I have concerns	<input type="checkbox"/>		<input type="checkbox"/>	Tested: <input type="checkbox"/> Pass <input type="checkbox"/> Fail

Parent / Guardian Signature

Date