

SAN JUAN USD CHILD-FIND REFERRAL FOR SPECIAL EDUCATION CONTACT: PRIVATE SCHOOL

Referral Date: _____ (Child must be at least 5 years old)
Child's Name: (confirm spelling) _____
Age: _____ DOB: _____ Sex: _____ Current Grade: _____
Parents' Name(s): _____
Address: _____
Primary Phone: _____ Cell Phone: _____
Parent Email: _____
Child's Primary Language: _____ Interpreter Required: ____ Yes ____ No
Please list all languages spoken in the home or by common caregivers: _____
Current School of Attendance: _____
School Admin/Contact: _____ Phone: _____
Email: _____

REASON FOR REFERRAL:

Communication Skills: _____ No Concern _____ Concern
Area of Concern: _____ Language _____ Speech Production/Speech Sounds (Articulation)
_____ Receptive Language (following 1-2 step directions, understanding commands)
_____ Expressive Language (using language to express needs and wants verbally)
_____ Articulation (sound errors; mispronouncing words; omitting sounds)

Explain:

Note: STOP HERE IF NO OTHER CONCERNS BEYOND SPEECH/LANGUAGE

Other Referral Concerns: _____ None _____ Autism _____ Global Developmental Delay/Intellectual Disability
Previous Diagnosis: _____ By Whom? _____

Explain:

Social/Play/Behavior Skills (Autism or Other Disorder): _____ No Concern _____ Concern
☐ Lack of Eye Contact ☐ Lacks Interest in Other Children ☐ Rigid Behavior ☐ Repetitive Behaviors
Behavior Concerns: _____ Yes _____ No

Explain:

Health: _____ No Concerns _____ Health Concerns
Known Medical Conditions: _____
Has your child received any outside therapy or special services? _____ Yes _____ No
If so, what services? _____
Where? _____ When? _____
Current/Past Interventions: _____

FOR OFFICIAL PURPOSES ONLY:

Assessment Plan to Include: ☐ Academic ☐ Psych ☐ SLP ☐ Nurse ☐ OT ☐ APE ☐ PT ☐ Other _____

