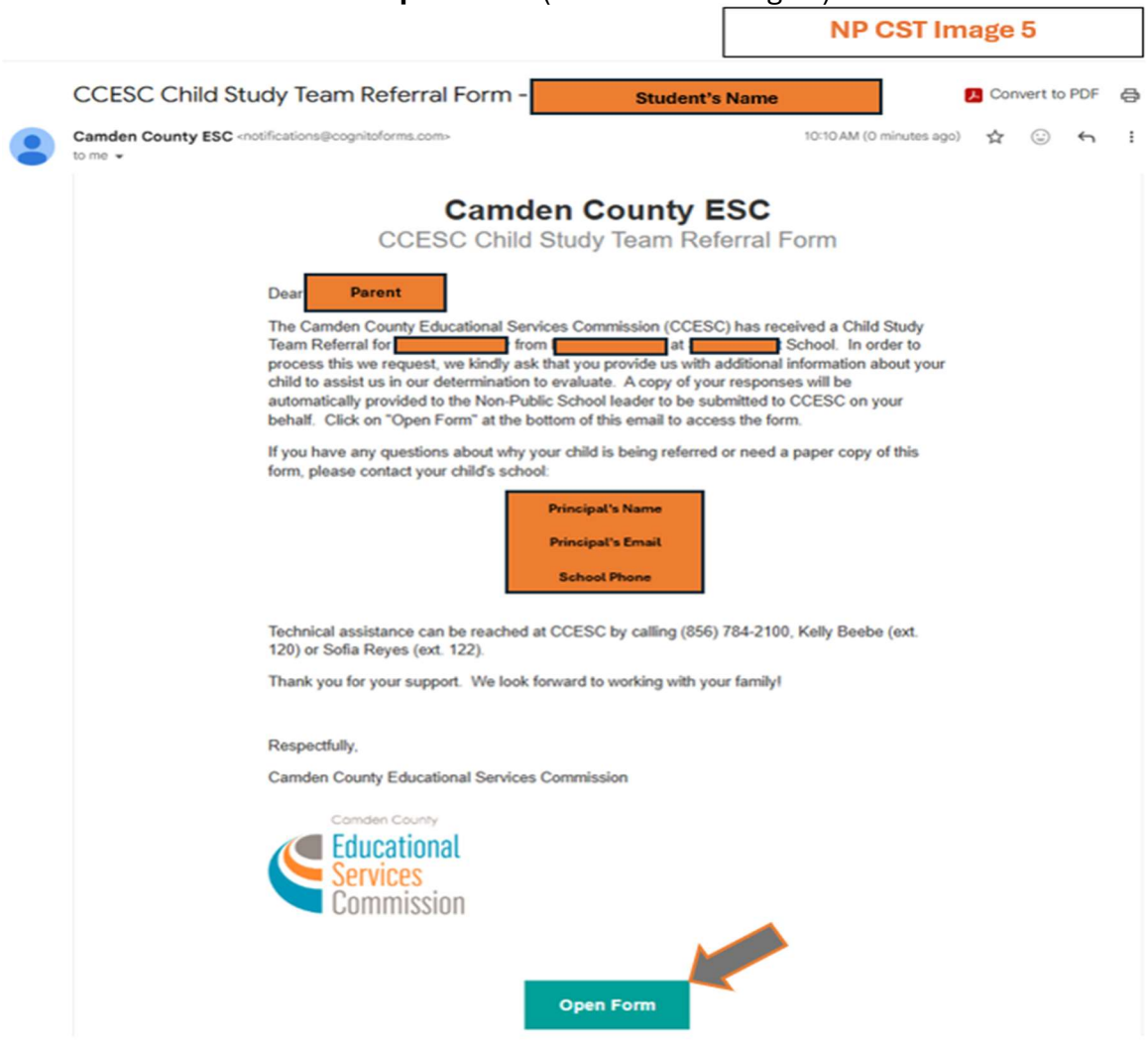
# Completing the Child Study Team Initial Referral for Evaluation Determination – Parent/Guardian Form

## *Parent/Guardian*

1. **Parent/Guardian** completes the Parent/Guardian Form
    a. The Parent/Guardian receives the email **"CCESC Child Study Team Referral Form"** from Camden County ESC notifications@cognitoforms.com.
        i. *Please note: if the Parent/Guardian does not receive the email, kindly direct them to their Junk/Spam/Clutter mail.*
    b. The Parent/Guardian will click on "**Open Form** (see NP CST Image 5)"

**NP CST Image 5**



c. The Parent/Guardian will see the student's demographic information and school leader's contact information.
d. The Parent/Guardian will click **"Next"** on pages 1, 2, and 3.
e. The Parent/Guardian will enter the following information:
    i. Reason for Referral (Please list the areas for which your child is experiencing difficulty in school)
    ii. Please list specific attempts made to resolve your child's educational difficulties
    iii. Please list any current health conditions, medical issues, or diagnosis.
    iv. Please include any additional information that you feel would be beneficial to be considered
    v. Does your child wear corrective lenses (glasses/contacts)?
    vi. Does your child have a hearing device?
    vii. Additional Information (may be uploaded)
    viii. Parent/Guardian Signature
f. Parent/Guardian clicks **"Submit to Principal."**