

**PR-04 REFERRAL FOR EVALUATION**

Mayfield City Schools

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**CHILD'S INFORMATION**

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

GENDER:  Male  Female GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**BUILDING OF CURRENT ATTENDANCE:**

TEACHER(S):

STUDENT'S NATIVE LANGUAGE (if not English):

**PARENTS'/GUARDIAN INFORMATION**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT'S NATIVE LANGUAGE (if not English):

**Reason for Referral:**

\_\_\_\_\_

**EDUCATIONAL HISTORY**

Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:

\_\_\_\_\_

Provide data from previous interventions, including interventions required by rule 3301-35-06 or; for the preschool child, data from early intervention, community or preschool providers:

\_\_\_\_\_

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:

\_\_\_\_\_

Number of school districts attended: \_\_\_\_\_

Years at present school building: \_\_\_\_\_

List schools/early childhood programs and dates:

\_\_\_\_\_

**ATTENDANCE:**

Regular  Irregular

Is this student age-appropriate for grade level?  Yes  No

**PR-04 REFERRAL FOR EVALUATION**

Mayfield City Schools

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**BACKGROUND INFORMATION**

**A. Health Data**

Do you suspect problems with:

Vision  Hearing

Does the student:

Wear Glasses  Use hearing aid(s)

Does the student take medication?

Yes  No

If yes, specify type and purpose:

\_\_\_\_\_

Does the student have any health/developmental/physical problems of which you are aware?

Yes  No

If yes, please explain:

\_\_\_\_\_

**B. Environmental Factors**

Describe any specific home factors that might affect the student's performance in school

\_\_\_\_\_

**For Preschool Children Only** (please check the area(s) of concern):

- Eating
- Dressing
- Toileting
- Attention
- Receptive Communication
- Expressive Communication
- Hearing
- Gross Motor
- Cognitive
- Fine Motor
- Play
- Vision
- Social/Emotional Behavior
- Other

\_\_\_\_\_

Describe any other pertinent information not previously described:

\_\_\_\_\_

**SIGNATURES**

\_\_\_\_\_  
Signature of Person Initiating the Referral

\_\_\_\_\_  
Signature of Person Receiving the Referral

\_\_\_\_\_  
Position or Relationship to Student

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date District Suspects a Disability