

Alleghany County School Division
Referral for Initial Preschool Child Study

Child's Full Name _____ Date of Birth _____ Age _____
Social Security Number _____ Parent/Guardian _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____

1. Please state the specific reasons for this referral.

2. How long has this problem existed?

3. In what areas, under what conditions, does this child do best?

4. What do you perceive as specific strengths of this child?

5. What do you perceives as specific weakness of this child?

6. Has this child been previously evaluated individually?

_____ Yes _____ No

If yes, please indicate where the evaluation was conducted and summarize the results.

7. Summary of health history

Alleghany County Public Schools

Two-Way Consent to Exchange Information

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide those services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services for my child.

I, _____, am signing this form for _____

(Full Printed Name of Parent/Guardian/Surrogate)

(Full Printed Name of Student)

residing at _____ Date of Birth _____

(Student's Address)

My relationship to this Student is: Parent Power of Attorney Other Legally Authorized Representative

I want the following confidential information about the client (Excluding drug or alcohol abuse diagnoses or treatment information) to be exchanged:

- Yes No Assessment Information
Yes No School Records
Yes No Other Placement Information
Yes No Mental Health Records
Yes No Socio-cultural Info.
Yes No Psychological Records
Yes No Prior Services
Yes No Developmental Records
Yes No Medical Records
Yes No Speech/Language/Hearing records

I agree to an exchange of information between the following individuals or agencies:

Table with 2 columns: Alleghany County Public Schools and Virginia Preschool Initiative. Includes fields for Agency/ Individual Name, Address, and Phone and FAX Numbers.

and all Alleghany County Public Schools personnel who would be involved in serving my child.

I want this information exchanged ONLY for the following purpose(s):

- Eligibility Determination
Provision of IEP or 504 Services
Other (Write in): _____

I want information to be shared (check all that apply): In Writing In Meetings Phone Computer

This consent is good for one year from the date consent is granted; however, I can withdraw this consent at any time by telling the agencies involved.

Parent/Guardian/Surrogate Signature: _____ Date _____

Person Explaining Form: _____ Date _____

8. Please complete this checklist to help us understand your child.

My Child	Yes	Sometimes	No
Responds to his/her name			
Says 10 words			
Is learning new words every week			
Repeats new words			
Says 50 words			
Puts 2 words together			
Gets my attention with words			
Rejects—says no			
Asks questions with his/her tone of voice			
Takes turns in a conversation			
Asks for help			
Says 3-4 word sentences			
Is understood by family members			
Is understood by unfamiliar adults			
Follows one-step directions			
Follows two-step directions			
Listens to a short picture book			
Names pictures in a book			
Asks yes/no questions			
Asks wh questions (what, where, why, how)			
Uses pronouns correctly (I, me, we)			
Knows some songs or nursery rhymes			
Participates in pretend play			

Signature and Title of Person
Making Referral

Date of Referral

Signature and Title of Person
Receiving Referral

Date of Receipt

Date of Referral to School Based Intervention Team