PREREFERRAL FORM
Student Information for Child Study or HS SAT
To be completed by General Education Staff prior to submission to CS or SAT

Name_____ **Grade** _____ **Birth Date**_____

Address_____

Phone_____ **Parents Names**_____

General Education Teacher_____

Siblings and their ages_____

_____

Vision – Does this child wear glasses? _____ Do they wear them daily? _____

Hearing – History of ear infections? _____   Motor: gross _____ fine _____

School Screening (pass/fail) Vision_____ Hearing_____

Sensory concerns: _____ (fidgets, sensitive to noises)

Attention Deficit/Hyperactivity Disorder (Y/N) - _____   If yes, medicated?_____

ACCORDING TO PARENTS:
Any Medical Trauma?_____ If so, explain:
_____
Major Medical / Operations _____

Are there any other events that could be affecting the child's learning?
Examples: Death in family, divorce/separation of parents, family illness, recent move?
_____

How many days a week does the child have homework? _____

How many hours per day does he or she spend on homework? _____
Write a short description of the concerns being brought to child study:
_____
_____
_____

Is this student at grade level in reading or math? Describe any concerns in his/her
academics:_____
_____

What do you and/or the parents see as the solution to this child's learning difficulties?

Any other information: _____
_____
_____

Parents response to your concerns: **Date of most recent contact:** _____

Bring a copy to the Child Study Team meeting. If appropriate, you may be asked to complete two interventions with assistance from special education staff. See a member of the Child Study Team for assistance.

Intervention #1 : _____

Date begun: _____   **Date ended:** _____

Intervention: …. ………………………..	Mon	Tues	Wed	Thurs	Fri
Baseline data					
Week #1 of intervention					
Week #2 of intervention					
Week #3 of intervention					
Week #4 of intervention					
Week #5 of intervention					
Week #6 of intervention					

Explanation of intervention results: _____
_____
_____

Intervention #2 : _____

Date begun: _____   **Date ended:** _____

Intervention: …. ………………………..	Mon	Tues	Wed	Thurs	Fri
Baseline data					
Week #1 of intervention					
Week #2 of intervention					
Week #3 of intervention					
Week #4 of intervention					
Week #5 of intervention					
Week #6 of intervention					

Explanation of intervention results: _____
_____
_____