

**JOHN GLENN & UNION NORTH UNITED  
SPECIAL EDUCATION DEPARTMENT**

407 Washington Street  
Walkerton, IN 46574  
574-586-3184 ext. 6302

**PRESCHOOL REFERRAL FOR EDUCATIONAL EVALUATION**

The referral for an educational evaluation may be initiated by a parent/guardian, school personnel, or outside agencies. This form is to be used for all non-parent/guardian referrals. If a parent/guardian is interested in evaluating their child the home school corporation should be contacted directly. Incomplete referrals will be returned. Please forward this form to the address above.

**Child's Name:**

**Date of Referral:**  **Sex: M or F** **Birth Date:**

**Source of Birthdate:**  **Child's Age:**

**Parents:**

**Street Address:**  **Phone:**

**City:**  **State:** IN **Zip:**

**Email Address:**

**Race/Ethnicity:** A. American Indian B. African American C. Asian D. White E. Multirace  
F. Hawaiian/Pacific Islander G. Hispanic

**School of Legal Settlement:**

**Individual Making Referral:**

name and title

**BACKGROUND INFORMATION:**

1. Is the student current attending a preschool or daycare program?      YES      NO      N/A  
If yes, please provide the name and address of the program:

\*\*\*Please identify days/times child is attending and teacher's name if available.

2. Is the primary language of the student English?      YES      NO

If no, what is the primary language?

3. Has a previous psychological evaluation been conducted?      YES      NO

Date of previous psychological evaluation:

**REASON FOR REFRRAL:**

State the reason(s) why the educational referral is being made:

**Areas of Primary Concern:**

- |  |  |
|--|--|
| <input type="checkbox"/> developmental lags          | <input type="checkbox"/> physical/health problems                        |
| <input type="checkbox"/> visual perception           | <input type="checkbox"/> visual-motor skills                             |
| <input type="checkbox"/> gross motor skills          | <input type="checkbox"/> fine motor skills                               |
| <input type="checkbox"/> speech/articulation         | <input type="checkbox"/> language skills                                 |
| <input type="checkbox"/> listening comprehension     | <input type="checkbox"/> ability to follow directions                    |
| <input type="checkbox"/> language development        | <input type="checkbox"/> readiness skills                                |
| <input type="checkbox"/> social/emotional adjustment | <input type="checkbox"/> behavior  |
| <input type="checkbox"/> attention/concentration     |  |
| <input type="checkbox"/> other (please explain):     | <div style="border: 1px solid black; width: 500px; height: 20px;"></div> |

**ATTEMPTS TO RESOLVE THE ABOVE CONCERN:**

What resources have been utilized (family physician, mental health center, special agencies) to address the concerns identified above?

**ADDITIONAL COMMENTS:**