

Early Childhood (ages 3 – 5) Special Education Referral

Child's Name: _____

Date of Birth: _____

Parent / Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Referral Information

Your name: _____

Is the parent aware of the referral? Yes No

I am: child's parent Head Start staff Infant / Toddler staff Physician
 Allegany County Public Schools teacher Other: _____

Reason(s) for referral (check all that apply):

Speech and Language

- Articulation (The child has difficulty saying particular consonants and vowels. It is normal to still have some difficulty with /j/, /r/, /s/, /v/, and /th/.)

- Fluency (Sounds, syllables, words and phrases are joined together smoothly, without stuttering or other interruption when speaking.)

- Expressive language (Sentences of four or more words. Talking about things that have happened away from home, are interested in talking about pre-school, friends, outings and interesting experiences.)

- Receptive language (Understands multi-step requests, "Get your socks and put them in the basket", understands contrasting concepts or meanings like hot / cold, stop /, understands simple "Who?", "What?" and "Where?" questions.)

- Pragmatic language (Using language socially in ways that are appropriate or typical of children of their age; e.g. taking turns to talk, answering questions, reacting to facial expressions.)

Other development

- Phonemic awareness (The child can hear and distinguish individual sounds in words, understands letters represent sounds, can match rhyming words.)

- Vision

- Health

- Motor

- Hearing

- Cognitive/Intellectual

- Social/Emotional/Behavioral

- Adaptive Behavior (The ability to adjust to new experiences, meet new people and participate in new activities.)

Other relevant information:

Please submit referral to:

Jacki Atkinson
Allegany County Public Schools
PO Box 1724
Cumberland, MD 21502