

Grandview R-II Early Childhood Center
11470 Highway C
Hillsboro, MO 63050
Phone: (636) 944-3291, ext. 1 Fax: (636) 944-3870

REASON FOR REFERRAL: Summarize concerns by indicating specific reason and/or situations that make you feel a referral is necessary:

Do you have concerns about your child's vision or hearing? If yes, please explain:

Do you have concerns about your child's social and emotional development? This involves your child's ability to regulate their behavior, their ability to interact appropriately with others, ability to share, take turns, etc.

COMMUNICATION / LANGUAGE:

1. My child uses the following forms of communication to make his/her needs and wants known: (check all that apply)
 cries eye contact gestures words
2. Number of words they use and are able to say: (check one)
 0-10 10-30 30-50 50-99 100+
3. My child understands the following: (check all that apply)
 many words one-step directions two-step directions

SPEECH:

1. My child can make the following sounds: (check all that apply)
 p b m t n d k g f
2. Family and individuals familiar with my child understand his/her speech:
 0-25% 25-50% 50-75% 75-100%
3. Family and individuals unfamiliar with my child understand his/her speech:
 0-25% 25-50% 50-75% 75-100%

Additional comments on communication:

Parent/Guardian Signature

Date