Grandview R-II Early Childhood Center 11470 Highway C Hillsboro, MO 63050

Phone: (636) 944-3291, ext. 1 Fax: (636) 944-3870

Early Childhood Special Education Referral

	Office Use Only:	
	Date Received:	
	Referring Agency:	
	Referring Parent:	
***Each section MUST be completed: incomplete forms may result in an invalid referral. If you need assistance feel free to contact April Byrd, Elementary Principal, at (636) 944-3291, ext. 1 or by email at byrda@grandviewr2.org . ***Please bring completed referral forms to the elementary main office, mail to the address above, or send via email to byrda@grandviewr2.org .		
CHILD INFORMATION:		
Child's Legal Name:		
First Middle Initia	l Last Name	
Age: DOB: Gender:Male	Female	
Ethnic Origin: CaucasianAfrican-AmericanAmeric	an IndianHispanicOther	
Primary language spoken in the home:EnglishSpanish	Other:	
Medicaid Number:		
Copy of birth certificate attached or on file:yesno		
PARENT GUARDIAN INFORMATION:		
Parent(s)/Legal Guardian(s):		
Natural ParentsFoster ParentsAdoptive Parents		
Home address:		
Email:		
Mother/Guardian Cell Phone:		
Father/Guardian Cell Phone:	Work Phone:	
MEDICAL INFORMATION:		
Physician's Name: Physician's	Phone:	
List any past and/or current health/medical problems:		
Does this child currently attend a daycare or preschool:yes If yes, where?:	no	
Has the child ever been seen by another agency:yesn	o If yes, indicate below:	
Parents as TeachersFirst StepsHead Start1		
PS KidsMercy Behavioral ClinicCardinal Glenno		
Walker-Scottish Rite Other		

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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 abilit	— у	
to regulate their behavior, their ability to interact appropriately with others, ability to share, take turns, etc.		
COMMUNICATION / LANGUAGE:		
My child uses the following forms of communication to make his/her needs and wants known: (check that apply) crieseye contactgestureswords	all	
2. Number of words they use and are able to say: (check one)0-1010-3030-5050-99100+		
My child understands the following: (check all that apply) many wordsone-step directionstwo-step directions		
SPEECH:		
My child can make the following sounds: (check all that apply) pbmtndkgf		
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:		
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Parent/Guardian Signature Date		