

ALLENDALE COUNTY SCHOOLS

Referral Form

Child's Name: _____ DOB: _____

Referral Source/Teacher: _____ Date: _____

Guardian(s): _____

Address: _____

Phone Number (Primary): _____ (Alternate): _____

Child Performance:

1. Strengths, check all that apply-

<input type="checkbox"/> Creative/artistic	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Self-Confidence
<input type="checkbox"/> Good communicator	<input type="checkbox"/> Funny/sense of humor	<input type="checkbox"/> Friendly
<input type="checkbox"/> Helpful	<input type="checkbox"/> Caring	<input type="checkbox"/> Popular/good leadership
<input type="checkbox"/> Works well in a group	<input type="checkbox"/> Works well independently	<input type="checkbox"/> Attentive
<input type="checkbox"/> Follows directions	<input type="checkbox"/> Puts forth good effort	<input type="checkbox"/> Attention to detail
<input type="checkbox"/> Contributes to class	<input type="checkbox"/> Follows directions	<input type="checkbox"/> Completes tasks
<input type="checkbox"/> Other(s): _____		

2. Interests/Preferences, check all that apply-

<input type="checkbox"/> Games	<input type="checkbox"/> Computer	<input type="checkbox"/> Books
<input type="checkbox"/> Art activities	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Television/Movies
<input type="checkbox"/> Toys, specify _____		
<input type="checkbox"/> Sports, specify _____		
<input type="checkbox"/> Music	<input type="checkbox"/> Playing instrument	<input type="checkbox"/> Singing
<input type="checkbox"/> Dancing	<input type="checkbox"/> Playing outside	<input type="checkbox"/> Bikes/skateboards
<input type="checkbox"/> Prefers playing in a group	<input type="checkbox"/> Prefers playing independently	
<input type="checkbox"/> Other(s): _____		

3. Please describe preferred learning style (visual, auditory, hands-on, etc.)

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4. Please describe functioning in the following areas, in comparison to classroom peers; if child appears typical/appropriate in area, state so- if not, please state concerns clearly and specifically:

**Please refer to description in screening procedures for clarification on areas*

**If there is not enough space, please record on bottom of sheet, back of sheet and/or attach an additional sheet*

- a. Communication (Speech/Language)- _____

- b. Cognitive Development- _____

- c. Social-Emotional Development- _____

- d. Self-Help/Adaptive Behavior- _____

- e. Physical Development- _____

- f. Vision/Hearing- _____

- g. Medical Diagnoses/Health Conditions- _____

5. Any additional comments/information: