



**Referral For a Preschool or Kindergarten Age Child
Suspected of Having a Developmental Delay or Disability**
(To be completed by parent or non-school personnel)

Document Directions

Office Use Only
Date Received:

Department of Special Education and Student Services
HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, MD 21042

All of the following information is required for the Individualized Education Program (IEP) team to process a referral.

Student Name: _____ Date of Referral: ____/____/____

School: _____ Age: _____ Date of Birth: ____/____/____

Person Making Referral:

Name: _____ Home Phone Number: _____

_____ Cell Phone Number: _____

Address Street Apt. # Work Phone Number: _____

City State Zip

I suspect that my child may have the following disability, which may require special education:

Signature _____

Print Name _____

Complete the following information.

1. I would describe my child in this way (Include a description of your child's strengths):

2. I have concerns about my child in the following areas (Check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Cognitive/Intellectual | <input type="checkbox"/> Communication | <input type="checkbox"/> Health/Medical |
| <input type="checkbox"/> Concepts/Academic Performance | <input type="checkbox"/> Language | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Social/Emotional Development | <input type="checkbox"/> Speech | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Self-Help/Adaptive Skills | <input type="checkbox"/> Behavioral Skills | <input type="checkbox"/> Motor Skills or Physical Development (Fine Motor and/or Gross Motor) |

For each area of concern checked above, describe your concerns.

3. I would like the team to address the following questions or concerns that I have about my child.

4. My child's teacher or childcare provider offers these questions or comments about my child.

Additional information needed - Complete the *Parent Questionnaire for a Preschool or Kindergarten Age Child* form that is enclosed. Please return it to the school team with this form.