



Preschool Initial Referral Intake Form

Date of Referral: _____ Referral Source: _____ Staff Completing Form: _____

Child's Name: _____ Date of Birth: _____ Child's Gender: _____

Language(s) of Home: _____ Dominant Receptive Language: _____

Dominant Expressive Language: _____ Ethnicity: _____

Parent/Guardian Name(s): _____ Parent/Guardian Phone Number(s): _____

Parent Email Address: _____ Home Address: _____

Preschool/Daycare: _____ Number of Hours Per Week: _____

Neighborhood School: _____

PRESENTING CONCERNS:

**Previous Diagnoses? Previous Assessments or Individual Family Service Plan (IFSP)? Health Concerns?
Family History of Developmental Delays?**

Current or Past Therapies (e.g., Occupational Therapy, Speech Therapy, Regional Center/Early Start Services):

Communication Skills (Speech Intelligibility? How many words is your child using? Are they speaking in phrases or sentences? Do they generally make eye contact? Any speech/language development that seems atypical?)

Social/Play Skills (How do they engage with peers? What does their play look like? Do they engage in imaginary play?)

Behavior (Excessive meltdowns? Need for sameness/routines? Aggression? Self-harm? Repetitive behaviors? Sensory sensitivities?)

Motor Skills (Concerns with gross motor development [e.g., running, walking up stairs] or fine motor skills [e.g., picking small items])

Self-Help (e.g., Toileting, Dressing)



CALECSE
California Early Childhood
Special Education Network