|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name: |  | Male / Female **(please circle)** | Date:  |  |
| Birthdate: |  | Age at Referral: |  | Language spoken at home other than English |  | Telephone (home): |  |
| Parent(s)/Guardian(s): |  |
| Address(Including land description if rural):  |  | Cell phone: |  |
| Child lives with: | \_\_\_ Both Parents\_\_\_ Mother Only\_\_\_ Father Only\_\_\_ Guardian | Siblings: | \_\_\_\_\_\_\_ # younger\_\_\_\_\_\_\_ # older   | School(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone (work): |  |
|  |
| Emergency Residence (in case parent/guardian can’t be reached) |   |
| Name Address Phone |
|  J.H. Moore Jubilee Lakeview Pierceland Ratushniak St. Walburg Turtleford |
| Has your child been receiving specialservices such as: | \_\_\_ Public Health\_\_\_ Speech/Language Pathologist\_\_\_ Physio Therapist\_\_\_ Occupational Therapist\_\_\_ Kinsmen Children Centre (Alvin Buckwald)\_\_\_ TIPS (Therapeutic Integrated Pediatric Services) | \_\_\_ Early Childhood Psychologist\_\_\_ Kids First\_\_\_ Early Childhood Services (ECIP)\_\_\_ Family Doctor\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Parental/Guardian Referral** |
| Name of referring Parent/Guardian: |  | Bussing Required: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No |
| Reason for Referral: |  | Daycare address if applicable: |  |
| Parent/Guardian Signature: |  |  |
|  |  |  |
| **Agency Referral (only when an agency is referring child):** |
| Agency: |  | Agency Phone #: |  |
| Agent: |  | Length of time associated with: child/family: |  |
| Reason for Referral: |  | Frequency and intensity of contact: |  |
| Diagnosis:(if available) |  | Describechild/family needs: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Referring Agent Position |

 **Reasons for Pre-K Referral**

 **Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|  | Sibling attended Pre-K - Name of sibling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Single/teen parent |
|  | Low income |
|  | Members of family struggle with alcohol/drug abuse |
|  | Child is living with extended family or foster care |
|  | Family has dealt with a recent traumatic experience |
|  | *Parent(s) is frequently absent from child* |
|  | Languages other than English used as main language |
|  | Speech/language concerns |
|  | Behavior concerns |
|  | Attended pre-kindergarten in another community |
|  | Gross and/or fine motor concerns |
|  | Development concerns |
|  | Kindergarten readiness |
|  |  |
| Comments: |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Signature: |  |
|  |  |
| Date Screened: |  |  |
| Screen Completed by: |  |  |