|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 special  services 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) | |  | | | | | | | | | | | | | | Describe  child/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: |  | |  |