**Pre-referral/Screening Information**

**(Birth to School)**

Child’s Name: Birth Date (mo/day/yr)

Parent or Guardian: Phone: **/**

 Home Work

Address:

Source: Phone: **/**

School District:

Information gathered:

 by phone in person

Primary language: Interpreter needed? Yes No

Concerns:

Describe community resources or services used by the family with this child:

|  |
| --- |
| **Action Plan** |
|  Screening scheduled for at by  |
|  |  |  |  |  |
|  Refer for an evaluation |
|  |  |  |  |  |

**Pre-referral/screening Information**

**(Birth to School)**

**This form is used to:**

1. Document and track pre-referral information from parents or others; and
2. Document action planned to address the concerns about the child.

**Directions**

1. Enter the month, day, and year the form is completed.
2. Enter the child’s name.
3. Enter the child’s birth date.
4. Enter the name of the parent, guardian, or surrogate parent.
5. Enter the home and work telephone number of the parent, guardian, or surrogate parent.
6. Enter the address of the parent, guardian, or surrogate parent..
7. Enter the name and phone number of the referral source.
8. Enter the name of the school district where the child lives.
9. Indicate how the referral information was gathered.
10. Indicate the child’s (or family’s) primary language and if an interpreter is needed.
11. Describe the referral concerns.
12. Describe any community resources and or services used by the family.
13. Complete the action plan, indicating whether a screening is scheduled or if the child is referred for an evaluation.