

Preschool Referral Form

1. Child's Name:	
Birthdate:	Referral date:
2. Parent/Caregiver Name:	
Address w/Zip Code:	
Email for enrollment packet:	
Best phone to contact:	2 nd best phone:
3. Date of last physical:	Medical Provider:
4. District and County:	
Preferred location/Classroom:	
5. Referral Source:	
Contact Information:	
6. Child currently in foster care: YES NO	_Case worker <u>:</u>
Case Worker contact information/email:	phone #:
7. Current Services/Supports (please include frequency of	and group or individual):
8. Preschool Services/Supports (Per IEP <u>):</u>	
Skilled Nursing on IEP: YES	NO
1 on 1 Aide on IEP: YES	NO
Special Health Care Needs/GTube/Medications	s, etc. : YES NO
***If Yes, please explain:	
Meeting Date: Desired Start [Date: BOE Date:
CPSE Chairperson Signature:	

- 3/3/2022

_	Office Use: Date Referral Received:	
-	Tour Date:	
-	Parent Packet: Provided	Received:
-	Medical Clearance Received:	
-	Transportation arranged:	
-	Classroom:	
Start	Date:	

5.11.20 GJ;10.15.20 GJ;12.4.20 GJ