



# 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: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Parent Phone Number(s): \_\_\_\_\_

Preschool/Daycare: \_\_\_\_\_ Home Address: \_\_\_\_\_

Neighborhood School: \_\_\_\_\_ Number of Hours Per Week: \_\_\_\_\_

## PRESENTING CONCERNS:

**Previous Diagnoses? Previous Assessments or IEP (Individualized Education Program) Services? 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)



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California Early Childhood  
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