



29 Dean Street
Mansfield, Massachusetts 02048

Joanne Jordan, Principal

(508)261-1561

Pre-Referral Meeting

Child's Name _____ Middle Name _____ Last Name _____

Date of Birth: _____ School (if enrolled in preschool) _____

Teacher: (if enrolled in preschool) _____

Place of Birth _____

Parents/Guardians: _____ Child's Gender: Male Female

Address: _____ Mansfield, MA

Telephone Number (H): _____ (W) _____ (Cell) _____

Email Address (if available) : _____ @ _____ . _____

Date: _____ Referred by: _____

Cognition (Thinking): (What are your concerns?)

Gross Motor – Using large muscles (What are your concerns?)

Fine Motor – Using small muscles (What are your concerns?)

Expressive Language (Ability to express self with language): (What are your concerns?)

Articulation (Ability to make the sounds needed to say words): (What are your concerns?)

Emotional Development (Behavior/Mood): (What are your concerns?)

Does your child have any existing medical conditions or allergies? Please describe.

Is your child on any medications? Please describe:

Has your child had any contact with outside agencies such as Early Intervention, OT, PT, Speech/Language, counseling?
Please name agency and describe the intervention.

Is your child receiving any services at this time? Please list services and indicate where the services are being received.

Has your child been evaluated through another agency or privately? YES NO

It would be helpful to provide with this referral form copies of any evaluation information or any information that will assist the special education team in knowing your child as well as possible.

Signature of referring individual

Date

PLEASE RETURN COMPLETED FORM TO MRS. JOANNE JORDAN, PRINCIPAL, ROLAND GREEN PRESCHOOL, 29 DEAN STREET, MANSFIELD, MA 02048. RETURN WILL INITIATE THE REFERRAL PROCESS.