



Krista DeMello-Gavin, Director
krista.demello@mansfieldschools.com
(508)261-1561

**Mansfield Public Schools
Roland Green Preschool**

**Preschool Special Education
Referral Form**

Child's Name _____ Middle _____ Last _____

Date of Birth: _____ Place of Birth _____

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

Address: _____ Mansfield, MA

Telephone Number: Preferred _____ Secondary _____

Email Address: _____

Date of Referral: _____ Referred by: _____

Has your child been enrolled in daycare/preschool? ___ Yes ___ No

If yes:

Program Name: _____ Location: _____

Contact Name/Number: _____

Areas of Concerns (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Speech- Articulation | <input type="checkbox"/> Speech-Communication | <input type="checkbox"/> Fine Motor Skills |
| <input type="checkbox"/> Gross Motor Skills | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Self Help Skills (feeding/dressing) | <input type="checkbox"/> Ability to learn | <input type="checkbox"/> Other: _____ |

Please provide a brief narrative outlining the current concerns: _____

History of Early Intervention or other outside therapies?: Yes No

If yes:

Agency Name/ Contact info: _____

Services delivered (check all that apply):

Speech OT PT Service Coordination Social Group/Social Skills Other

Does your child have any existing medical conditions or allergies? Yes No

If yes: _____

Is your child on any medications? Yes No

If yes: _____

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

Agency: _____ Evaluations Completed _____

****Please provide copies of evaluation reports**

Signature

Role

Date

PLEASE RETURN COMPLETED FORM TO:

Mrs. Krista DeMello-Gavin
Roland Green Preschool
29 Dean Street Mansfield, Massachusetts 02048
email: krista.demello@mansfieldschools.com
fax: 508-261-7415

RETURN WILL INITIATE THE REFERRAL PROCESS.