



Kristina Delaplain, Interim Director  
Kristina.Delaplain@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

Name of Siblings currently enrolled in district: \_\_\_\_\_

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: \_\_\_\_\_

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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**

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Signature

Role

Date

PLEASE RETURN COMPLETED FORM TO:

Ms. Kristina Delaplain  
Roland Green Preschool  
29 Dean Street Mansfield, Massachusetts 02048  
email: [Kristina.Delaplain@mansfieldschools.com](mailto:Kristina.Delaplain@mansfieldschools.com)

fax: 508-261-7415

RETURN WILL INITIATE THE REFERRAL PROCESS.