Parent Referral and Questionnaire for a Preschool-PreKindergarten-Age Child Department of Special Education and Student Services Howard County Public School System Ellicott City, MD 21042

Identifying Information:

Child's Name: Date of Birth: Age:

Parent Name: Parent Name:

Address: City: Zip:

Primary Phone: Alternate Phone:

Primary Email: Alternate Email:

Referral Information:

I would describe my child in this way (Please include a description of your child's strengths).

I have concerns about my child in the following areas (check all that apply):

- ☐ Cognitive/Academic Performance
- ☐ Social/Emotional
- ☐ Communication
- ☐ Speech Clarity
- ☐ Behavior
- ☐ Hearing
- ☐ Vision
- ☐ Fine Motor
- ☐ Gross Motor

Please describe the concerns you have about your child.

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Family Information:

Household Members	Relationship	Age	Education (Highest grade completed)	Occupation (If appropriate)

What languages are spoken in your home?

If more than one language is spoken in the home, approximately how often is each language used?

(e.g. 30% English, 70% Another language)

Is there any family history of the following conditions? If YES, please explain below.

- ☐ Intellectual Disability
- ☐ Autism
- ☐ Hearing loss
- ☐ Vision loss
- ☐ Learning disability
- ☐ Speech/language problems
- ☐ Mental health problems
- ☐ Seizures
- ☐ ADD/ADHD
- ☐ Other (please explain below)

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Pregnancy and Birth Information:

Describe any serious health problems experienced during pregnancy:

Birth weight: _____ Type of delivery: ☐ Vaginal ☐ Cesarean

Did any of the following occur during the pregnancy, birth, or newborn period?

- ☐ Premature
- ☐ Prolonged labor
- ☐ Breech birth
- ☐ Fetal Distress
- ☐ Breathing Problems
- ☐ Ventilator needed
- ☐ Transfusion
- ☐ Apnea
- ☐ Infections
- ☐ Seizures
- ☐ Blood Incompatibility (RH factor)
- ☐ Tube feeding
- ☐ Other feeding problems
- ☐ Infections
- ☐ NICU care

Did your child have any other birth problems or require any special care after birth?

Medical History:

Check below any illnesses or problems your child has had:

- ☐ Asthma
- ☐ ADHD
- ☐ Cerebral Palsy
- ☐ Dietary problems
- ☐ Ear problems
- ☐ Environmental allergies
- ☐ Epilepsy/Seizures
- ☐ Eye problems
- ☐ Food allergies
- ☐ Frequent colds/sore throats
- ☐ Headaches
- ☐ Heart disease
- ☐ Lead poisoning
- ☐ Meningitis/Encephalitis
- ☐ Operations
- ☐ Physical problems
- ☐ Serious accidents/injuries
- ☐ Speech Problems
- ☐ Temperatures above 104
- ☐ Other

Use this space to document important information related to items checked above:

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Medical History (cont'd):

Is your child seen for periodic health checks? Yes ☐ No ☐

Are your child's immunizations up to date? Yes ☐ No ☐

List any diagnoses your child has been given: _____

Describe any serious accidents, illnesses, hospitalizations, or surgeries:

Type	Date	Child's Age	Doctor/Surgeon

List your child's pediatrician and any other medical specialists who treat your child:

Name	Address	Phone	Concern

Does your child require medical or health services during the school day? Yes ☐ No ☐

Are there any physical activity restrictions associated with medical problems? Yes ☐ No ☐

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Developmental History:

Did your child received Infants & Toddlers services? Yes ☐ No ☐

Has your child been evaluated by or received services from any developmental specialists (e.g. physical or occupational therapist, speech-language pathologist, ABA, etc.)? If yes, document below:

Provider Name	Specialty Area	Evaluation Date	Dates of Service

Do you have any upcoming appointments with new private providers? Yes ☐ No ☐

Appointments scheduled: ☐

Please share the age that your child first demonstrated the following skills (indicate "not yet" for any skills you have not yet observed):

Gross Motor:	**Approximate Age**
Walking independently	
Walking up and down a few steps without adult help	
Jumping on the floor with both feet together	
Climbing on and off adult furniture	

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Developmental History (cont'd):

Speech and Language:	**Approximate Age**
Following simple, routine directions	
Following 2-step directions	
Using single words	
Speaking in short phrases	
Speaking in complete sentences	
Fine Motor/Adaptive:	
Finger feeding self	
Feeding self with utensils	
Dressing self	
Using the toilet	

Social/Emotional and Behavioral:

Does your child…(check all that apply)

- ☐ Take an interest in other children?
- ☐ Use his/her index finger to point and indicate to someone else that something is interesting?
- ☐ Bring toys, books, or objects to you to show you something?
- ☐ Imitate actions, sounds, words or sentences that you do?
- ☐ Respond to his/her name when you call?
- ☐ Look at something you point to across the room?

Does your child have any behaviors that particularly concern you?

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Developmental History (cont'd):

Check any of the following statements that describe your child:

- ☐ Is happy
- ☐ Seems to understand questions/directions
- ☐ Seldom follows directions
- ☐ Enjoys listening to stories
- ☐ Has difficulty expressing thoughts/ideas
- ☐ Is frequently irritable
- ☐ Has nightmares
- ☐ Daydreams/has fantasies
- ☐ Is easily frustrated
- ☐ Has temper tantrums
- ☐ Is destructive
- ☐ Is self-confident
- ☐ Bites nails
- ☐ Sucks thumb
- ☐ Is cooperative
- ☐ Shows aggression toward others
- ☐ Is not always truthful
- ☐ Is over reactive to sensory experiences*
- ☐ Is under reactive to sensory experiences*

*touch, movement, vision, sound, taste, smell

- ☐ Is friendly
- ☐ Plays well with other children
- ☐ Is creative or imaginative
- ☐ Has a short attention span
- ☐ Is impulsive
- ☐ Has difficulty with changes in routine
- ☐ Maintains interest in activity
- ☐ Has difficulty completing jobs and activities
- ☐ Is overactive
- ☐ Is underactive
- ☐ Is motivated
- ☐ Is stubborn
- ☐ Shows sudden changes in mood
- ☐ Has difficulty making or keeping friends
- ☐ Is shy or withdrawn
- ☐ Has unreasonable fears
- ☐ Spends a lot of time alone
- ☐ Has poor eye contact with others
- ☐ Makes repetitive motor movements (jumping, spinning, hand flapping)

Childcare/Community Activities Information:

Does your child attend a child care/preschool program? ☐ Yes ☐ No

If yes, name of child care facility/preschool: _____

Days/Times attending: _____

Address/Phone: _____

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Childcare/Community Activities Information (cont'd):

Does your child participate in any other group activities in the community? (e.g. library class, My Gym, music class, swim lessons, etc.)

Child Interests:

My child enjoys or is interested in…

Signature:

I give my permission for the school team to use the information provided on this form to assist in identifying my child's educational needs. I understand that this information will be kept confidential and cannot be read by anyone other than Howard County Public School officials who have a legitimate educational interest. I am also aware that this information may not be sent to anyone outside of the Howard County Public School system without my permission , and that I may request that this information be removed from my child's folder if it is inaccurate, misleading, or otherwise in violation of the privacy or other rights of my child. I am also aware that I may request a copy of this completed form for my own records.

Name of Person Completing Form:

Relationship to Child:

Signature: Date: