**Preschool Special Education Referral Questionnaire**

**Purpose**

The purpose of this form is to give the teaching staff an opportunity to share their concerns and observations with the Local Education Agency during the referral process. This information will also help the LEA to prepare for the appropriate screenings.

**Directions**

1. After the family decides that they would like to continue with the referral process, the teachers complete this form.

2. The teachers will fill out as much of the form as possible including the area of concern that you feel the team should be aware of. (i.e. speech/language, fine/gross motor, etc.)

3. When the form is complete, the white copy will be sent to the LEA with the referral paperwork and the yellow copy will be placed in the child’s file.

4. Teachers should be available for follow up questions from the LEA as necessary.

**Related Performance Standard**

1302.33 Child screenings and assessments.

(a) Screenings.

(3) If warranted through screenings and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent’s consent, promptly and appropriately address any needs identified through:

(i) Referral to the local agency responsible for implementing IDEA for formal evaluation to assess the child’s eligibility for services under IDEA as soon as possible and not to exceed timelines required under IDEA