**Preschool Request for Special Education Evaluation**

Initial Evaluation  Re-evaluation  Parent Referral (attach Parent

Request for Student Assistance Form)

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Name of person making request: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: | | |  | | | | | Birthdate: |  | | Age: |  |
| Grade: |  | | | | | School: |  | | | | Sex: |  |
| Parent/Guardian: | | | | |  | | | | | | | |
| Work Phone: | |  | | | | | | Cell Phone: | |  | | |
| Email Address: | | |  | | | | | | | | | |
| Mailing Address: | | | |  | | | | | | | | |

BEHAVIOR/SKILLS OBSERVED:

Please check the behaviors that your child exhibits. Any specific descriptions or examples are appreciated.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Observed Skills/Behavior |  | Frequently  Noted |  | Occasionally  Noted |  | Seldom/Not Applicable |
| Eating/drinking problems |  |  |  |  |  |  |
| Toileting problems |  |  |  |  |  |  |
| Dressing/undressing problems |  |  |  |  |  |  |
| Sleeping problems at night |  |  |  |  |  |  |
| Withdrawn/will not speak up |  |  |  |  |  |  |
| Cannot follow simple directions |  |  |  |  |  |  |
| Refuses to do as asked |  |  |  |  |  |  |
| Speaks inappropriately (threatens/curses) |  |  |  |  |  |  |
| Bites nails or sucks thumb |  |  |  |  |  |  |
| Easily tires |  |  |  |  |  |  |
| Difficulty crawling, walking, running |  |  |  |  |  |  |
| Difficulty with coloring, drawing, cutting |  |  |  |  |  |  |
| Cries |  |  |  |  |  |  |
| Temper tantrums |  |  |  |  |  |  |
| Specific fears of persona/place/ thing |  |  |  |  |  |  |
| Shows off/seeks attention |  |  |  |  |  |  |
| Overly self-confident |  |  |  |  |  |  |
| Overly sensitive to criticism |  |  |  |  |  |  |
| Cannot wait or take turns |  |  |  |  |  |  |
| Difficulty changing activities/perseverates |  |  |  |  |  |  |
| Short attention span; easily distracted |  |  |  |  |  |  |
| Overly active |  |  |  |  |  |  |
| Does not play with other children |  |  |  |  |  |  |
| Demands immediate rewards or help |  |  |  |  |  |  |
| Lies/denies obvious truth |  |  |  |  |  |  |
| Blames behaviors on others |  |  |  |  |  |  |
| Hurries through activities, gives up easily |  |  |  |  |  |  |
| Lacks concern for personal safety |  |  |  |  |  |  |

Do you have a family history of learning disabilities, mental handicap, speech/language difficulties, hearing loss?

\_\_\_\_Yes \_\_\_\_ No (Circle all that apply)

**Required Attachments**

Problem solving intervention documentation (e.g., Student Assistance Team) including

graphs or data indicating effectiveness of interventions (for initial evaluations)

District-wide assessment reports and data, such as GOLD

Signed SRS Consent for Evaluation

**Evaluation Areas**

\*Note, these areas should have been addressed during problem solving (for initial evaluations) or related to the student’s disability (or new concern if this is a re-evaluation) Include attached referral forms for SLP, OT, and PT as needed.

Academic  Cognitive/Intellectual  Social & Emotional

Perceptual and Motor  Speech & Language  Autism Spectrum Disorder

Other (specify) Audiological/Hearing Occupational Therapy Physical Therapy Vision

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Building Administrator Signature |  | Date |
|  |  |  |
| Classroom Teacher or Case Manager Signature  (Initial evaluation or re-evaluation) |  | Date |
|  |  |  |
| Additional Problem-Solving Team Member Signature  (Initial evaluations) |  | Date |

Sf  
Email to: Nancy Schmidt (nschmidt@esu5.org) or Pam Borgman (pborgman@esu5.org)

|  |  |  |  |
| --- | --- | --- | --- |
| For ESU 5 office use only— | | | |
| Date received: |  | Due date: |  |
|  |  |  |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Speech Sounds** | **Expressive Language** |
| What speech sounds do you hear your child struggling with?  F/V      K/G      L     R      S/Z      SH      CH     TH  Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What have you tried to do to help your child be more clear?  \_\_Asking them to repeat what they said  \_\_Asking them to speak more slowly  \_\_Asking them to watch your mouth as you make the sound (showing them how to make the sound)  \_\_Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did any of these strategies work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  About how much of your child’s speech can you understand? (circle)        25%              50%              75%             100% | What do you notice about your child’s talking?  \_\_Short sentences (only a few words long)  \_\_Grammar/word order errors (e.g. pronouns)  \_\_Trouble with answering questions  \_\_Having a hard time explaining things  \_\_Having a hard time naming common things  \_\_Difficulty telling you about his/her experiences  \_\_Difficulty *asking*  questions  \_\_Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What have you tried doing to help?  \_\_Having them repeat sentences you make  \_\_Adding onto their sentences (making them longer) and having them repeat them  \_\_Asking questions to get more information--tell me more, what else?, I want to know more...  \_\_Teaching them new words  \_\_Reviewing new words that you teach them  \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did any of these strategies work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Receptive Language** | **Social Communication/Behavior** |
| Do you notice your child having difficulty with any of the following?  (check all that apply)  \_\_Answering questions  \_\_Following directions (due to not understanding)  \_\_Paying attention to things they hear  \_\_Learning new vocabulary/concepts  \_\_Remembering details of a story you have read to them  \_\_Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What have you tried to do to help?  \_\_Getting down to their level, face-to-face, when talking to them  \_\_Slowing your speaking rate  \_\_Breaking directions down into single steps  \_\_Drawing pictures to help them understand how to do something  \_\_Repeating things that you really want them to pay attention to and understand  \_\_Reminding them to watch you demonstrate things  How did they respond to these strategies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What social skills do you notice your child struggling with?  \_\_Eye contact  \_\_Interacting with adults  \_\_Interacting with other kids  \_\_Coping with social situations (being in public, loud settings, new people, etc.)  \_\_Preferring to be alone  \_\_Inappropriate aggression or affection  \_\_Answering conversational questions  \_\_Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What strategies have you tried to help?  \_\_Prompting them to look at you when you are talking to them  \_\_Practicing how to have a conversation  \_\_Talking about new social situations before you go somewhere  --Talking about feelings  \_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How did they respond to these strategies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Fluency** | **Voice** |
| What have you noticed?  \_\_Stuttering (circle best descriptor)          “Bouncing” on words?     *or*     Getting “stuck”?  \_\_Nonfluency--poor organization of sentences-- difficulty finishing a sentence without stopping and starting and rephrasing several times  How often do you notice these? (circle)                           Weekly?                    Daily?              Several times per day?      Every utterance?  \_\_Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What have you tried to do to help?  \_\_Slowing your speaking rate when you talk with them  \_\_Making sure they don’t feel rushed when speaking, giving them plenty of time to talk  \_\_Giving them full attention when speaking--getting down to their level  \_\_Calmly and kindly encouraging them to try again when they have trouble getting words out  \_\_Calmly repeating what they said at a slow rate  How did they respond? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What do you notice  \_\_Hoarseness  \_\_Breathiness  \_\_Gravelly voice  \_\_Strained voice  \_\_Louder voice than you would expect  \_\_Quieter voice than you would expect  What strategies have you tried?  \_\_Encouraging child to speak only to someone close by (not yelling across room)  \_\_Encouraging frequent drinks of water  \_\_Encouraging child to speak at an appropriate loudness level--show them and practice  \_\_Asking child to copy your voice when you demonstrate appropriate voice  How did the child respond? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other Information**--What else would you like the SLP to know? | |
|  | |