**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 |  | FrequentlyNoted |  | OccasionallyNoted |  | 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| Withdrawn/will not speak up |  |  |  |  |  |  |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

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| --- | --- | --- |
|  |  |  |
| 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)

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| --- |
| 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     THOther(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 thingsHow 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 timesHow 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 rateHow did they respond? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What do you notice\_\_Hoarseness\_\_Breathiness\_\_Gravelly voice\_\_Strained voice\_\_Louder voice than you would expect\_\_Quieter voice than you would expectWhat 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 voiceHow did the child respond? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other Information**--What else would you like the SLP to know? |
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