



AZ Find Screening Referral Form

Child's Name _____ Date _____

Date of Birth _____ Primary Language of Child _____

Parent/Guardian's Name _____

Primary Language of Parents _____

Address _____

Home Phone _____ Cell Phone _____

Home School _____ Work Phone _____

Preschool/Daycare _____ Preschool Teacher _____

Number of hours attend per week _____

Parent gives permission to exchange information with daycare/preschool. See attached form.

Was your child referred? Yes No

Person making referral _____ Phone _____

What are the primary concerns about the child's development?

- | | | |
|--|--|---|
| <input type="checkbox"/> Pre-Academic Skills | <input type="checkbox"/> Speech | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Self-care Skills | <input type="checkbox"/> Toilet Training | <input type="checkbox"/> Fine Motor/Small Muscles |
| <input type="checkbox"/> Gross Motor/Large Muscles | <input type="checkbox"/> Visual Perception | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Sensory |

Other concerns _____

Has your child received a prior evaluation? Yes No

If so, where and what was the outcome? _____

Has your child received a specific medical diagnosis? Please list. _____

Please list any medications your child is currently taking. _____

Has your child had any significant medical problems? Accidents? _____

I give my permission to share this information with the Developmental Preschool at Smoketree Elementary.

Parent Signature _____ Date _____

Please send referral form to the Developmental Preschool at Smoketree Elementary.