

Date of referral: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M F  
(First) (Middle) (Last)

Mother: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

School District Child Resides in:  Montezuma-Cortez  Dolores  Dove Creek  Mancos  
Ethnicity: \_\_\_\_\_  Durango  Ignacio  Bayfield  Archuleta  San Juan

Preschool: \_\_\_\_\_ Teacher/Classroom: \_\_\_\_\_  
Schedule: \_\_\_\_\_ Past Preschool Exp: \_\_\_\_\_

If child is not enrolled in a preschool, are parents interested in enrolling? Y \_\_\_ N \_\_\_

Language(s) other than English spoken in home: \_\_\_\_\_

Person Requesting Screening: \_\_\_\_\_ Phone: \_\_\_\_\_

Have parents been notified that you are contacting SJBOCES for a screening? Y \_\_\_ N \_\_\_

If child is not in parent's custody, who has custody? \_\_\_\_\_

Have parent rights been terminated? Y \_\_\_ N \_\_\_

Birth/Health History:

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_

**Areas of Concern:**

Communication  Fine Motor  Gross Motor  Social/Emotional  Cognitive

Description of concerns:

*Please attach any screenings, observations, reports that may be helpful.*

I give consent for the exchange of information between \_\_\_\_\_  
and San Juan BOCES regarding this referral. \_\_\_\_\_ (referring agency)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(To be completed by BOCES)

Date Screened: \_\_\_\_\_ Screener(s): \_\_\_\_\_

RESULTS & RECOMMENDATIONS:			
TPBA:	Y		N
Rtl:	Y		N

Results to:  Parents Date: \_\_\_\_\_ Notes: \_\_\_\_\_  
 School Date: \_\_\_\_\_ Notes: \_\_\_\_\_  
 Other Date: \_\_\_\_\_ Notes: \_\_\_\_\_