



## Preschool Child Find Referral Process

### What is a preschool screening?

- A preschool screening is a way to identify children who may need further evaluation for special education services. (Preschool ages 2 years 9 months to 5).
- The screening is completed by the Child Find team- which may include a school psychologist, an early childhood special education teacher, a speech-language pathologist, and an audiologist.
- The child will be screened in all 5 developmental areas (cognitive/pre-academic, speech and language, physical, self-help, social-emotional/behavior) regardless of the area(s) of concern.

### Procedures for Making a Child Find Referral

- Director/Teacher speaks to the family about their concerns **first**. Determine if the parents have similar or additional developmental concerns. Let them know you plan to make a referral to Child Find.
  - If the Director/Teacher has an urgent concern for a child who you believe may be a significant harm to themselves or others, contact a Child Find team member at 520.696.6847 and next steps will be determined.
- Download the **Preschool Child Find Referral Form**: <https://www.amphi.com/Page/23000>
- A hard copy of the form can be obtained by contacting the Coordinator Assistant in the Child Find Office at 520.696.6860.
- Complete the entire fillable form and save it.
- Send the completed form via email to [AMPHICHILDFIND@amphi.com](mailto:AMPHICHILDFIND@amphi.com)

### What happens after I make a referral?

- The Coordinator Assistant will reach out to the family to see if they are interested in pursuing a screening. **Parent verbal consent is required before a screening can be completed.**
- The Coordinator Assistant sends screening paperwork to the family to complete.
- Once the paperwork is received by the Coordinator Assistant, the child is scheduled for a screening.
- The Coordinator Assistant notifies the Director/Teacher of the screening date. An update of the screening results will be provided after the screening.
- The entire process (screening, evaluation, special education eligibility/placement) takes approximately 6-8 weeks.

**Preschool Child Find Coordinator Assistant**  
**Name:** \_\_\_\_\_  
**Phone:** 520-696-6860  
**Email:** AMPHICHILDFIND@amphi.com



**FOR OFFICE USE ONLY**

Date referral received: \_\_\_\_\_

Received via:  Email  Phone

If parent(s) decline, date PWN was sent: \_\_\_\_\_

## Preschool Child Find Referral Form

**Please complete all fields.**

*A **Preschool Screening** is a preliminary process to identify children who may need further evaluation in order to determine the existence of a developmental delay/disability and the need for special education services.*

**1. Individual making referral:** \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

**2. I have contacted the parents regarding this referral via the following(check):**

phone

email

in person

Date(s) of contact: \_\_\_\_\_

**3. Please provide demographic information for the child:**

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

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Language(s) Spoken in Home: \_\_\_\_\_

Current Preschool/Daycare Attending: \_\_\_\_\_

Days and Hours of Attendance: \_\_\_\_\_

Parent/Guardian(s) and Relationship to Child:

1. \_\_\_\_\_

2. \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent 1 Cell #: \_\_\_\_\_

Parent 2 Cell #: \_\_\_\_\_

Email(s): \_\_\_\_\_

# Referral Concerns:

Please check all areas of concern below. PLEASE BE SPECIFIC.

## MEDICAL/HEALTH ISSUES (please list):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Has hearing and vision been screened?**

- Yes, DATE: \_\_\_\_\_
- No

### **Do you have hearing or vision concerns?**

- Yes, hearing
- Yes, vision
- No

## COGNITIVE/PREACADEMIC:

- Difficulty following 1-2 step directions
- Difficulty processing pre-academic instruction
- Difficulty with pre-academics (letters, colors, counting, shapes, concept knowledge)
- Other (please describe):  
\_\_\_\_\_

## SPEECH/LANGUAGE:

- Speech is difficult to understand
- Stutters
- Often needs directions repeated
- Other (please describe):  
\_\_\_\_\_

How often you understand the child: \_\_\_\_\_%

How often parents understand the child: \_\_\_\_\_%

### **How does the child communicate?**

- Gestures/pointing
- Single words
- Short phrases/Sentences

## PHYSICAL DEVELOPMENT

- Trips and falls often
- Difficulty navigating playground equipment
- Unusual reaction to touch/sound/light
- Difficulty with fine motor tasks (pre-writing, manipulating objects)
- Other (please describe):  
\_\_\_\_\_

## SELF-HELP:

- Significant difficulty with feeding
- Significant difficulty with dressing
- Significant difficulty with grooming
- Significant difficulty with toilet training
- Other (please describe):  
\_\_\_\_\_

## SOCIAL/EMOTIONAL/BEHAVIORAL:

- Consistently shows no interest in playing/relating with others
- Rarely looks at people/ limited eye contact
- Becomes upset in group settings
- Perseverates on one idea/object/activity
- Appears to be in his/her own world
- Tantrums
- Refuses to comply with adult requests
- Easily frustrated
- Self-harming behavior
- Aggressive towards adults/peers
- Short attention span
- Upset with changes in routines/tasks
- Other (please describe):  
\_\_\_\_\_

## PLEASE ANSWER THE BELOW QUESTIONS:

1. What interventions have been attempted in the current classroom to address concerns?

---

---

---

---

---

2. Is the child currently receiving outside or private therapies? If so, what and where?

---

---

---

---

3. What are the child's strengths?

---

---

---

4. ADDITIONAL RELEVANT INFORMATION WE SHOULD KNOW:

---

---

---

---