

**Early Childhood Referrals/Preschool Age**

**For children who are 3-5 years of age** (Children who are 3 on the date of referral)

Gather Identifying Information:

|  |  |
|--|--|
| <b>Date of Contact/Referral</b>                    |  |
| <b>Child's Name</b>                                |  |
| <b>Date of Birth</b>                               | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| <b>Parent/Guardian's Name</b>                      |  |
| <b>Address</b>                                     |  |
| <b>Phone Number(s)</b><br>(Including work numbers) |  |
| <b>Home School</b>                                 |  |

(All referrals, including medical): What are your primary concerns?

(If parent is referring): Who referred you to our program?

***(If parent is referring):*** We appreciate you contacting the Papillion-La Vista School District. You can expect a parent questionnaire to arrive in the mail within the next few days. Once you have completed the questionnaire and returned it to the district, I will contact you to schedule an appointment with the early childhood team. Our early childhood team looks forward to meeting your family. Thank you!

***(If parent asks questions about the evaluation process):*** It sounds like you have some specific questions...I will have a member of our Early Childhood team give you a call. What is the best time of day to reach you?

***(If Medical or other referral):*** Thank you for your call. Is the family aware of this referral? We will contact the family to determine how they want to proceed. We appreciate your referral!

Send E-mail to Preschool Referral Team indicating referral has been made and the date the packet was mailed to the family:

*Preschool Referral Team:* Kristy Feden, Lori Zito, Christina Brenneman, Patti Drewes, Dawn Timmerman, Melissa Hall