

Randolph County Schools
Referral for Preschool Special Services

Referral Date: _____ Referral Source _____

Name of Student: _____

Sex _____ Date of Birth _____ Age _____

Home School District: _____

Parent or Guardian: _____

Address: _____ Phone: _____

Employment: _____ Phone: _____

Name and age of siblings: _____

Referral Information: Check any areas of concern:

- | | |
|--------------------------|-----------------------------|
| _____ Gross Motor | _____ Communication/ Speech |
| _____ Fine Motor | _____ Self-Help Skills |
| _____ Cognitive/Thinking | _____ Social/ Play Skills |
| _____ Listening Skills | _____ Behavior |

Specific Reason for Referral and comments: _____

Parent Notification that student is being referred:

By Whom: _____ Date: _____
(Signature)

Parent: _____ Date: _____
(Signature)

Please return to: Randolph County Schools
Department of Special Education
40 Eleventh Street
Elkins, WV 26241