

Seward Public Schools
Special Education Services Referral Form



Dear Parent/Guardians,

Seward Public Schools, Seward area Preschools and Daycares, and Head Start work together with families to provide services for children who may have special needs.

At this time, from our screenings, assessments, observations, and conversations with you; we would like to refer your child to Seward School district for further evaluation. To determine if children are eligible for Early Childhood Special Education services, they must be verified by the school.

If you would like to begin this process, complete the form below.

If you choose not to begin this process, we would still like to have you fill out the form and check line 8 so that we can track referrals.

1. Name of Child _____ Birthdate _____

2. Parent(s)/Guardian(s) Name _____

3. Address _____

4. Phone Number _____

5. Name of child's medical doctor _____

6. Reason(s) we are requesting your child to be evaluated

Fine Motor Gross Motor Problem Solving Communication/Speech Personal/Social

Does your child have a previously diagnosed disability? Yes No

If yes, what was the diagnosis? _____

Date of diagnosis _____ Who diagnosed _____

7. I **do** wish to have my child evaluated by the school/ESU.

8. I **do not** wish to have my child evaluated by the school/ESU.

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Date _____

March 19, 2014