

# Head Start Referral for Special Education Services

(Hot Sheet)

CF/D-10 Revised 1/17

(Mandatory RHS/EHS Optional Migrant)

The purpose of this form is to refer children ages 3-6 years of age to their local LEA (Local Education Agency). This form should be completed by the Disability Supervisor or Designated staff as part of the necessary documentation to refer children for an evaluation for Special Education services.

1. **Date completed:** Enter the date the form is completed
2. **Date Referral Submitted:** Enter date the referral was emailed to Special Education Agency.
3. **Child's name:** Print the child's complete legal name as indicated on the child's application or birth certificate
4. **Date of Birth:** Enter the child's date of birth
5. **Gender:** circle the child's gender
6. **Head Start Center/ FCCH:** Enter the name of the Head Start Center that the child attends or indicate Family Child Care home and the name of the Child Care Specialist.
7. **Teacher:** Print the name of the Head Start Teacher or Family Child Care Home Provider that cares for the child.
8. **Enrollment Date:** Indicate the date of the child's enrollment in Head Start/ EHS FCCH-CCP.
9. **Parent/Guardian:** Print the name of the Parent or Legal Guardian of the child.
10. **Address:** Print the address where the child spends the majority of their time. Include City, State and zip code.
11. **Mailing Address:** Print the family's mailing address or indicate "same as above" if the physical and mailing address are the same.
12. **Phone (Home):** Indicate the family's home phone number.
13. **Cell Phone:** Indicate the family's cell phone number.
14. **Email Address:** Indicate the parent's email address if the family wishes to include email as a method that the LEA can use to contact them.
15. **Ethnic Background:** Print the child's ethnic background as indicated by the parent.
16. **Primary Language:** Print the language that the parent reports is the child's primary or strongest language.

**17. Screening Results:**

- **Vision:** Print “pass”, or “fail” as indicated by a pediatrician’s physical, or Head Start nurse’s screening and the date of the screening
- **Hearing:** Print “pass”, or “fail” as indicated by a pediatrician’s physical, or Head Start nurse’s screening and the date of the screening
- **Developmental:** Print “Okay”, “Rescreen”, or “Refer” to indicate the results of the Developmental Screenings. You should include ASQ: SE screening information as well, indicated by “Above the Cut-off”, or “Below the Cut-off”.

**18. Referral Area of Concern:** Indicate the area of concern by placing a check mark in the box with the appropriate descriptor; Speech and Language, Cognitive, or Medical Condition.

**19. Describe specific reasons for referral:** Complete this section by using descriptive language that indicates why the child is being referred for a Special Education referral. For example: Johnny’s speech is unintelligible outside of context, he makes several errors in his articulation patterns such as omitting developmentally appropriate speech sound in the initial position of words.

**20. What interventions have you tried to help alleviate the problem(s) and results?:** In this section the Head Start staff would describe specific interventions they have tried with the child in the classroom setting. Were those strategies helpful? Did the child gain the desired skills or make adequate progress? What was the child’s reaction to the intervention?

**21. Describe the child’s strengths:** Describe characteristics of the child such as persistence. Describe attributes such as the child’s demeanor “He/She is always smiling at school”, or he/she loves to be a helper. Include some interests that the child has such as he/she loves to draw and paint.

**22. Referred by:** Print the name of the person completing the form.

**23. Position:** Print the name of the person who is completing the form.

**24. Distribute triplicate of the form to the following people:**

- White: Grantee Disabilities Supervisor
- Or
- White: Delegate Disabilities Coordinator (MSHS)
- Yellow: Child’s file
- Pink: Parent