REFERRAL FOR PRESCHOOL SERVICES (Ages 3-5)

Sevier County Schools/Department of Special Education

550 Eastgate Road
Sevierville, TN 37862

Phone: (865) 428-5793
Fax: (865) 428-3594

Child's Full Name_____ Birthdate_____ Age_____

Date of Referral_____ Information taken by_____

Referral Source/Agency (where did you learn about our program?) _____

Parent(s) Name_____ Phone _____ _____ _____
Home Work Cell

Address_____

Reason for Referral (major concerns)_____

Has your child ever been tested for speech, learning or behavior problems?_____
If yes, explain_____

Is child currently receiving (if yes, where)
Speech/Language therapy_____
Occupational/Physical therapy_____
Hearing/Vision services_____

Does your child have medical problems?_____ If yes, explain_____
_____
Name of Doctor(s)_____

List any agencies/day care/school involved with this child_____

CONTACT RECORD

Date	Notes