Intervention Team Referral

CHILD'S INFORMATION

Center ______________________________

Child's Name ______________________

Teacher (s) ______________________________

Gender F ______ M ______

Student's Native Language ______________________________

Date of Birth ______________________

Parent's Native Language ______________________________

PARENT'S/GUARDIAN INFORMATION

Name ______________________________

Street ______________________________ City ______________________ State OH Zip _______

Home Phone ______________________________ Work Phone ______________________________

Cell Phone ______________________________ Email ______________________________

Attendance: Regular______ Irregular______ Days per week______
Years attended: 1st year_______ 2nd year_______ 3rd year_____

Please check the area(s) of concern:

Eating	_______	Dressing	_____	Toileting	______	Receptive Communication	________
Attention	_______	Hearing	_____	Gross Motor	______	Expressive communication	________
Cognitive	_______	Vision	_____	Fine Motor	______	Social/Emotional Behavior	________
Play	_______	Other	_____				

EDUCATION HISTORY

Provide data about the child's progress and data pertaining to the child's growth and development.

Provide data from previous interventions, including interventions required by rule 3301-35-06 and data from early intervention, community or preschool providers.

BACKGROUND INFORMATION

Health Data

Do you suspect problems with	Vision	______	Hearing	___________
Does the student	Wear glasses	______	Use hearing aide(s)	___________
Does the student take medication	Yes	______	No	___________
Does the student have any health/development/physical problems of which you are aware?	Yes	______	No	___________

Environmental Factors

Describe any specific home factors that might affect the student's performance at school:

*By signing this form, I give permission for a NOCAC representative to attend all meetings that are initiated by this agency's referral for special education services.

SIGNATURES

Signature of Parent/Guardian	Signature of NOCAC Staff
Relationship to Student	Title
Date	Date