 **Fax to: 810-277-3039** 

**Build Up Michigan Referral – Intake Information Ages 3-5 (10/21 Version)**

|  |
| --- |
| Completed by ISD  Date Sent to LEA: Click or tap to enter a date.  Resident LEA: Choose an item.  Verified  UIC: |

**To Be Completed by Referring Source:**

Date Received by ISD: Click or tap to enter a date.

Student:       DOB:

Male:  Female:

|  |
| --- |
| Date Parent was Notified (Prior to Referral):  Name of Person Notifying Parent: |

Race: Choose an item. Ethnicity: Choose an item.

Parent/Guardian:       Address:

Home:       Cell:       Email Address:

Referral Source: Name:       From:

Email:       Phone Number:

Attending a program (preschool, GSRP, Head Start, etc.): Yes:  No:  Program:

Primary Language:       Parent:  Student:  Interpreter Needed: Yes:  No:

Reason for Referral:

**Continue and complete Pages 2 and 3**

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**Completed by LEA:** Parent initial contact by:       Date:

Initial interview by:       Date:

|  |  |  |
| --- | --- | --- |
| Case Manager: |  | Contact Attempts within 10 School Days |
| Date REED Received by District: |  | Date: Results: |
| Projected 30 School Days: |  | 1.  2.  3.  4. |
| Initial IEP Date: |  |
| Eligible: Yes:  No: |  | Parent Contacts to Schedule Initial Evaluation |
| Check if parent and professional agree that no further evaluations are necessary at this time. Explain: |  | Date: Results:  1.  2.  3.  4. |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Signature Date |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Professional Signature Date |

|  |  |  |
| --- | --- | --- |
| Extension Date: |  | ISD Google Drive: |
| Reason for Extension: |  | By: |

**REQUIRED SUPPLEMENT TO BUILD UP REFERAL FORM (from Programs)**

Student Name:

Length student attended program:

Please identify your student’s strengths and weaknesses:

What activities does your student prefer?

What activities does your student avoid?

What interventions/strategies have been attempted, for how long, and describe results?

What do you hope to gain from an evaluation?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please rate your student’s level of functioning as compared to peers:** | **Above peers** | **Same as peers** | **Below peers** | **Significantly below peers** |
| Gross motor skills |  |  |  |  |
| Fine motor skills |  |  |  |  |
| Understanding of language |  |  |  |  |
| Expressive language |  |  |  |  |
| Clarity of speech |  |  |  |  |
| Self-help skills |  |  |  |  |
| Attention/activity level |  |  |  |  |
| Positive social relationships |  |  |  |  |

Based on your observations and interventions, check the statements that best describe this student. Be sure to evaluate him/her in comparison to other children of the same chronological age. Indicate by checking only those behaviors which occur frequently.

**Gross Motor Skills: Fine Motor Skills:**

is awkward/clumsy   difficulty completing puzzles

trips and falls often   inappropriate crayon/pencil grip

poor control of scissors

does not cross midline

**Has difficulty with:**

jumping  **Receptive Language**

throwing Has difficulty with:

walking up and down steps  understanding spoken language/directions

pedaling a tricycle   responding to/understanding questions

catching

navigating the playground

**Sensory: Expressive Language**:

exhibits repetitive actions with toys/objects Has limited oral expression, communicates by:

does not explore a variety of textures or  gestures

materials in an age appropriate way  single words

responds negatively to loud noises  2-3 word phrases

sentences of 4 or more words

**Self Help Skills :** Has difficulty communicating with:

does not manage personal belongings  teacher/adults

does not use a spoon/fork appropriately  peers

cannot care for toilet needs

difficulty dressing self Has difficulty expressing:

wants and needs

speech is hard to understand

**Social Emotional:**  stutters/dysfluent speech

lacks self-control

easily frustrated **Play Skills:**

usually shy or withdrawn Primarily engages in:

interrupts and distracts class  solitary play

has difficulty coming to circle, attending  parallel play

and participating appropriately  cooperative play

sudden changes in mood throughout day

unusually aggressive toward others

has difficulty following classroom routines

**Perceptual/Cognitive Skills**

Has difficulty identifying: Has difficulty naming:

body parts  body parts

colors  colors

shapes   shapes

letters   numbers

Has difficulty with concepts such as: Has difficulty with:

sorting/categorizing objects  pointing to/naming pictures

counting (counts to      )  recognizing name in print

matching 1 to 1  time concepts

quantitative concepts (e.g. more, less)  prepositional concepts

opposites