



# District School Board of Pasco County

Rev. 10/09

## Early Childhood Exceptional Student Education Student Referral

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral From:  
 Child Find  
 Transition

Purpose:  
 Notification  
 Classroom Visit  
 Diagnostic Teaching

Referral Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Other: \_\_\_\_\_

Home School: \_\_\_\_\_

Receiving School: \_\_\_\_\_

Preschool: \_\_\_\_\_

Based on current assessment results, is being considered for preschool ESE services under the following classification(s).

\_\_\_\_\_

To be in compliance with state and federal guidelines, the staffing will need to occur by

\_\_\_\_\_

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For additional information, please contact: \_\_\_\_\_ at \_\_\_\_\_