



Inyo County Office of Education
Barry D. Simpson, Superintendent

Preschool Request for Screening/Referral

Child's Legal Name (First, Middle, Last as printed on birth certificate): _____

Date of Birth: ____/____/____ Child's Birth State: _____

Parent(s) Name: _____

Physical Address: _____

Mailing Address: _____

Is the home residence on reservation land (Federal Impact Aid)? YES NO

Home Phone (____) ____ - ____ Cell (____) ____ - ____ Work (____) ____ - ____

Town of Residence:

- Bishop Independence Death Valley
- Big Pine Lone Pine Round Valley & Mustang Mesa
- Other: _____

Child's Primary Language: _____ Child's Home Language: _____

Child's Ethnicity: Hispanic: Yes No Race: _____

Does the child attend a preschool program: No Yes

School of Attendance: _____

Days/Times Child Attends _____

Reason/Concern for Screening:

- Speech/Communication
- Academic/Developmental (If checked **MUST** complete Referral for Preschool Academic Survey and attach)
- Behavioral/Social-Emotional (If checked **MUST** complete & attach Referral for Preschool Behavioral Services)
- Motor Skills (If checked **MUST** complete Referral for Preschool Academic Survey and attach)

Name of person requesting screening (print, sign & date): _____

Parent acknowledgment of screening (print, sign & date): _____

FOR ICOE USE ONLY:

Form received by ICOE Service Provider (name): _____ Date: _____

Form Submitted to SELPA Director: _____ Date: _____

Form logged and returned to the Special Education Office Manager for distribution to the following service providers:

- Preschool Speech Pathologist: _____ Distributed: _____
- Psychologist: _____ Distributed: _____
- SDC Infant/Preschool Specialist: _____ Distributed: _____
- Occupational Therapist: _____ Distributed: _____
- Other (specify): _____ Distributed: _____

If you have any questions, please contact the Inyo County SELPA Office at 760-873-3262, ext. 2185.