

# Monongalia County Schools

Department of Special Education  
Send to: Brenda Yohn  
Suncrest Center  
523 Junior Ave.  
Morgantown, WV 26505

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## **Monongalia County Preschool Special Needs Referral Form**

Referring Agency/Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date Referral Received by ICS at Dorsey Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

(\* Your area public elementary school)

**If parent referral**, does your child currently attend a childcare center or other age-appropriate developmental program, if so, where? \_\_\_\_\_

**If agency/classroom** referral, how long has the child been in your program/class?  
\_\_\_\_\_

Describe your concerns about the child (Please use back of form if more space needed):

Speech/Language: \_\_\_\_\_

Motor Skills: \_\_\_\_\_

Cognitive/Pre-academic Skills (reasoning, matching/sorting, shapes/colors, letters/numbers):  
\_\_\_\_\_

Social Skills/Behavior: \_\_\_\_\_

Self-help: \_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Has this child had any intervention or therapies? (please describe): \_\_\_\_\_  
\_\_\_\_\_

Any medical concerns or medications?: \_\_\_\_\_  
\_\_\_\_\_