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Jean Gismervik
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Special Education

COMMITTEE ON PRESCHOOL SPECIAL EDUCATION REFERRAL FORM

A student suspected of having an educational disability must be referred in writing to the chairperson of the Committee on Preschool Special Education

STUDENT: _____

BIRTHDATE: _____

LANGUAGE: _____

AGE: _____

GUARDIAN: _____

RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____

MOTHER'S WORK: _____ CELL: _____

FATHER'S WORK: _____ CELL: _____

Reason for Referral- (Describe specific behavior/problems)

Describe Previous Placement, Programs or Services-

Indicate any previous tests or evaluations- (e.g. - psychological evaluation, speech/language evaluation and dates)

Suspected Disability and additional comments-

Has the student received services previously through Early Intervention? (If so, which county or state and what services?)

Parent Signature: _____ Date: _____ Date Received in CPSE Office: _____