Region 14 - Hopewell Center
Consultation/Evaluation Referral Packet
For Children 3 to 22 Years Old

Please use this packet to request the following Hopewell services;

- Consultation with Autism, Behavioral and Low-Incidence Disabilities Consultant

Please:

1. **Provide the child's name and social security number below,**
2. **Sign below, and**
3. **Send this page along with all information listed for the Consultation with Autism Resource Specialist you are requesting.**
4. **Send to Region 14 -Hopewell Center attention Mary Hiler**

I am requesting Region 14 - Hopewell Center provides the service(s) indicated below for;

_____ _____

Child's Name Date of Birth

☐ ***Consultation with Autism Resource Specialist***

- **Copy** of Referral for Evaluation (Form PR-04) if this is an initial consultation **or** a re-evaluation
- Permission to Consult – **Enclosed**
- Autism Referral Information

Please indicate if student is P/S or School Age, type of referral & due date:

	_____ *Preschool*	_____ *School Age*
☐	**Transition Meeting**	**due date** _____
☐	**Initial Evaluation**	**due date** _____
☐	**Re-evaluation**	**due date** _____

Has student been identified with a disability?	**_____ Yes**	**_____ No**
Is student on an IEP?	**_____ Yes**	**_____ No**
Is student on a 504 ?	**_____ Yes**	**_____ No**

_____ _____ _____

District Contact Person Signature District Date

PR-04 REFERRAL FOR EVALUATION

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____

STREET: _____ GENDER: _____ GRADE: ___

CITY: _____ STATE: OH ZIP: _____

DATE OF BIRTH: _____

BUILDING OF CURRENT ATTENDANCE: _____

TEACHER(S): _____

STUDENT'S NATIVE LANGUAGE (If not English): _____

PARENTS' / GUARDIAN INFORMATION

NAME: _____

STREET: _____

CITY: _____ STATE: OH ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

PARENT'S NATIVE LANGUAGE (If not English): _____

Reason for Referral:

EDUCATIONAL HISTORY

Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:

Provide data from previous interventions, including interventions required by rule 3301-35-06 or; for the preschool child, data from early intervention, community or preschool providers:

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:

Number of school districts attended: ____

Years at present school building: _____

List schools/early childhood programs and dates:

ATTENDANCE:

☐ Regular ☐ Irregular

Is this student age-appropriate for grade level? ☐ Yes ☐ No

BACKGROUND INFORMATION

A. Health Data

Do you suspect problems with ☐ Vision ☐ Hearing

Does the student ☐ Wear Glasses ☐ Use hearing aid(s)

PR-04 REFERRAL FOR EVALUATION

Does the student take medication ☐ Yes ☐ No

Does the student have any health/developmental/physical problems of which you are aware? ☐ Yes ☐ No

B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school

For Preschool Children Only *(please check the area(s) of concern):*

- ☐ Eating
- ☐ Receptive Communication
- ☐ Cognitive
- ☐ Vision
- ☐ Other
- ☐ Dressing
- ☐ Expressive Communication
- ☐ Fine Motor
- ☐ Social/Emotional Behavior
- ☐ Toileting
- ☐ Hearing
- ☐ Play
- ☐ Attention
- ☐ Gross Motor

Describe any other pertinent information not previously described:

SIGNATURES

Signature of Person Initiating the Referral

Signature of Person Receiving the Referral

Position or Relationship to Student

Title

Date

Date Received

Date District Suspects a Disability

Permission to Consult

_____, hereby give my permission for
Parent/Legal Guardian/Surrogate

the Autism, Behavioral and Low Incidence Consultant from Southern Ohio Educational Service Center to respond to a request for assistance for:

Name of Child _____

I am giving my permission for the following assessments (***please check all that apply***):

- ☐ Review of relevant records (releases of information will be included)
- ☐ Interviews with caregiver, myself, teacher
- ☐ Observation(s) of my child
- ☐ Assessment (e.g., curriculum-based, screening, and other appropriate measures to determine interventions)
- ☐ Other (please specify): _____

_____
Name of Parent/Legal Guardian/Surrogate

_____
Signature

_____
Date