

Poway Unified School District  
Special Education  
Preschool Assessment Team  
Referral Information

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Please provide us with some additional information...

1. What are the concerns that brought you here today?

2. What languages are spoken in your child's environment? \_\_\_\_\_

What languages does your child understand? \_\_\_\_\_

What languages does your child speak most? \_\_\_\_\_

What is your child's preferred language? \_\_\_\_\_

3. Has your child been tested by others? If so, who and when?

4. What preschool does your child attend? \_\_\_\_\_

Days of the week? \_\_\_\_\_

Times? \_\_\_\_\_

Teacher's name? \_\_\_\_\_

5. Is there any additional information that you would like for us to know?

6. How did you find out about the Poway Special Education Preschool Assessment Team?