 **Fax to: 810-277-3039** 

**Build Up Michigan Referral – Intake Information Ages 3-5 (10/21 Version)**

|  |
| --- |
| Completed by ISD Date Sent to LEA: Click or tap to enter a date.Resident LEA: Choose an item. [ ]  Verified UIC:        |

**To Be Completed by Referring Source:**

Date Received by ISD: Click or tap to enter a date.

Student:       DOB:

Male: [ ]  Female: [ ]

|  |
| --- |
| Date Parent was Notified (Prior to Referral):      Name of Person Notifying Parent:       |

Race: Choose an item. Ethnicity: Choose an item.

Parent/Guardian:       Address:

Home:       Cell:       Email Address:

Referral Source: Name:       From:

Email:       Phone Number:

Attending a program (preschool, GSRP, Head Start, etc.): Yes: [ ]  No: [ ]  Program:

Primary Language:       Parent: [ ]  Student: [ ]  Interpreter Needed: Yes: [ ]  No: [ ]

Reason for Referral:

**Continue and complete Pages 2 and 3**

**-------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Completed by LEA:** Parent initial contact by:       Date:

 Initial interview by:       Date:

|  |  |  |
| --- | --- | --- |
| Case Manager:       |  | Contact Attempts within 10 School Days |
| Date REED Received by District:       |  | Date: Results: |
| Projected 30 School Days:       |  | 1.      2.      3.      4.       |
| Initial IEP Date:       |  |
| Eligible: Yes: [ ]  No: [ ]  |  | Parent Contacts to Schedule Initial Evaluation |
| [ ]  Check if parent and professional agree that no further evaluations are necessary at this time. Explain:       |  | Date: Results:1.      2.      3.      4.       |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Signature Date |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Professional Signature Date |

|  |  |  |
| --- | --- | --- |
| Extension Date:       |  | ISD Google Drive:       |
| Reason for Extension:       |  | By:       |

**REQUIRED SUPPLEMENT TO BUILD UP REFERAL FORM (from Programs)**

Student Name:

Length student attended program:

Please identify your student’s strengths and weaknesses:

What activities does your student prefer?

What activities does your student avoid?

What interventions/strategies have been attempted, for how long, and describe results?

What do you hope to gain from an evaluation?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please rate your student’s level of functioning as compared to peers:** | **Above peers** | **Same as peers** | **Below peers** | **Significantly below peers** |
| Gross motor skills | [ ]  | [ ]  | [ ]  | [ ]  |
| Fine motor skills | [ ]  | [ ]  | [ ]  | [ ]  |
| Understanding of language | [ ]  | [ ]  | [ ]  | [ ]  |
| Expressive language | [ ]  | [ ]  | [ ]  | [ ]  |
| Clarity of speech | [ ]  | [ ]  | [ ]  | [ ]  |
| Self-help skills | [ ]  | [ ]  | [ ]  | [ ]  |
| Attention/activity level | [ ]  | [ ]  | [ ]  | [ ]  |
| Positive social relationships | [ ]  | [ ]  | [ ]  | [ ]  |

Based on your observations and interventions, check the statements that best describe this student. Be sure to evaluate him/her in comparison to other children of the same chronological age. Indicate by checking only those behaviors which occur frequently.

**Gross Motor Skills: Fine Motor Skills:**

[ ]  is awkward/clumsy  [ ]  difficulty completing puzzles

[ ]  trips and falls often  [ ]  inappropriate crayon/pencil grip

[ ]  poor control of scissors

[ ]  does not cross midline

**Has difficulty with:**

[ ]  jumping  **Receptive Language**

[ ]  throwing Has difficulty with:

[ ]  walking up and down steps [ ]  understanding spoken language/directions

[ ]  pedaling a tricycle  [ ]  responding to/understanding questions

[ ]  catching

[ ]  navigating the playground

**Sensory: Expressive Language**:

[ ]  exhibits repetitive actions with toys/objects Has limited oral expression, communicates by:

[ ]  does not explore a variety of textures or [ ]  gestures

 materials in an age appropriate way [ ]  single words

[ ]  responds negatively to loud noises [ ]  2-3 word phrases

 [ ]  sentences of 4 or more words

**Self Help Skills :** Has difficulty communicating with:

[ ]  does not manage personal belongings [ ]  teacher/adults

[ ]  does not use a spoon/fork appropriately [ ]  peers

[ ]  cannot care for toilet needs

[ ]  difficulty dressing self Has difficulty expressing:

  [ ]  wants and needs

[ ]  speech is hard to understand

**Social Emotional:** [ ]  stutters/dysfluent speech

[ ]  lacks self-control

[ ]  easily frustrated **Play Skills:**

[ ]  usually shy or withdrawn Primarily engages in:

[ ]  interrupts and distracts class [ ]  solitary play

[ ]  has difficulty coming to circle, attending [ ]  parallel play

 and participating appropriately [ ]  cooperative play

[ ]  sudden changes in mood throughout day

[ ]  unusually aggressive toward others

[ ]  has difficulty following classroom routines

**Perceptual/Cognitive Skills**

Has difficulty identifying: Has difficulty naming:

[ ]  body parts [ ]  body parts

[ ]  colors [ ]  colors

[ ]  shapes  [ ]  shapes

[ ]  letters  [ ]  numbers

Has difficulty with concepts such as: Has difficulty with:

[ ]  sorting/categorizing objects [ ]  pointing to/naming pictures

[ ]  counting (counts to      ) [ ]  recognizing name in print

[ ]  matching 1 to 1 [ ]  time concepts

[ ]  quantitative concepts (e.g. more, less) [ ]  prepositional concepts

[ ]  opposites