

SCHOOL READINESS PROGRAMS - PROFESSIONAL REFERRAL FORM

To be completed by the most recent professional who has worked with this child, e.g. teacher, daycare worker, therapist, etc. If you have questions, contact Jenny Bonaventure at 343-4232 or [jbonaventure@emergela.org](mailto:jbonaventure@emergela.org). Please visit [www.emergela.org/school-readiness/](http://www.emergela.org/school-readiness/) for more information.



Child's name: \_\_\_\_\_

Professional's name completing this form: \_\_\_\_\_

Title/Relationship to Child: \_\_\_\_\_

School/Organization name/address: \_\_\_\_\_

Grade/Class/Setting: \_\_\_\_\_

Current class size? (Number of children) \_\_\_\_\_ (Number of adults) \_\_\_\_\_

How long have you worked with this child? \_\_\_\_\_

What are this child's strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is this child's biggest obstacle to being successful in a regular educator class setting?

\_\_\_\_\_  
\_\_\_\_\_

In what area have you seen this child grow the most? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What have you found motivates this child to cooperate/participate?

\_\_\_\_\_  
\_\_\_\_\_

Please rank order the child compared to other children you have taught in your setting:

	Lower 5%	Lower 25%	50%	Top 25%	Top 5%
Ability to learn new skills					
Ability to maintain appropriate behavior					
Ability to interact with peers					
Use of functional language					
Mastery of self-helps skills					

Check to indicate that this behavior is of concern.	If yes, please provide details
<input type="checkbox"/> Self-injurious behavior	
<input type="checkbox"/> Aggressive Behavior	
<input type="checkbox"/> Repetitive Behavior	
<input type="checkbox"/> Echolalia/ Repeating back what someone else said	
<input type="checkbox"/> Elopement/ Running away	

How does this child do with follow simple instructions? Give details. \_\_\_\_\_

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How long is this child able to sit and attend in a group? Give details of group size and activity.

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How does this child interact with peers? \_\_\_\_\_

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How does this child communicate wants/needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What about the Emerge Kindergarten program do you think would benefit this child the most?  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your time and assistance by completing this form! Please sign and return the form by January 27, 2017 via fax at 225-343-4233 attn: Jenny Bonaventure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_