

Syosset Central School District

Dr. Thomas L. Rogers
Superintendent of Schools

Office of Pupil Personnel Services
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INITIAL REFERRAL TO CPSE

I. PERSONAL INFORMATION

Child's Name: _____ Date: _____

Address: _____ Mother's Name: _____

No. Street

Father's Name: _____

City State Zip

Telephones: (Home) _____ Child's Birth Date: _____

(Business) _____ Name of Child's Brothers / Sisters:

(Cell) _____

Dominant Language Spoken
At Home: _____ Child's Pre-School: _____

II. REASON FOR CPSE REFERRAL

Please describe as clearly as possible your concerns about this child, including ability to use and understand language, behavioral or social areas of difficulty, physical or medical problems, and academic or cognitive difficulties.

III. PRE-REFERRAL EVALUATIONS OR INTERVENTIONS

Please list any prior evaluations or programs, including those conducted by EI, and attach most recent reports.

IV. PRESCHOOL EXPERIENCE

Please attach a brief report or statement from the child's current teacher relative to these concerns.

V. PARENT SIGNATURE: _____

Syosset Central School District
Committee on Preschool Special Education

Social History Form

Child: _____ Birthdate: _____

Address: _____ Home Phone: _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Cell Phone: _____ Cell Phone: _____

Business Phone: _____ Business Phone: _____

Parents are: Married Divorced Separated Single Widowed

Child lives with: Both Parents Mother Father Guardian

Is the child adopted? Yes No If yes, is the child aware of adoption? Yes No

Age of Adoption: _____

Brothers (names and ages): _____

Sisters (names and ages): _____

List all individuals in the home and their relationships to the child:

Primary Language spoken at home: _____

Developmental / Medical History:

Describe any unusual conditions associated with the pregnancy (e.g., toxemia, high blood pressure, medication prescribed, substance abuse):

Was the child premature? Yes No If so, by how many weeks/months? _____

Birth Weight: _____

Describe any abnormal circumstances regarding delivery: _____

Describe the child's condition at birth: _____

Describe any difficulties during infancy such as colic, high fevers, sleeping or feeding problems, etc.:

At what age did the child walk? _____ At what age did the child talk? _____

When did the child become toilet trained? _____

Has the child shown any speech or language delays/difficulties? _____

List any injuries and ages at which occurred: _____

List hospitalizations and ages at which occurred: _____

Describe any medical problems: _____

If child is presently receiving special medical treatments or medication, please explain:

Please rate your child's energy and activity level: Low Average Above Average

Educational Background:

List any nursery/preschool experiences your child has had: _____

How would you describe your child's school experiences? _____

Do you see your child as having a behavior and/or learning problem at school? If yes, please describe.

What do you believe may be contributing to the problems at school? _____

What have you done to help your child with his/her difficulties? _____

If anyone else in the family had similar problems in school, please describe:

Family Relationships

What pleases you the most about your child? _____

List any activities in which your child is involved (e.g. sports, special interests):

What concerns you most about your child?

Please list any agencies previously or currently providing services to your child:

Please check all of the following characteristics that best describe your child:

- | | |
|-----------------------------|-----------------------|
| Overly sensitive | Lacks confidence |
| Continuously tired | Easily frustrated |
| Enthusiastic about learning | Usually cooperative |
| Overactive | Often uncooperative |
| Frequently angry | Shy |
| Quarrelsome | Withdrawn socially |
| Sad or depressed | Daydreams |
| Impulsive | Nervous, tense |
| Destructive | Poor self-image |
| Aggressive | Temper outbursts |
| Has numerous fears | Positive self-image |
| A leader | A follower |
| Defiant | Usually calm |
| Demands attention | Complains of illness |
| Often preoccupied | Unafraid of authority |
| Prone to temper tantrums | Worries often |
| Distractible | Threatens others |
| Resists affection | Relates well to peers |
| Affectionate | Poor concentration |

Signature of Parent/Guardian: _____ Date: _____

**SYOSSET SCHOOL DISTRICT
P.O. Box 9029
Syosset, NY 11791-9029**

COMMITTEE ON PRESCHOOL SPECIAL EDUCATION

Dear Parents,

The preschool evaluation that you have requested must be comprehensive and multidisciplinary in order to provide a thorough understanding of your child's development and ability to function at home and at school.

Your child's teacher or day care provider is considered to be part of the evaluation team, and is an important source of information about your child's functioning when he or she is not with you.

Please ask your child's teacher to complete this form as soon as possible. You may return it to us, yourself, or you may ask the teacher to return it to CPSE directly.

Yours truly,

Christine DeStefanis
CPSE Chairperson

SYOSSET CENTRAL SCHOOL DISTRICT
SYOSSET, NEW YORK
516.364.5620
cdestefanis@syossetschools.org

Dear Parents and Teachers:

You are a member of any CPSE or CSE at which your child/student is discussed. In order to plan appropriately for your child's/student's educational needs, please provide us with the following specific information about this child's functioning in your respective setting: at home (parents) and in school (teacher). Please return this form to me **AT LEAST TWO WEEKS PRIOR** to the scheduled meeting, so that it can be included in this child's evaluation packet. Thank you for your cooperation.

Christine DeStefanis, MS., CCC-SLP, CPSE Chairperson

PARENT/TEACHER REPORT FORM

Child's Name: _____ Age: _____
Person Completing Form _____ Date: _____
Relation to Student Parent Teacher
Child's School: _____ AM PM FULL DAY
Student:Teacher Ratio _____ Days Child Attends _____

COGNITIVE/LEARNING/EMOTIONAL/BEHAVIORS

No concerns	Mild concerns	Moderate concerns	Significant concerns
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Understands time concepts (today, later, soon)
Understands spacial concepts (in, out, under, on)
Understands quantitative concepts (some, more, many)
Understands comparative concepts (big, little)
Recalls/retrieves words

No concerns	Mild concerns	Moderate concerns	Significant concerns
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3 year: Uses appropriate names or labels (body parts, family, colors, shapes)

4 year: Recognizes and/or expresses some letters, numbers

Responds to adult directions

Stays seated when appropriate

Sustains attention to tasks

Can work independently

Follows basic routines

Transitions from one activity to another appropriately

Is impulsive

Is easily distracted

Is overly active

Is overly anxious or fearful

Is disruptive

Exhibits aggressive behaviors

Is overly dependent

SPEECH AND LANGUAGE DEVELOPMENT

No concerns	Mild concerns	Moderate concerns	Significant concerns
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Uses spoken language

Communicates wants and/or needs

Uses complete sentences

Relates simple experiences

Responds to simple WH questions

Exhibits appropriate eye contact

Maintains the topic of conversation

No concerns	Mild concerns	Moderate concerns	Significant concerns
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Speech is understood

Speech flows easily

Uses appropriate volume

Has a hoarse voice

3 year: Follows one step directions

4 year: Follows two step directions

SOCIAL DEVELOPMENT

No concerns	Mild concerns	Moderate concerns	Significant concerns
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Plays with peers appropriately

Can play independently

Tends to be a loner socially

Seeks out/demonstrates interest in peers for play

GROSS MOTOR DEVELOPMENT

No concerns	Mild concerns	Moderate concerns	Significant concerns
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Uses appropriate gait

Navigates environment safely

Engages in gross motor activities (runs, jumps)

FINE MOTOR DEVELOPMENT

No concerns	Mild concerns	Moderate concerns	Significant concerns
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Manipulate crayons, pencils, scissors

Manipulates beads, puzzles, blocks

Traces/copies lines, geometric shapes

SELF-HELP SKILLS

No concerns Mild concerns Moderate concerns Significant concerns

Toilets independently

Washes hands independently

Removes/puts on outerwear

Self-feeds with fork or spoon

PHYSICAL/MEDICAL

Has frequent ear infections

Yes

No

Drools

Vision or Hearing issues

Other Medical Issues

Sucks thumb

Uses a bottle

Uses a pacifier

For any concerns noted above, please explain, in detail, the extent to which these concerns affect the child's functioning in the classroom or in the world at large.

How are issues like self-esteem, social interactions, willingness to respond, or behavioral concerns evident? Please be specific.

Have you additional concerns about this child? If so, please explain.

Please sign and date this form:

Signature: _____

Date: _____