

**READINESS TO LEARN
INITIAL CHILD DEMOGRAPHICS AND REFERRAL FORM**

Child ID: _____
Family ID: _____
Local ID: _____

Date of Referral (mm/dd/yyyy): ___/___/_____

Name: _____ Date of Birth: (mm/dd/yyyy) ___/___/_____ Gender: M__ F__

District: _____

School: _____ **OR:** Alternative Placement Home School Preschool
 Dropped Out Not Enrolled Private School

School Year: _____ Grade: _____ **OR** Under Age 5 **OR** N/A

Number Living in Household: _____

Is Child's Primary Language English? Yes No

Is English the Primary Language Spoken in the Home? Yes No Unknown

Race: (check all that apply)		
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian	
<input type="checkbox"/> Other (Specify): _____		
Living Situation: (check one)		
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Partnered Adults
<input type="checkbox"/> Parent and Stepparent	<input type="checkbox"/> Alone or with Friends	<input type="checkbox"/> Unknown
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Other Out of Home Placement	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Relative(s)		_____
Participating in Special Program: (check all that apply)		
<input type="checkbox"/> English Language Learner (ELL)	<input type="checkbox"/> Local Program	<input type="checkbox"/> Head Start/Early Head Start
<input type="checkbox"/> Special Education	<input type="checkbox"/> McKinney- Vento	<input type="checkbox"/> Free/Reduced Lunch
<input type="checkbox"/> Title I or Learning Assistance Program (LAP)	<input type="checkbox"/> Gifted	<input type="checkbox"/> Migrant
	<input type="checkbox"/> 504	<input type="checkbox"/> Other (Specify): _____
Primary Referral Source: (check one)		
<input type="checkbox"/> School Staff	<input type="checkbox"/> Self Referral (Child or Parent)	
<input type="checkbox"/> Other (Specify): _____		
Reason(s) for Referral: (one or more must be checked)		
<input type="checkbox"/> Poor Attendance	<input type="checkbox"/> Low Interest in School	<input type="checkbox"/> Early Intervention (must have at least one additional reason below)
<input type="checkbox"/> Academic Problems	<input type="checkbox"/> Developmental Delay	
<input type="checkbox"/> School Behavior Problems	<input type="checkbox"/> Kindergarten Readiness	
Additional Reasons: (check all that apply)		
<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Family Basic Needs	<input type="checkbox"/> Homeless
<input type="checkbox"/> Health Needs for Child	<input type="checkbox"/> Family Violence	<input type="checkbox"/> Substance Abuse Issues
<input type="checkbox"/> Reported Physical/Sexual Abuse	<input type="checkbox"/> At Risk of Being Homeless	<input type="checkbox"/> Developmental Concerns
<input type="checkbox"/> Mental Health Needs		
<input type="checkbox"/> Other (Specify): _____		