Northwestern Ohio Community Action Commission
HEAD START
Guiding Children and Families Toward Success

1933 E Second Street
Defiance, OH 43512
PH: 419-784-2150
Fax: 419-784-5048

Child Service Plan Referral

CHILD'S INFORMATION Center ______________________

Child's Name ______________________ Teacher (s) ______________________

Gender F ______ M ______ ______________________

Date of Birth ______________________ ______________________

PARENT/GUARDIAN INFORMATION

Name ______________________ Preferred Language:

Street ______________________ City ______________________ State: OH ______

Home Phone ______________________ Work Phone ______________________

Cell Phone ______________________ Email ______________________

Attendance: Regular______ Irregular______ Days per week______
Years attended: 1st year_______ 2nd year_______ 3rd year_____

Please check the area(s) of concern:

Eating	______	Dressing	______	Toileting	______	Receptive Communication	______
Attention	______	Hearing	______	Gross Motor	______	Expressive communication	______
Cognitive	______	Vision	______	Fine Motor	______	Social/Emotional Behavior	______
Play	______	Other	______				

EDUCATION HISTORY
Provide data about the child's progress and data pertaining to the child's growth and development.

Provide data from previous interventions, including interventions required by rule 3301-35-06 and data from early intervention, community or preschool providers.

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BACKGROUND INFORMATION

Health Data

Do you suspect problems with	Vision	______	Hearing	____________
Does the student	Wear glasses	______	Use hearing aid(s)	____________
Does the student take medication	Yes	______	No	____________
Does the student have any health/development/physical problems of which you are aware?	Yes	______	No	____________

Environmental Factors

Describe any specific home factors that might affect the student's performance at school:

<u>*By signing this form, I give permission for a NOCAC representative to attend all meetings that are initiated by this agency's referral for special education services.</u>

SIGNATURES

____
Signature of Parent/Guardian

____
Relationship to Student

____
Date

____
Signature of NOCAC Staff

Lead Teacher
Title

____
Date

____
Signature of NOCAC Staff

Disability Services Coordinator
Title

____
Date