

**Greater Richmond SCAN's
Circle Preschool Program**

**Email this form to
Rachael Kaufman at
rkaufman@grscan.com**

Student Referral Form

Date Referred to Circle Preschool: _____ Referred by: _____

Child's Name: _____ **Child DOB:** _____ **Child Age:** _____ **Child Sex:** _____

Child Address: _____ **City, Zip:** _____

Caregiver Name: _____ **Caregiver Relationship to Child:** _____

Caregiver DOB: _____ **Caregiver Age:** _____ **Caregiver Sex:** _____

Caregiver Phone contact _____ **Caregiver Email Address:** _____

Description of reason for referral _____

Has child attended preschool Yes No **If yes, describe any difficulties**

Indicate any special needs of child and/or caregiver (e.g., language, cultural considerations, disabilities – including any literacy challenges):

Child receiving mental health services? Yes Describe: _____ No Unknown

Caregiver receiving mental health services? Yes Describe: _____ No Unknown

History of Trauma: Sexual Abuse Physical Abuse Neglect Witness to violence
(community and/or domestic violence) **Other:** _____ **Unknown**

Are any other professionals working with the child and/or guardian? Yes No

If yes, please list names of professionals, agency affiliation and contact information:

Circle Preschool - Staff Use Only

Date of Contact:

Refer for initial caregiver meeting:

Yes Date, time of meeting and staff meeting with caregiver

No Explain

Follow Up items: