**Greater Richmond SCAN’s**

**Circle Preschool Program**

**Email this form to**

 **Julie Krupacs at jkrupacs@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:

 Updated 1/2021