

Red Hook Central School District  
Pupil Personnel Office  
9 Mill Road  
Red Hook, NY 12571

Committee on Preschool Special Education  
Referral Information

Preschooler's Name: \_\_\_\_\_ M/F

Date of Referral: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Parents Name(s):      Mother: \_\_\_\_\_

                                 Father: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number:      Home: \_\_\_\_\_

                                 Mother Cell: \_\_\_\_\_

                                 Father Cell: \_\_\_\_\_

E-Mail Addresses:      Mother: \_\_\_\_\_

                                 Father: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Preschool (include days and times of attendance): \_\_\_\_\_

\_\_\_\_\_

Previous Evaluations: \_\_\_\_\_

Other Information: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*Please return referral to the above address, thank you.*