

Highland Rim Head Start
PARENT – TEACHER REFERRAL

By signing this form, you acknowledge that your child’s screenings have been explained to you and that the results of those screenings indicate a need for assessment, and you give Highland Rim Head Start permission to refer your child for further assessment. Please indicate below why you feel a referral is needed at this time.

NAME OF CHILD	CENTER
DATE OF BIRTH	PHONE NUMBER
PRINTED NAME OF PARENT/GURDIAN	
MAILING ADDRESS	

COMMENTS:

According to Tennessee State law, parents or guardians may invite anyone they choose to their child’s IEP meeting. By signing below, you indicate that you give permission for the LEA to invite the Highland Rim Head Start Disability Manager or other Head Start personnel to IEP meeting.

- Yes, I give my permission to Highland Rim Head Start to refer my child for further assessment.

- No, I do not give my permission to Highland Rim Head Start to refer my child for further assessment.

PARENT/GUARDIAN SIGNATURE

DATE

HEAD START TEACHER SIGNATURE

DATE

OFFICE USE ONLY: ✓ items that accompanied the referral			
___ 1st page Fluharty	___ Brigance	___ Hearing/Vision Results	___ Attendance Record