

**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.

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

**COMMENTS:**

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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 **Health Services 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

<b>OFFICE USE ONLY:</b> ✓ items that accompanied the referral			
___1st page Fluharty	___Brigance	___Hearing/Vision Results	___Attendance Record