



# The Early Learning Program

## Pre Referral /Early Intervention

A District Program of the Darien Public Schools

Laura Straiton, Program Director of Early Childhood, SESS  
203-656-7472  
Board of Education  
35 Leroy Avenue  
Darien, CT. 06820  
[lstraiton@darienps.org](mailto:lstraiton@darienps.org)

### **Parental Consent to begin the Pre-Referral Process: (May include; observations, interactions and discussions)**

I give my consent for the Darien Early Learning Program staff to observe, interact and discuss my child with preschool school staff. Included may be observations of and interactions with your child, discussion of developmental history and contact with the nursery school director, teacher(s) and medical personnel. Findings will be shared with parents.

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Describe your concerns about your child** (Please provide examples): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Speech, Language, Fine Motor, Gross Motor, Behavior, Achievement, Cognitive Development)

**Pre School Name:** \_\_\_\_\_

**Pre-School Address:** \_\_\_\_\_

**Contact person at Pre School:** \_\_\_\_\_ **Pre School Phone:** \_\_\_\_\_

**Days & Times at Preschool:** \_\_\_\_\_

**Parent's names:** \_\_\_\_\_

\_\_\_\_\_  
**Home phone number**

\_\_\_\_\_  
**Cell phone number**

\_\_\_\_\_  
**Parent email**

Child's District Home School: Hindley Holmes

\_\_\_\_\_  
**Parent Signature**

Ox Ridge Royle Tokeneke

**Date**



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## Darien Public Schools – Preschool Early Intervention Teacher Input Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

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Please list each of your concerns regarding this child separately. If you have implemented any strategies to remedy your concerns, please list them as well. While there is sufficient space to list three areas of concern, there is no need to complete the whole form. If you only have one concern, simply fill out the top portion of the form. On the other hand, if you have more than three concerns, feel free to continue on the back of this form.

1. Please describe your primary concern:

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- What strategies have you tried with the student to address this concern?

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- Please describe the success of these strategies:

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2. Please describe an additional concern:

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- What strategies have you tried with the student to address this concern?

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- Please describe the success of these strategies:

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Thank you very much for taking the time to complete this form. Your input is an important part of the early intervention process. Please call Laura Straiton at 203-656-7472 with any questions regarding this form or any other aspect of the early intervention process.



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### Pre-Referral Early Intervention Process for Pre-School Students

1. A concern from a parent or teacher from a community pre-school
2. Pre-Referral/Early Intervention Form  
Sign the parental consent for observation and permission to discuss my child form.  
(The pre-school teacher can fill out the form with the parents)
3. Send to Laura Straiton, Program Director of Early Childhood, SESS. The Program Director of Early Childhood, SESS, is the first point of contact. No discussion can take place about your child until the consent is signed and returned to ELP.
  - Your child's pre-school teacher will fill out a checklist about the concerns in the classroom setting.
4. The Program Director of Early Childhood, SESS, will send the appropriate staff to observe the student with concerns.
5. The ELP staff member(s) will observe the child and write a summary of their observation. They may explain that the child is age typical or provide strategies to the classroom teacher to utilize.
6. The pre-referral strategies need to be implemented and monitored for about four to six weeks. At that time ELP staff will observe your child again and review the progress with the classroom teacher.
7. If needed a formal referral will be made to the Program Director of Early Childhood, SESS.