



## Referral Form for Learning Concerns

### Referral Steps

1. School personnel discusses concerns with the child's family
2. School personnel completes referral form with the child's family
3. School personnel faxes this form to 423.490.7750
4. Once a referral has been received, the referral source will be notified by the SCDP
5. Parents will be contacted via phone to discuss appointment times and fees

### Identifying Information

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

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

### Parent Contact Information

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Reason for Psychoeducational Assessment (Please Check All That Apply)

- Concerns of possible Specific Learning Disorder  
(Reading, Written Expression, and/or Math)
- Concerns of possible ADHD  
(Inattention, Hyperactivity/Impulsivity, or both)
- Concerns of possible Intellectual Disability  
(General delays in development)

### Prior Diagnoses:

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

### Other Helpful Information:

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

### Referral Source Information

Referring Provider: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

School: \_\_\_\_\_ Signature: \_\_\_\_\_