

MOORESTOWN TOWNSHIP PUBLIC SCHOOLS
Child Study Team

Moorestown High School, 350 Bridgeboro Road
Moorestown, New Jersey 08057
(856) 778-6610 Ext. 12101 FAX (856) 900-6017

PRESCHOOL ASSESSMENT REFERRAL

Child's Full Name: _____

Birth date : _____ Gender: __M __F

Ethnicity: __White / __Black / __Hispanic / __Am. Indian / __Alaskan / __Asian /
(Check One) __Hawaiian Native / __Pacific Islander

Address: _____

Home Phone Number: _____

Child's Medicaid# (optional): _____

Child's SS# (optional): _____

Mother's Full Name: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Full Name: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please state your concerns regarding your child:

Referred by: (Physician, Agency, OTHER)

Has your child been evaluated by any specialists/agency pertaining to your concerns? (If Yes, please list where and when, as well as any findings.)

Please provide a history of your child's daycare and/or preschool enrollment.

Parent/Guardian Signature

Date:

Please complete and email to Wweatherwalks@mtps.com