



# Mount Vernon City School District

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Superintendent of Schools

## REFERRAL TO COMMITTEE ON PRE-SCHOOL SPECIAL EDUCATION

Michele Fret, Supervisor of Special Education

\_\_\_\_\_  
(Agency, Parent, Physician, Program, etc.)

Date: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ ID#: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Dom. Lang. of Child: \_\_\_\_\_ Dom. Lang. of Parent \_\_\_\_\_

County of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Area of Suspected Disability: \_\_\_\_\_

Current

Evaluations (within 1 year): Psychological: \_\_\_\_\_ Speech: \_\_\_\_\_ Social History: \_\_\_\_\_

OT \_\_\_\_\_ PT \_\_\_\_\_ Other \_\_\_\_\_

Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attends

Program: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Details/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_