

Pre -Referral Checklist

Child's Name: _____ Date: _____
Center: _____ Teacher: _____

CIRCLE ALL THAT APPLY

1. Behaves inappropriately for a situation.
2. Behaves impulsively, with self-control.
3. Exhibits extreme mood changes.
4. Is unpredictable.
5. Ignores consequences for behavior.
6. Is easily overexcited.
7. Does not use materials appropriately (allow for creativity)
8. Responds adversely to redirection.
9. Has difficulty with transitions.
10. Needs immediate rewards/reenforcement.
11. Does not participate in teacher or child directed activities.
12. Engages in inappropriate behaviors related to bodily functions.
13. Demonstrates self-destructive or abusive behaviors to peers or adults.
16. Speaks in unnatural voice.
17. Exhibits lack of eye contact.
18. Responds adversely to being touched, brushed or bumped.
19. Whines or cries frequently.

Date discussed with parents: _____

Parent Signature: _____