

**Abilities Unlimited Referral**

**Thank You**  
**We Love Referrals**

Child's 1st Name _____
Age _____ Gender _____ Grade _____



**My major concerns are:**

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**Underline all that child needs assistance with:**

- |                 |                   |                |                             |              |
|-----------------|-------------------|----------------|-----------------------------|--------------|
| Speech          | Communication     | Social Skills  | Play Skills                 | Focusing     |
| Eating/Feeding  | Toilet training   | Sleep Issues   | Bathing                     | Motor Skills |
| Aggression      | Tantrums          | Screaming      | Transitions                 |              |
| Self-injury     | Self-stimulations | Fears          | Property Destruction        |              |
| Yelling Hitting | Sensory Issues    | Phobia         | Paying Attention            |              |
| Bed-wetting     | Thumb-sucking     | Throwing Items | sexual acting-out behaviors |              |
| Reading         | Writing           | Academic       | Information-Processing      |              |
| Other/s _____   |                   |                |                             |              |

**Please list all insurance or scholarship funds that the child has:**

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**What is your name (person making the referral) and how may you be reached?**

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