

Child Find Referral Form
(For Children age 3-5 years)



Child's Information

Child's Name (First, Middle, Last): _____

DOB: ____/____/____ Child's Race: _____ Gender: Male Female

Parent / Guardian: _____ Relation to Child: _____

Address: _____ Phone #1: _____ Best Time: _____
_____ Phone #2: _____ Best Time: _____

Interpreter Needed: Yes No If Yes, Language: _____

School District or County of Residence: _____

Child Attends: Head Start School Dist. Preschool Private Preschool Childcare None

Referring Provider: _____ Phone: _____

Address: _____ Fax: _____

Reason for referral: _____

Date of ASQ or other developmental screening ____ / ____ / ____ Date of Hearing Screen ____ / ____ / ____ Date of Vision Screen ____ / ____ / ____ (Please include copy of the entire developmental screening tool, such as the ASQ, as well as results of any hearing and vision screening. This will avoid duplication of efforts and allow for a more timely and appropriate evaluation.)

Referral and Consent to Share Information

I am requesting that my child be referred to Child Find to determine eligibility for preschool special education services. I authorize my child's provider _____ to release the results of developmental screening and any pertinent medical history of _____ (name of child) **DOB** ____ / ____ / ____ to _____ (Child Find Coordinator/School District) to be considered in determining whether the child is a child with an educational disability.

Signed: _____ **Relation to Child:** _____ **Date:** ____ / ____ / ____

Furthermore, I authorize _____ (Child Find coordinator/school district) to share the results of the evaluation with _____ (child's provider).

Signed: _____ **Relation to Child:** _____ **Date:** ____ / ____ / ____

Update from Child Find to Referral Source (Child Find to Fax to Referral Source if listed above)

Child Find completed developmental screening of this child on ____ / ____ / ____

The child was evaluated on ____ / ____ / ____ and is...

Eligible for preschool special education and (check all):
SPL PT OT Behavioral _____ Other: _____

Not eligible for preschool special education at this time, further developmental evaluation may be indicated. Follow up with medical provider recommended.

The child has not been in for screening or evaluation

The child did not qualify for special education but a developmental delay was confirmed. Follow up with medical provider recommended.

Please call me for more information regarding this child's screening/evaluation

Completed by: _____ Phone: _____

Signature: _____ Date: ____ / ____ / ____