



# FDLRS Child Find Intake Referral Form

To be completed by Child Find Staff Only # \_\_\_\_\_

First Contact/Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_  
\* (First name) \* (Middle) \* (Last)

Birth Place: \_\_\_\_\_ (City, County & State) DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F (circle one)

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

Mother/Legal Guardian: \_\_\_\_\_ Ph#: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_ Ph#: \_\_\_\_\_

Work/Cell # mothers \_\_\_\_\_ fathers \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preschool/Childcare currently attending: \_\_\_\_\_

Attends how many days a week: \_\_\_\_\_ Full Day \_\_\_\_\_ Half Day \_\_\_\_\_ Started @ Age: \_\_\_\_\_

Is there a 2<sup>nd</sup> language spoken in the home: YES \_\_\_ No \_\_\_ Other language spoken: \_\_\_\_\_ % \_\_\_

Language proficiency: English \_\_\_ Spanish \_\_\_ Creole \_\_\_ Other \_\_\_\_\_

Ethnic Origin: White Black Hispanic Am Indian/Alaska Native Asian Pacific Is/Nat Hawaiian  
B / W (circle one)

**Speech** (hard to understand, talking not clear)

**Expressive Language** (few words in vocabulary, doesn't put many words together in sentences)

**Receptive Language** (doesn't seem to understand, difficulty following directions)

**Reason for referral:** (  or  one or more  that may apply)

**Social Emotional** (fearful, shy, plays alone)

**Developmental Delay** (difficulty learning, behind others his/her age)

**Hearing**  **Vision**  **Motor**

Referring Source (circle one): Parent Relative Friend Physician Headstart Child Care Soc.Serv. VPK ELC

Prior evaluations or therapies: NO YES (e.g. Speech/Language therapy, occupational/physical therapy)

Who evaluated: \_\_\_\_\_ Eval Outcome: DNQ \_\_\_\_\_ Child's age start of services: \_\_\_\_\_

Services/therapy provided by: \_\_\_\_\_

Medical Diagnoses: \_\_\_\_\_ Approx. date: \_\_\_\_\_

Specialist's Name: \_\_\_\_\_ Age child started seeing specialist: \_\_\_\_\_

Can reports be provided? Parent Faxing Report/Records ( ) Parent having Report/Records faxed by provider ( )

Fax over to Katherine Wall at 772-429-4528 or Call 772-429-4601 or 800-358-8525 (Spanish 772-219-1610 Opt (2) ext 250)