How to Complete A Child Find Referral Form

CHILD FIND provides free screenings for children, ages three to five who are not enrolled in the school system. These screenings measure a child’s development in the areas of speech, language, cognitive, motor, auditory, and visual acuity. Here is a step by step on how to correctly complete a CHILD FIND referral form.

The BOX at the top of the form is for OFFICE USE ONLY. To be filled out by the Child Find Consultant or Data Specialist. Please leave this box empty.

1. Child’s Name - Print clearly the first name, middle initial, and last name of the child you are referring to be screened. Note: providing the middle initial helps separate children with same names like - John Smith/ Susan Williams etc....

2. Birth Place - This is the county and state where the child you are referring was born.

3. DOB - Date Of Birth of the child being referred.

4. Sex - Circle either M for male or F for female.

5. Address - Child’s current address - very important to list the city or county where the child lives. In order to mail an appointment reminder we must have a correct mailing address, apt.# & zip code. An appointment reminder letter if requested is mailed out prior to the scheduled appointment. There is also a map with directions provided on the back of the letter.

6. Mother - Name of child’s mother or legal guardian.

7. Ph# - Home phone number where parent/s can be reached.

8. Father - Name of child’s father or legal guardian.

9. Ph# - Home phone number where parent/s can be reached.

10. Work/Cell mother - mother’s work or cell phone number.

11. Father - Name of child’s father or legal guardian.

12. E-Mail Address

13. Preschool/Child care attending - name if the preschool/child care where the child is currently enrolled.

14. How many days a week does the child attend Preschool/daycare?

15. If child attends full day put a (X) here.

16. If child attends Half Day put a (X) here.

17. The child’s age they started Preschool/daycare.

18. Language Proficiency - check which language the child prominently speaks. If not listed beside Other indicate what language the child speaks.

19. Is there a 2nd language spoken in the home? - Circle YES or NO if yes write the 2nd language that is spoken on the line.

20. Ethnic Origin: What race is the child?

21. Reason for Referral - These are the 5 area’s CHILD FIND does the initial screening. Mark the box for all concerns / reasons you are referring the child to be screened.

22. Referring Source: Circle the appropriate person/place that is referring the child to be screened - or where YOU the parent heard about FDLRS Child Find.

23. Prior Evaluations or Therapies Circle YES or NO

24. Who provided the prior evaluation?

25. Evaluation Outcome if Did Not Qualify mark and (X) here

26. If child qualified for service what age did services begin?

27. Services/Therapy provided by who?

28. Medical Diagnoses: If child was diagnosed list the diagnoses

29. Approx date of diagnoses goes here.

30. If the child is seeing a Specialist: Indicate the name of the Specialist here.

31. Specialist Name

32. Age child started seeing the specialist?

33. Reports Provided: Mark and (X) if the parent is faxing over reports/records or if the parent is having the provider fax over the records/reports

Once the referral is complete please fax the referral to me at FDLRS Child Find @ 1-772-429-4528 or you can scan over the referral to my e-mail address

Katherine.Wall@stlucieschools.org

A call is required to confirm an appointment @ 1-772-429-4601. If you have any questions or concerns please feel free to call or e-mail me @ Katherine.Wall@stlucieschools.org or visit our website for more information @ www.fdlrsgalaxy.org