Date of request: _____ Date of 10-day meeting: _____

RANKIN COUNTY SCHOOL DISTRICT
Child Find Request

Student Name:	**DOB:**	**Gender:**
RCSD School:	**MSIS #:**	**Grade:**
Parent/Guardian's Name:	**Phone:**	
Address:		
Email:		
Primary language spoken in the home:		
Child's Physician and Clinic Name:		

Type of Request: ☐ **Parent** ☐ **TST** ☐ **504** ☐ **Other** _____

Special Education ruling (this includes Language/Speech)? ☐ **Yes** ☐ **No**

If yes, list area(s): _____

Concerns/additional information

If this is a school referral the Principal's Checklist for MET Meeting Consideration must be attached.

_____ _____
Principal signature Date

State Form 2017