

Date of request: \_\_\_\_\_

Date of 10-day meeting: \_\_\_\_\_

**RANKIN COUNTY SCHOOL DISTRICT  
Child Find Request**



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

<b>Type of Request:</b> <input type="checkbox"/> Parent <input type="checkbox"/> TST <input type="checkbox"/> 504 <input type="checkbox"/> Other _____
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<b>Special Education ruling (this includes Language/Speech)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, list area(s):</b> _____

<b>Concerns/additional information</b>
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***\*If this is a school referral the Principal's Checklist for MET Meeting Consideration must be attached.***

Principal signature \_\_\_\_\_

Date \_\_\_\_\_