



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
EXCEPTIONAL STUDENT EDUCATION

Current Date

Referral Date

# CHILD FIND REFERRAL

Child Find is a service of the School District of Palm Beach County, Department of Exceptional Student Education, and the Florida Diagnostic & Learning Resources System (FDLRS). For information call (561) 434-7337 or write to Child Find, 3378 Forest Hill Blvd., Suite A-203, West Palm Beach, FL 33406. Referrals can be submitted to [childfindreferrals@palmbeachschools.org](mailto:childfindreferrals@palmbeachschools.org).

## Child Demographic Information

First Name	Middle Name	Last Name	Date of Birth
Address		City	State Zip Code
Mailing Address (if different from above)		City	State Zip Code

**Gender** Female Male**Race (check all that apply)** American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White**Ethnic Origin** Hispanic or Latino Not Hispanic or Latino

## Parent/Legal Guardian Information

Legal Guardian Name	Relationship to Child	Preferred Phone #	Alternate Phone #
Email			
Parent/Caregiver Name (if different)	Relationship to Child	Preferred Phone #	Alternate Phone #
Email			

Indicate Best Method to Reach Parent  Email  Phone

## Additional Contact

Additional Contact	Relationship to Child	Telephone Phone #
How did you learn of Child Find?	Agency	Telephone Phone #

## Referral

Person Making Referral	Relationship to Child	Telephone Phone #
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## Language

Primary Language in the Home	Language the Child Uses and Responds To
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Parent Proficiency In English  Fluent  Marginal  None

Parent prefers Child Find packages in what language?

**Early Steps/Part C (if applicable)**

Was the child eligible for services through Early Steps?  Yes  No

**Description of Suspected Developmental Delay/Disability**

Explain reason for referral.

Provide history of any additional testing and/or services.

**Service Requested**

Speech Language Assessment  Cognitive Development  Behavioral/Emotional  Motor  Sensory (Vision & Hearing)

Other Services

Child Find Referred Parent to

**Providers Serving Child**

Agency/Program	Service Provided	Telephone #

**OFFICE USE ONLY**

Entered into CHRIS Date Entered \_\_\_\_\_

K. Elig.	SAC No.	SAC School	Area	Case Manager
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Notes