



Fax or email form to:
904-346-4611
fdlrs@duvalschools.org

AGENCY OR DOCTORS
REFERRAL TO CHILD FIND

CLAY / DUVAL / NASSAU COUNTIES

Florida Diagnostic & Learning Resources System
1531 Winthrop Street
Jacksonville, FL 32206
Phone: 904-346-4601 Fax: 904-346-4611

Referring Agency/Doctor Information Required

Referring Agency: Phone: Fax:

Contact Person: Phone: Fax:

*REQUIRED INFORMATION

*Childs Name: Last First Middle Initial
(Please Print)

*DOB MM/DD/YY * Age Birthplace: City/County/State

*SEX: M F RACE: *County of Residence

*Parent/Legal Guardian: Relation:

*Home Address:

*Home Phone: *Cell: *Text: Yes No

*E-mail Address:

*REASON FOR REFERRAL:

Mark all that apply:

- SPEECH (hard to understand, talking is 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)
SOCIAL EMOTIONAL (interaction w/others, social skills)
DEVELOPMENT (seems behind, difficulty retaining info.)
SELF HELP (independent functioning, toileting, feeding, dressing)
HEARING VISION
FINE MOTOR SKILLS (holding, drawing, grasping, picking up small objects)
GROSS MOTOR SKILLS (clumsy, falls a lot, poor coordination or balance)
BEHAVIOR (aggressive, harms self or others, inattentive, active)

I GIVE CONSENT FOR THE ABOVE INFORMATION/REFERRAL TO BE SHARED WITH CHILD FIND.

Parent/Guardian Signature: Date:

NOT REQUIRED