

Please use this form for children in Bay, Calhoun, Franklin, Gulf, Holmes, Jackson, Liberty, Walton, & Washington Counties.



**FDLRS/CHILD FIND Pre-K
Screening Referral Form
for children 3 and up who have
never attended public school**



Return Bay Co. referrals to:

FDLRS/Child Find
1515 June Ave.
Panama City, FL 32405
Fax: 850-747-5350
Phone: 850-767-5300
jennifer.adams@paec.org

Return all other referrals to:

FDLRS/Child Find
Chipley, FL. 32428
Fax: 1-850-638-6142
Phone: 850-638-6131 x 2310
beth.johnson@paec.org

Please print all information clearly

Child's Full Legal Name: _____ DOB: _____

Sex: M F Race (check all that apply): ___ African American; ___ Asian; ___ White; ___ Other Specify _____

Parent/Guardian Name(s): _____ Relation to Child: _____

Complete Mailing Address: _____

County of Residence: _____ Primary Language: _____

Phone: _____ Text: Y N Alt. Phone: _____ Text: Y N

Place of birth: State/County _____

Reasons for Referral

Court Ordered: ___ Yes ___ No

Reason(s) for referral to FDLRS/Child Find for potential special education services:

Identified condition, diagnosis, or syndrome e.g. Spina Bifida, Down Syndrome, etc.

List identified condition: _____

Suspected developmental delay or concern (please circle **areas of concern**):

Motor Physical Cognitive Social Emotional Speech Language Behavior: Please describe behavior _____

Other at risk factors: _____

Response or Feedback Requested by Referral Source

- Status of initial family contact
- Screening appointment
- Screening results and recommendations

Referral Source Contact Information – Please print clearly

Person Making Referral: _____ Date of Referral: _____

Agency/Provider Name: _____

Complete Mailing Address: _____

Office Phone(s): _____ Alt. Phone: _____

Email Address: _____ Office Fax: _____