PRE-K CHILD FIND REFERRAL INFORMATION

(Private School/Home School) (Please Print)

Referred By: _____ Referral Date: _____

Title/Agency: _____ Phone # _____

Day Care/Pre-School: _____ Phone # _____

Child's Name: _____ Birth Date: _____
(First) (Middle) (Last)

Child's Primary Language: _____ Sex: M F

Area of Concern: _____

Child ever been in public school? _____no _____yes Where? _____

Parent(s)/Guardian(s) Name: _____

Child Lives with: _____

Child's Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

AUTHORIZATION AND CONSENT FOR REFERRAL AND RELEASE OF INFORMATION FORM

I,_____, give permission for my child, _____, to be referred to and/or observed by and/or Screened by Charlotte County Schools Child Find/FDLRS. I understand that I will be contacted by Child Find/FDLRS to provide additional information as needed. Child Find/FDLRS may request and/or release information with the referring agency as necessary.

Parent/Guardian Name (Please Print): _____

_____ _____
Parent/Guardian Signature Date

INFORMATION THAT MAY BE INCLUDED WITH THIS REFERRAL

___ Assessments/Screenings (LAP, ASQ)

___ Speech/Language Reports

___ Hearing Screenings/Evaluations

___ Vision Screenings/Evaluations

___ Medically Relevant Records

___ Educational Records or Observations

___ Other _____

THE INFORMATION GATHERED ON THIS REFERRAL IS CONFIDENTIAL AND BASED ON PARENT INPUT. THIS INFORMATION SHOULD NOT BE USED IN ANY REPORT AND/OR STATEMENT WITHOUT FURTHER DOCUMENTATION AND/OR SUPPORT. PARENT WILL BE CONTACTED TO VERIFY ALL INFORMATION. PLEASE SUBMIT THIS FORM WITH THE ABOVE SIGNED CONSENT.

FAX OR MAIL CHILD FIND REFERRAL INFORMATION FORM TO THE ATTENTION OF:

Child Find/FDLRS Specialist
Charlotte County Public Schools
1445 Education Way
Port Charlotte, FL 33948

FAX # 941-255-7585 **updated 8/1/16** **PHONE # 941-255-0808 ext. 3082**