



CHILD FIND REFERRAL



Date Call or letter Rec'd: _____
 Caller's Name/Agency: _____ Phone #: _____
 Known to any other agencies: _____

Child's Name: _____ Date of Birth: _____
 (First) (Middle) (Last)
 M or F _____ Pediatrician: _____ Any other Medical Providers _____

Mother's or Legal Guardian's Name: _____ If guardian, provide documentation _____
 Father's or Legal Guardian's Name: _____ If guardian, provide documentation _____
Parent will provide copy of child's birth certificate _____
 Child Lives with: _____
 Child's Address: _____
 Home Phone: _____ Cell: _____ Work: _____
 District School: _____
 Does parent/guardian speak English? If not, what language? _____ Does child speak English? _____
 What is the primary language spoken in the home? _____

How did you learn about Child Find? _____

Referral for Screening Date: _____ Any medical diagnosis? _____ If yes, what? _____
 Area of Concern: _____ provide documentation _____

Is your child toilet trained? Yes No In Process _____
 Wear Glasses? _____ Hearing Tested? _____

Preschools: _____
 Attending a CCPS Early Childhood Program? _____ School? _____
 (ex: Head Start)

Parent email: _____ Additional notes/comments: _____