



FLORIDA DIAGNOSTIC & LEARNING RESOURCES SYSTEM - SOUTH
Exceptional Student Learning Support - LEAD SHEET

Pick a service location below:

- Main Office: JRE Lee Educational Center, 6521 SW 62nd Avenue, South Miami, FL 33143
Central: Thena C. Crowder Early Childhood Diagnostic and Special Education Center, 757 NW 66th Street, Miami, FL 33150
North: Robert Renick Educational Center, 2201 NW 207 Street, Miami Gardens, FL 33056
South: Center for International Education, 900 NE 23 Avenue, Homestead, FL 33033

Date: \_\_\_\_\_ Referred by (Name) \_\_\_\_\_
Referral Source Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_
Sex: O M O F Birthplace: \_\_\_\_\_ Race: \_\_\_\_\_
Primary Language: \_\_\_\_\_ Other language spoken at home: \_\_\_\_\_
Attending Preschool: O Y O N If yes, name of facility: \_\_\_\_\_
O Parent O Foster O Guardian name: \_\_\_\_\_
E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_
Home Address: \_\_\_\_\_
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_
Alternate Contact Name/Relationship to child: \_\_\_\_\_ Number: \_\_\_\_\_

Reason for Referral (Mark all that apply)

- O Speech (hard to understand, talking is not clear)
O Expressive Language (limited spoken vocabulary)
O Receptive Language (doesn't seem to understand, difficulty following directions)
O Social-Emotional (interaction with others, social skills)
O Cognition (seems behind, difficulty retaining information)
O Behavior (aggressive, harms self or others, inattentive, active)
O Fine Motor (holding, drawing, grasping, picking up small objects)
O Gross Motor (clumsy, falls a lot, poor coordination or balance)
O Self-Help (independent functioning, toileting, feeding, dressing)
O Vision Difficulties
O Hearing Difficulties

Medical Diagnosis: O Y O N Specify: \_\_\_\_\_
Receiving developmental services: O S/L O OT O PT O Behavior Location: \_\_\_\_\_
Comments: \_\_\_\_\_

FOR CHILD FIND USE ONLY:

Language Code: \_\_\_\_\_ K- \_\_\_\_\_ Information Rec'd by: \_\_\_\_\_
Homeschool: \_\_\_\_\_ Entered in CHRIS by (initials) \_\_\_\_\_
Screening Appointment: \_\_\_\_\_ DB# \_\_\_\_\_

Email the completed form to FDLRS-South@dadeschools.net
Contact: FDLRS-South at 305-274-3501