FDLRS Child Find Intake Referral Form

To be completed by Child Find Staff Only # _____

Referral 1st Contact Date: _____/_____/_____

Apt Date: _____/_____/_____ **Time:** _____

County of Residence: **Martin** **St. Lucie** **Indian River** **Okeechobee**

Child's Name: _____ _____ _____
*** (First name)** *** (Middle)** *** (Last)**

Birth Place: _____ DOB _____/_____/_____ Sex: M F
(City, County & State)

Address: _____ _____ Zip: _____

Mother/**Legal Guardian**: _____ Ph#: _____

Father/**Legal Guardian**: _____ Ph#: _____

Work/Cell # **mothers** _____ **fathers** _____

E-Mail Address: _____

Preschool/Childcare currently attending: _____

Language proficiency: **English** **Spanish** **Creole** **Other** _____

Is there a 2nd language spoken in the home: **YES** **NO** **Other language spoken:** _____ **%** ____

Ethnic Origin: **White** **Black** **Hispanic** **Am Indian/Alaska Native** **Asian**
Pacific Islander/Nat Hawaiian **Other** _____

Reason for referral: **(☑ one or more that may apply)** ☐ **Other:** _____

☐ **Speech** (hard to understand, talking 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** (fearful, shy, plays alone)

☐ **Developmental Delay** (difficulty learning, behind others his/her age)

☐ **Hearing** ☐ **Vision** ☐ **Motor**

Referring Source: **Parent** **Relative** **Friend** **Health Care/Dr.** **Head Start** **Child Care** **Pre- VPK** **VPK**

Website Referral **Child Protective Services** **ELC** **211/HPS** **Other not listed** _____

Prior evaluations/therapies: **NO** **YES** ☐ **S/L** ☐ **OT** ☐ **PT** ☐ **Behavior** ☐ **DNQ**

Who evaluated: _____ **Location of services:** _____

Medical Diagnoses: **Yes** **No** **Specify:** _____

Att 2 Ct L/M 4 R/C: _____/_____/_____ **Em Apt Rmdr Ltr:** _____/_____/_____ **Em Apt Ltr:** _____/_____/_____

Fax: Katherine Wall at 772-429-3622 /Call 772-429-4601 or 800-358-8525 (Spanish 772-219-1610 ext 38250)
email:Katherine.Wall@stlucieschools.org

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