



# School District Child Find Program

## Referral Form

Referral Date: \_\_\_\_\_

Date Referral Received (office use only): \_\_\_\_\_

### Child/Family Information

Child's Name: Last First Middle Name  No Middle Name  Male  Female

Mailing Address: City State Zip

Parent/Legal Guardian Name: Phone #

Child's Date of Birth (mm/dd/yyyy): / / Home Language(s):  English  Spanish  Other:

### Referral Source & Concerns

Referral made by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title/Relationship to Child: Family engagement specialist:  
 Parent  Specialist/Therapist  Child Care Provider  Community Agency  Physician/Hospital/Clinic  Other:

Concerns (mark all that apply):  
 Speech/ Language  Cognitive/Thinking  Social/Emotional/Behavioral  Daily Living Skills  Physical  Sensory  Hearing  Vision

Please describe the concerns:

Does the child have a medical diagnosis?  Yes  No

If yes, what is the diagnosis?

Is the child presently being seen by a specialist/therapist?  Yes  No

If yes, who? Phone#

### Parental Consent to Release Confidential Information

I give my consent for the above listed referral source to release the following information to the Early Intervention Coordinator and/or the Child Find Coordinator (check all that apply):

Developmental Evaluations  Development Screening Results (such as ASQ/ASQ-SE)  Therapy Evaluations & Notes  
 Clinical Notes  Medical Records  Hearing Screen or Test Results  Vision Screen or Test Results  Other:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

This consent expires 6 months after the signature date. Parent can revoke consent at any time in writing.

### Submit Referral Form

Submit this form **AND** a copy of all records parent has consented to above (i.e. ASQ, ASQ-SE...) to:

<p>Referrals for Children Birth-3 Years Old:          Early Intervention Coordinator           phone: (970)668-9713</p>	<p>Referrals for Children 3-5 Years Old:          Child Find Coordinator  <a href="mailto:tricia.king@summitk12.org">tricia.king@summitk12.org</a>          phone: (970)368-1605</p>
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\* *Early Intervention & Child Find must obtain parental consent prior to screening or evaluation*