FDLRS Emerald Coast

CHILD FIND REFERRAL FORM

FDLRS OFFICE USE ONLY

PW Sent ________ Date Referral Rec. ________ CFS ____________ DBN # ____________

☐ Escambia ☐ Okaloosa ☐ Santa Rosa

Local: 850-469-5453 **Toll Free: 1-888-445-9662** **Fax: 850-469-5574**

Child's Last Name ____________ First ____________ Middle ________ Language(s) ____________ School Zone ________

Birth Date ________ Birthplace ________ Sex ______ Race ________ Ethnicity ____________ Referred By ________

Parent/Guardian's Name ______________________ Relationship to Child ____________ Child Care Provider ________

Residence Address ______________________________ City ____________________ Zip ________

Mailing Address ______________________________ City ____________________ Zip ________

Email Address ________________ Phone Number ________________ Other Contact Information ____________

Area of Concern ____

Medical Concerns ____

Prior Therapy/Evals ____

I would like for my child to participate in the screening activities conducted by the Florida Diagnostic and Learning Resources System.

Parent's Name (Print) ____________________ Parent's Signature ____________________ Date ________

SPACE BELOW IS FOR FDLRS OFFICE USE ONLY

APPT. INFORMATION	**SCREENING RESULTS**									**ELIGIBILITY**
	Child Find Specialist ____________________ Date ________									
RFS ________	Final Result **P F**			RFE Date ____________			Evals Requested ____________			IEP/Elig Date ________
Date ________	Adaptive	P	A	Social-Emotional	P	A	Vision	P	F	Eligible Yes No
Time ________	Language	P	A	Motor	P	A	Hearing	P	F	Exceptionality ________
Location ________	Speech	P	A	Behavior	P	A				End Timeline ________
	Cognition	P	A	Development	P	A				

FDLRS is funded by the Florida Department of Education, Division of Public Schools, Bureau of Exceptional Education and Student Services, through federal assistance under the Individuals with Disabilities Education Act Part B and State General Revenue funds.