



**FDLRS Child Find Referral**

**Serving Gadsden, Jefferson, Leon, Taylor and Wakulla Counties**

**Child Information**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Primary Language \_\_\_\_\_

Race/Ethnicity

\_\_\_ Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ Multiracial \_\_\_ White

**Parent (s)/Guardian(s) Information**

Parent(s)/Guardian(s) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Referral**

Person making the referral (*if not parent/guardian*) \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Reason for Referral (*check all that apply*)**

\_\_\_ Speech/Language \_\_\_ Behavioral/Social-Emotional \_\_\_ Developmental Delay

\_\_\_ Other Comment: \_\_\_\_\_

**Completed forms may be submitted via:**

**Email: [fdlrschildfind@leonschools.net](mailto:fdlrschildfind@leonschools.net)**

**Or by mail: FDLRS Miccosukee**

**725 S. Calhoun Street,**

**Tallahassee, FL 32301**

**For questions, contact FDLRS Miccosukee at 850-561-6545.**