

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Exceptional Student Learning Support

FDLRS / Child Find Referral Form

Children Ages 3 to 5 Years

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Individual's Name

Relationship to Child

Referral Source Phone: \_\_\_\_\_ Referral Source E-mail: \_\_\_\_\_

Referring Source: \_\_\_\_\_ Source is a Child Protection Agency?  Y  N

Agency Name

Department

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  M  F Birthplace: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic:  Y  N

Language(s) Spoken at Home: \_\_\_\_\_ If other than English, please specify:  Minimal  Both  Primary

Receiving protective services:  Y  N Agency/ChildNet Advocate: \_\_\_\_\_

Attending preschool:  Y  N Specify location/program: \_\_\_\_\_

Parent  Foster Parent  Relative  Guardian \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_

City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Referral

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

Medical Diagnosis:  Y  N Specify: \_\_\_\_\_

Developmental Services:  S/L  OT  PT  Behavior Location: \_\_\_\_\_

Comments: \_\_\_\_\_

FOR CHILD FIND USE ONLY: Language Code: \_\_\_\_\_ K-20: \_\_\_\_\_ Information Received by: KD \_\_\_\_\_ JS \_\_\_\_\_

Language Classification Appointment: \_\_\_\_\_

Home School: \_\_\_\_\_

Entered in CHRIS/ Online by: Initials

FDLRS #: \_\_\_\_\_

Screening Appointment: \_\_\_\_\_

Email the completed form to: eschildfind@browardschools.com 754-321-7200 -Child Find Referral Line

Child Find Specialists: Kimberly DiLuzio 754-321-7206 or kimberly.diluzio@browardschools.com

Jennifer Stotz at 754-321-7205 or jennifer.stotz-huntley@browardschools.com