



**Claiborne County School District  
Office of Special Services**

404 Market Street  
Port Gibson, MS 39150

**Child Find Referral to Multidisciplinary Evaluation Team**  
(Within 2 Calendar Days of Parent and/or TST Request)

**Date:** \_\_\_\_\_

The Teacher Support Team at \_\_\_\_\_ is requesting a  
Multidisciplinary Evaluation Team review for \_\_\_\_\_.

This request is being made due to:

- Lack of Response to Intervention
- Parent Request
- Current 504 Plan
- Other: \_\_\_\_\_

Please Complete the Following Information:

Parent Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

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**\*\*To Be Completed by the Child Find/Eligibility Division\*\***

Date of Receipt: \_\_\_\_\_

Date of MET: \_\_\_\_\_

Decision:

- Refer for Comprehensive Evaluation
- Refer to TST for Continued Interventions
- Refer for 504 Plan