

DeSoto

Glades

Hendry

Highlands



FDLRS Heartland

CHILD FIND REFERRAL FORM

Phone: 863-471-5510 ext. 10402

Child Find Specialist: _____

Phone: 863-471-5510 ext. _____

Fax: 863-471-5511

Child's Name _____ Language Spoken _____ School Zone _____ Child Care/Daycare _____

Birth Date _____ Birthplace _____ Sex _____ Race _____ Ethnicity _____ Referred By _____

Mailing Address _____ City _____ Zip _____

Residence Address _____ City _____ Zip _____

Email Address _____ Phone Number _____ Other Contact Information _____

Child Lives With _____ Area of Concern _____

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

VISION:			
LEFT EYE	Could Not Test	Pass	Refer
RIGHT EYE	Could Not Test	Pass	Refer
Screener	_____		
Comments	_____		

HEARING:			
LEFT EAR	Could Not Test	Pass	Refer
RIGHT EAR	Could Not Test	Pass	Refer
Screener	_____		
Comments	_____		

SCREENINGS:			
Behavior Screener	_____	Pass	Potential Delay
Cognition Screener	_____	Pass	Potential Delay
Language Screener	_____	Pass	Potential Delay
Motor Screener	_____	Pass	Potential Delay
Speech Screener	_____	Pass	Potential Delay
COMMENTS	_____		
Screening Site	_____		
Child Find Specialist	_____	Date of Final Result	_____

DBN # _____

First FDLRS Contact Date _____

Referral for Screening Date _____

Evaluation Referral Date _____



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.