Child Find Request
Hattiesburg Public School District

Dr. LaShonda Short, Director
301 Mamie Street
Hattiesburg, MS 39401
Office of Exceptional Children and Health Services
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(601) 582-5078

Person making the request and Agency Represented:	**Relation to child:**
Requester's Address:	**Requester's Phone:**
Requester's Email:-	**Date Request Received:**

PERSONAL DATA

Child's Full Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
Child's Physician:	**Physician's Address:**		

HOME AND FAMILY INFORMATION

Parent/Guardian 1:	**Parent/Guardian 2:**
Home Address:	**Home Address:**
Home Phone:	**Home Phone:**
Employer/Occupation:	**Employer Occupation:**
Work Phone:	**Work phone:**
Child Lives With:	
Directions to the Child's Home:	

LANGUAGE(S) SPOKEN IN THE HOME

Is any language other than English spoken in the child's home? Yes No (skip to next section)

Parent/Guardian's Language:

_____

Child's Language

CHILD'S EDUCATIONAL SETTINGS

Does the child attend a public/private school or preschool/childcare center? Yes No (skip to next question)

School/Center Name:	**School/Center Phone:**
School/Center Address:	**Teacher:**

CONCERNS FOR THE CHILD

Describe any concerns that you have about the child's development, behavior, and/or learning.

How did you hear about Child Find? Central Office

_____ _____

Person receiving referral Date submitted to Exceptional Children & Health Services