

Dr. Sandra Nash, Superintendent of Education Dr. Trena Warren, Deputy Superintendent/Federal Programs Mrs. Sharlet Moore, Special Education Director Mrs. Ashley Harris, SPED Case Manager/Child Find Coordinator

## "To educate, equip, and inspire all students to reach their full potential"

## **Child Find Request/Referral Form**

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:				
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 SETTING				
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?				

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