

## Referral for FDLRS Child Find Pre-K Screening

### Eligible Children include:

- Minimum Age is 3 years old; maximum age is Kindergarten entry (for Kindergarten entry, check at school for K screening)
- Never enrolled in public school
- Reside in Bay, Calhoun, Franklin, Gulf, Holmes, Jackson, Liberty, Walton, & Washington Counties

### RETURN Completed Form:

Fax to 850.638.6142 or Email:

Alicia Clemmons (Jackson, Gulf, Franklin, Calhoun, Liberty, Holmes, Washington)

[Alicia.clemmons@paec.org](mailto:Alicia.clemmons@paec.org)

Erin French (Walton, Calhoun, Liberty, Holmes, Washington)

[erin.french@paec.org](mailto:erin.french@paec.org)

Alicia Clemmons (Bay)

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### CHILD INFORMATION:

Child's Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F

Race:  African American  Caucasian  Asian  Native American/Alaskan Native Hispanic:  Y  N

Place of Birth:  Florida; County \_\_\_\_\_  State (or Country?) \_\_\_\_\_

Child's Primary Language:  English  Spanish  Other? \_\_\_\_\_

### Parent/Guardian(s)

Legal Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ County of Residence: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred contact method?  Phone  Text  Email

Languages Spoken in the Home:  English  Spanish  Other? \_\_\_\_\_

### REFERRAL REASON(S):

*\*The goal of FDLRS Child Find Pre-K Screenings is to identify preschool age children potentially in need of special education services from the school district.*

Concerns about this child include:

- speech/language (unclear speech, not many words, doesn't understand what is said)
- developmental delay or learning
- behavior / social
- has diagnosis (autism, etc.)
- physical impairment (affects arms/legs)
- vision/hearing impairment
- currently receives private therapy/counseling
- other:

### REFERRAL FROM:

Name/Position: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

**\*\* Is parent/guardian aware this referral is being sent to Child Find staff? \_\_\_\_\_**

**\*Please fax/email pertinent records to Child Find (if available).**

Revised 2/20/2025

