COLORADO
Department of Education

COLORADO DEPARTMENT OF EDUCATION
Model Child Find Referral Form (Ages 3–5)

Child Information

Child Name		Date of Birth	
Race		Gender	☐ Male ☐ Female
School District or County of Residence		Interpreter	☐ Yes ☐ No Language:

Parent / Guardian Information

Parent/Guardian		Relation to Child	
Phone #1		Best Time to Call	
Phone #2		Best Time to Call	
Address		City	

Early Childhood Setting (Check all that apply)

☐Head Start ☐School District Early Childhood Program ☐Private Early Childhood Program

☐Family, Friends or Neighbor Care ☐None

Referral Source

Referring Provider		Phone	
Address		Fax	

Screening Information

Developmental Screening	Hearing Screening	Vision Screening

Reason for Referral

Referral and Consent to Share Information

☐ I request that my child be referred to Child Find to determine eligibility for preschool special education services.

Child Name: DOB:

Parent/Guardian Signature:

Relation to Child:

☐ I authorize the Child Find Coordinator/School District to share evaluation results with my child's provider:

Parent/Guardian Signature:

Relation to Child:

Update from Child Find to Referral Source (Child Find to Fax to Referral Source if listed above)

☐Child Find completed developmental screening of this child on:

☐The child was evaluated on and is:

☐Eligible for preschool special education and (check all):

☐SLP ☐PT ☐OT ☐Behavioral ☐Other:

☐The child has not been in for screening or evaluation

☐The child did not qualify for special education, but a developmental delay was confirmed. Follow up with medical provider recommended.

☐Please call me for more information regarding this child's screening/evaluations.

Completed by: Phone: Date:

For Administrative Units: *Download this template and customize it for your AU by replacing CDE's branding, logo, and contact details with your own before distributing or using it.*