



Child Find Developmental Screening Request

Thank you for completing this screening questionnaire to help identify areas of concern, progress toward developmental milestones and potential needs for intervention or evaluation. Please answer based on your child's current development. This document may be returned to ECChildfind@fcboe.org

* Required question

Parent/Guardian and Child Information

1. **Email** *
2. **Parent/Guardian Name** *
3. **Parent Phone Number** *
4. **Parent Email Address** *
5. **Child's Full Name** *
6. **Child's Date of Birth** *
7. **Primary Language Spoken at Home** *
8. **Child's Primary Address** *
9. **Child's County of Residence** *

School Information

10. Child's School of Attendance *

Mark only one.

☐ Private School

☐ Home School

☐ Child Care Center

☐ Other: _____

11. If Child is attending Private School or a Child care Center, please provide Name of School and Name of School Contact *

Grade Level

12. What is your child's elementary grade level?

Mark only one.

Kindergarten

1st

2nd

3rd

4th

5th

Not Sure

☐☐☐☐☐☐☐

13. What is your child's secondary grade level?

Mark only one.

6th

7th

8th

9th

10th

11th

12th

Not Sure

☐☐☐☐☐☐☐☐

Areas of Concern

14. What areas of concern, if any, prompted this referral? *

Check all that apply.

☐

Developmental Delays

☐

Learning/Academics

☐

Adaptive / Daily Living Skills

☐

Social Skills

☐

Emotional / Behavioral

☐

Autism Spectrum

☐

Attention Skills

☐

Speech and/or Language Skills

☐

Motor Skills

☐

Visual Impairment / Blind

☐

Hearing Impairment / Deaf

☐

None of the Above

Development and Communication

15. If there are any other concerns not noted above, please describe below.

16. How would you describe your child's communication skills? (Choose all that apply) *

Check all that apply.

- ☐ Uses single words
- ☐ Uses two-to-three word sentences
- ☐ Uses full sentences
- ☐ Struggles to express needs
- ☐ Does not appear to understand spoken instructions
- ☐ Communicates primarily through gestures
- ☐ Speaks fluently and effectively; Not an area of concern

17. Which of the following best describes your child's social interactions with peers?

Mark only one.

- ☐ Prefers to play alone
- ☐ Plays alongside others but not with them
- ☐ Engages in cooperative play with others
- ☐ Often struggles to initiate social interactions

Evaluations and Medical Information

18. Has your child received any previous evaluations or medical diagnoses?

Mark only one.

- ☐ Yes, and I have documentation or reports to share
- ☐ Yes, but I do not have any documentation or reports to share
- ☐ No, my child does not have any diagnoses or previous evaluations
- ☐ My child is currently in the evaluation process

19. Please list any documented medical diagnoses below.

20. Please upload any relevant medical documentation or previous evaluation documents, if available.

For a printed submission, attach copies and list them below.

Therapies, Interventions, and Overall Concern

21. Is your child currently receiving or has previously received any of the following therapies or interventions?

Mark only one.

- | | |
|--|--|
| ☐ Early Intervention | ☐ Babies Can't Wait |
| ☐ Physical Therapy | ☐ Occupational Therapy |
| ☐ Speech and/or Language | ☐ ABA Therapy |
| ☐ Other: _____ | |

22. How concerned are you about your child's overall development?

*

Mark on one.

- 1** **2** **3** **4** **5**
- ☐ ☐ ☐ ☐ ☐

No concern

Highly concerned

Next Step

In order for us to work with your child, please enroll him/her as a student in the ECS Program (for Exceptional Children) by selecting SCREEN as the grade level. Please do not select an actual grade level number. Thank you!

Online enrollment:

<https://www.fcboe.org/departments/enrollment/enrollmentregistration-procedures>