



CHILD FIND REFERRAL



Date Call or letter Rec'd: _____

Caller's Name/Agency: _____ Phone #: _____

Known to any other agencies: _____

Child's Name: _____ Date of Birth: _____

(First) (Middle) (Last)

M or F ____ Pediatrician: _____ Any other Medical Providers _____

Mother's or Guardian's Name: _____ If guardian, provide documentation ____

Father's or Guardian's Name: _____ If guardian, provide documentation ____

Child Lives with: _____

Child's Address: _____

Home Phone: _____ Cell: _____ Work: _____

District School: _____

Does parent/guardian speak English? If not, what language? _____ Does child speak English? _____

What is the primary language spoken in the home? _____

How did you learn about Child Find? _____

Referral for Screening Date: _____ Any medical diagnosis? _____ If yes, what? _____

Area of Concern: _____ Provide Documentation _____

Is your child toilet trained? Yes No In Process _____

Wear Glasses? _____ Hearing Tested? _____

Preschools: _____

Attending a CCPS Early Childhood Program? _____ School? _____

(ex: Head Start)

Notes/Comments: _____