

**Child Find Referral Form
(For Children age 3-5 years)**



Child's Information

Child's Name (First, Middle, Last): _____
DOB: ____/____/____ Child's Race: _____ Gender: Male Female
Parent / Guardian: _____ Relation to Child: _____
Address: _____ Phone #1: _____ Best Time: _____
_____ Phone #2: _____ Best Time: _____
Interpreter Needed: Yes No If Yes, Language: _____
School District or County of Residence: _____
Child Attends: Head Start School Dist. Preschool Private Preschool Childcare None
Referring Provider: _____ Phone: _____
Address: _____ Fax: _____
Reason for referral: _____

Date of ASQ or other developmental screening ____/____/____ Date of Hearing Screen ____/____/____ Date of Vision Screen ____/____/____ (Please include copy of the entire developmental screening tool, such as the ASQ, as well as results of any hearing and vision screening. This will avoid duplication of efforts and allow for a timely and appropriate evaluation.)

Referral and Consent to Share Information

Referimiento y aprobación para compartir información

Solicito que mi hijo(a) sea referido a Child Find (nombre en inglés del proceso que se sigue para establecer si un niño sufre de alguna discapacidad) a fin de determinar si es elegible para recibir servicios preescolares de educación especial. Autorizo al proveedor médico de mi hijo(a) _____ a divulgar los resultados de la evaluación del desarrollo y cualquier antecedente médico relacionado de _____ (nombre del niño) con Fecha de nacimiento ____/____/____ con _____ (Coordinador de Child Find /distrito escolar) para tomar en consideración al determinar si el niño tiene un impedimento educativo.
Firma: _____ Relación con el niño: _____ Fecha: ____/____/____
Asimismo, autorizo a _____ (al Coordinador de Child Find /distrito escolar) a compartir los resultados de la evaluación con _____ (proveedor médico del niño).
Firmado: _____ Relación con el niño: _____ Fecha: ____/____/____

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 (circle all):
SPL PT OT Behavioral Other: _____
 Not eligible for preschool special education at this time, further developmental evaluation may be indicated. Follow up with medical provider recommended.
 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/evaluation
Completed by: _____ Phone: _____
Signature: _____ Date: ____/____/____