CHILD FIND REFERRAL

Pre-K_____ **CFS**_____ **CHRIS NO.**_____ Reminder Sent_____

Outside agencies: **For children ages 3-5 years old who are NOT enrolled in a public school program or setting.** Please complete child information, adult contact, referral reason and source. Add any prior screening or medical information, if known. Attach Care and Custody papers if applicable and Comprehensive Assessment if completed.

Referrals for all counties: Escambia, Okaloosa, and Santa Rosa- FAX TO: FDLRS/ Child Find **850-469-5574**

Child Information

Last Name_____ First _____ Middle_____ DOB_____

Birth Place_____ SSN_____ Med. # _____ Race_____ Sex__

Primary Language_____ County: SRC ESC OKC School of Residence_____

Childcare Placement: _____ Therapy/ Evals_____

Significant Adult Parent /guardian is aware of referral? Yes No CAPTA referral? Yes No

Name:_____Relationship to child:_____ LW: Y N

Phone (H)_____ (W)_____ (C)_____ Other_____

Address:_____ City/State_____ Zip:_____

Medical

Related medical problems: ___Yes ___No Glasses: ____Yes ___No Medications_____

Comments:_____

Tracking Information

Date of Referral_____ Referral Source_____ Email_____

Reason for referral_____

Screening scheduled for _____ Time:_____ Place_____

CST/ Referral out date: _____ Evaluation consent date:_____ Type_____

Screening Results CFS_____ Date_____

Speech: P F A Development: P F A Vision: P F A

Lang.: P F A Record Review: P F A Hearing: P F A

CHILD FIND OFFICE USE: . . . . . .

Permission for Screening

____ I give permission for screening _____

Parent/ Guardian Signature Date

Evaluations

Evaluation	Comp Date	Received CF	Evaluator
Developmental	_____	_____	_____
Psychological	_____	_____	_____
Speech/Lang	_____	_____	_____
Adaptive	_____	_____	_____
Behavior	_____	_____	_____
OT	_____	_____	_____
PT	_____	_____	_____

Other_____

Staffing Information

ESE Staffing/ Elig Date_____

Eligible ____Yes ____No **IEP** Date_____

Handicapping Condition_____

Consent for Placement_____

Services Initiated Date_____

End Timeline_____

Primary Educational Environment:

HeadStart____ Early Learning Coalition____ VPK___

Prek-D____ Public K____ Title 1____N/A____

Case Notes