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| **REFERRAL for Child Find Pre-K Screening**  Eligible Children include:   * Minimum Age is 3 years old; maximum age is Kindergarten entry *(for Kindergarten entry, check at school for K screening)* * Never enrolled in public school * Reside in Bay, Calhoun, Franklin, Gulf, Holmes, Jackson, Liberty, Walton, & Washington Counties |  | **RETURN Completed Form:**  Fax to: 850.638.6142  *\*\*\*OR\*\*\**  Email to:  Darla Sutton:  [darla.sutton@paec.org](mailto:darla.sutton@paec.org)  Beth Johnson:  [beth.johnson@paec.org](mailto:beth.johnson@paec.org) |

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| **CHILD INFORMATION:** | | | | |  | | | | | | |
| Child’s Full Legal Name: | | |  | | | | | DOB: |  | | Sex:  M  F |
| Race: | African American  Caucasian  Asian  Native American/Alaskan Native Hispanic:  Y  N | | | | | | | | | | |
| Place of Birth: | | Florida; | | County | |  | State (or Country?) | | |  | |
| Child’s Primary Language: | | | | | English  Spanish  Other? | | |  | | | |
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| Parent(s) Legal Name: | | | |  | | | | | Relation to Child: | | | | |  |
| Street Address: | |  | | | | | City: |  | | | | Zip: |  | |
| Phone Number(s): | | |  | | | | Do you receive texts on this phone?  Y  N | | | | | | | |
| Email: |  | | | | | Preferred contact method?  Phone  Text  Email | | | | | | | | |
| Languages Spoken in the Home: | | | | | English  Spanish  Other? | | | | |  | | | | |
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| **REFERRAL REASON(S):** | |  | **REFERRAL FROM:** | | | |
| *\*The goal of**FDLRS Child Find Pre-K Screenings is to identify preschool age children potentially in need of special education services from the school district.* | |  | |  | |
| Name: | |  | |
| Position: | |  | |
| Concerns about this child include: | | Agency: | |  | |
| speech/language (unclear speech, not many words, doesn’t understand what is said, etc.)  developmental delay or learning  behavior / social-emotional  has diagnosis (autism, etc.)  physical impairment (affects arms/legs)  vision/hearing impairment  currently receives private therapy/counseling | | Email: | |  | |
| Phone: | |  | |
| Date of Referral: | | |  |
|  |  | | |
|  | My agency requests a copy of screening results and screening recommendations (if parent consents). | | |
| other: |  | *\*Please fax/email pertinent records*  *to Child Find (if available).* | | | |
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| The Florida Diagnostic and Learning Resources System is funded by the State of Florida, Department of Education, and Bureau of Exceptional Education, through federal assistance under the Individuals with Disabilities Education Act (IDEA), Part B; IDEA Part B, Preschool; and state general revenue funds. (Revised 3-17-22) | | | | | | |

