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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 OrEmail to:Rebecca Cotton:rebecca.cotton@paec.org Darla Sutton:darla.sutton@paec.org Beth Johnson: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: |       |
|  | **\*\* Is parent/guardian aware this referral is being sent to Child Find staff?** \_     \_\_\_\_\_\_\_\_ |
| [ ]  | 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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| Graphical user interface  Description automatically generated with medium confidenceGraphical user interface  Description automatically generated with medium confidenceFDLRS is funded by the Florida Department of Education, Division of Public Schools, Bureau of Exceptional Education and Student Services, through federal assistance under the Individuals with Disabilities Act Part B and State General Revenue funds.  |