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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:  Rebecca Cotton:  [rebecca.cotton@paec.org](mailto:rebecca.cotton@paec.org) 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: | | |  |
|  | **\*\* 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. | | | | | | |