

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

**Child's Information**

Child's Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ 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  
 Medical Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Reason for referral: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date of ASQ, Peds, etc. \_\_\_ / \_\_\_ / \_\_\_ 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 more timely and appropriate evaluation.)*

**Referral and Consent to Share Information**

Debido a la preocupación que tengo, conjuntamente con el proveedor médico de mi hijo(a), estoy solicitando que se refiera a mi hijo(a) al Programa Child Find a fin de determinar su elegibilidad para recibir servicios preescolares de educación especial. Autorizo al proveedor médico de mi hijo(a) \_\_\_\_\_ a divulgar el archivo médico completo, incluyendo los resultados de la evaluación de desarrollo y cualquier antecedente médico relacionado de \_\_\_\_\_ (nombre del niño) con Fecha de nacimiento \_\_\_ / \_\_\_ / \_\_\_ a \_\_\_\_\_ (Coordinador de Child Find /distrito escolar) para tomar en consideración al determinar si el niño tiene un impedimento educativo.

Firmado: \_\_\_\_\_ Relación con el niño: \_\_\_\_\_ Fecha: \_\_\_ / \_\_\_ / \_\_\_  
 Asimismo, autorizo a \_\_\_\_\_ (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 Medical Provider (Child Find to Fax to Medical Provider 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: \_\_\_ / \_\_\_ / \_\_\_