

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

Beth Johnson:

beth.johnson@paec.org

Rebecca Cotton:

rebecca.cotton@paec.org

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? _____

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? _____

REFERRAL REASON(S):

**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.*

Concerns about this child include:

- 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
- other: _____

REFERRAL FROM:

Name/Position: _____

Agency: _____

Mailing Address: _____

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).

**Please fax/email pertinent records to Child Find (if available).*

