



Child Find Intake Referral Form



To Be Completed By Child Find Consultant Only # _____



First Contact/Referral Date: ____/____/____

Appointment Date: ____/____/____ Time ____:____

Location of Screening: _____

Child's Name: _____
* (First name) * (Middle) * (Last)

Birth Place: _____ DOB ____/____/____ Sex: M F
(City, County & State) (circle one)

Social Security # ____/____/____ Medicaid # _____ Private Ins. _____
(Circle If Applies)

Address: _____ Zip: _____

Mother/Legal Guardian: _____ Ph#: _____

Father/Legal Guardian: _____ Ph#: _____

Work/Cell # mothers _____ fathers _____

E-Mail Address: _____

Preschool/Childcare currently attending: _____

Language proficiency: English _____ Spanish _____ Creole _____ Other _____

Is there a 2nd language spoken in the home? YES NO _____
(IF YES what other language is spoken)

Ethnic Origin: White Black Hispanic Am Indian/Alaska Native Asian Pacific Is/Nat Hawaiian
B / W (circle one)

Has your child been previously screened by FDLRS: NO YES If so where _____

Reason for referral: (or one or more that may apply)

- | | |
|---|--|
| <input type="checkbox"/> Speech (hard to understand, talking not clear) | <input type="checkbox"/> Social Emotional (fearful, shy, plays alone) |
| <input type="checkbox"/> Expressive Language (few words in vocabulary, doesn't put many words together in sentences) | <input type="checkbox"/> Developmental Delay (difficulty learning, behind others his/her age) |
| <input type="checkbox"/> Receptive Language (doesn't seem to understand, difficulty following directions) | <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Motor |

Prior evaluations or therapies: NO YES If so where _____ Child's Age _____

Parent Faxing Report/Records () Parent having Report/Records faxed by provider ()

Referring Source (circle one) : Parent Relative Friend Physician Headstart Child Care Soc.Serv. VPK ELC

Name : _____ Ph# _____
(Person making referral)

Information Recorded by: _____ Date: ____/____/____