

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Exceptional Student Learning Support

FDLRS / Child Find Referral Form
Children Ages Birth to 2 Years

Date: _____ Referred By: _____ Phone#: _____
Individual's Name Relationship to Child

E-Mail: _____ Source is a Child Protection Agency: Y N
Referring Source: _____ Source is a CSC-Funded Family Strengthening Program: Y N
Agency Name Department

Child's Name: _____ DOB: _____ Age: _____

Is child is currently receiving protective services? Y N Through what agency? _____

Sex: M F Language Spoken at Home: _____ Child Discharged from: NICU* Attach Discharge Summary PICU Other

Child attending preschool? Y N Family receives subsidized childcare/SR financial assistance? Y N

Parent Foster Parent Relative Guardian: _____

Home Address: _____ Apt #: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Alternative Contact Name: _____ Relationship: _____ Phone: _____

Child Covered By Healthcare Insurance? Y N Unknown/Medicaid #: _____ Plan: _____

Private Insurance: Y N Name of Insurance Plan: _____ Plan #: _____

ChildNet Advocate: _____ BSO Protective Investigator: _____ Investigator's Phone: _____

Developmental / Educational Concerns: Communication Motor Self-Help Cognitive Social/Emotional
 Behavioral Vision Related Diagnosis Hearing Related Diagnosis Other: _____

Currently Receiving Developmental Services? Y N Physical Therapy Speech Therapy Occupational Therapy
 Behavioral Services Unknown Where? _____ Child has a Medical Diagnosis Y N

What: _____ CMS Client: Y N Birthplace: _____ Race: _____

Comments: _____

| FOR CHILD FIND USE ONLY | FOR CDTC USE ONLY / PART C |
|---|---|
| Language Code: _____ K-20: _____ | Part C Eligible <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____ |
| Information Received By: _____ FDLRS #: _____ | Service Coordinator: _____ |
| Home School: _____ | Initial IFSP: _____ |
| Screening Appointments: _____ | Transition IFSP Mtg.: _____ |

Email the completed form to esechildfind@browardschools.com OR fax the form to Child Find 754.321.7217
Contact Kimberly DiLuzio (kimberly.diluzio@browardschools.com or 754-321-7206)