

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:  F  M 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 BSO Protective Investigator's  
Advocate: \_\_\_\_\_ Investigator: \_\_\_\_\_ 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  Y  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](mailto:esechildfind@browardschools.com) OR fax the form to Child Find 754.321.7217**  
**Contact Kimberly Diluzio ([kimberly.diluzio@browardschools.com](mailto:kimberly.diluzio@browardschools.com) or 754-321-7206)**