

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Exceptional Student Education

FDLRS / Child Find Referral Form Children Ages 3 to 5 Years

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

Referral Source Phone: _____ Referral Source E-mail: _____

Referring Source: _____ Source is a Child Protection Agency? ☐ Y ☐ N
Agency Name Department

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

Sex: ☐ M ☐ F Birthplace: _____ Race: _____ Hispanic: ☐ Y ☐ N

Language(s) Spoken at Home: _____ If other than English, please specify: ☐ Minimal ☐ Both ☐ Primary

Receiving protective services: ☐ Y ☐ N Agency/ChildNet Advocate: _____

Attending preschool: ☐ Y ☐ N Specify location/program: _____

☐ Parent ☐ Foster Parent ☐ Relative ☐ Guardian _____

E-mail: _____

Home Address: _____ APT# _____

City: _____ State: FL Zip Code: _____

Cell: _____ Work: _____ Home: _____

Alternative Contact: _____ Relationship to Child: _____ Phone: _____

Reason for Referral

- | | |
|--|---|
| <input type="checkbox"/> Speech (hard to understand, talking is not clear) | <input type="checkbox"/> Behavior (aggressive, harms self or others, inattentive, active) |
| <input type="checkbox"/> Expressive Language (few words in vocabulary) | <input type="checkbox"/> Fine Motor (holding, drawing, grasping, picking up small objects) |
| <input type="checkbox"/> Receptive Language (doesn't seem to understand, difficulty following directions) | <input type="checkbox"/> Gross Motor (clumsy, falls a lot, poor coordination or balance) |
| <input type="checkbox"/> Social-Emotional (interaction with others, social skills) | <input type="checkbox"/> Self-Help (independent functioning, toileting, feeding, dressing) |
| <input type="checkbox"/> Cognition (seems behind, difficulty retaining information) | <input type="checkbox"/> Vision Diagnosis |
| | <input type="checkbox"/> Hearing Diagnosis |

Medical Diagnosis: ☐ Y ☐ N Specify: _____

Developmental Services: ☐ S/L ☐ OT ☐ PT ☐ Behavior Location: _____

Comments: _____

FOR CHILD FIND USE ONLY: Language Code: _____ K-20: _____ Information Received by: KD _____ JS _____

Language Classification Appointment: _____	Home School: _____	Entered in CHRIS/ Online by: Initials _____
FDLRS #: _____	Screening Appointment: _____	

Email the completed form to eschildfind@browardschools.com 754-321-7200 -Child Find Referral Line

Child Find Specialists: Kimberly DiLuzio 754-321-7206 or kimberly.diluzio@browardschools.com

Jennifer Stotz at 754-321-7205 or jennifer.stotz-huntley@browardschools.com