

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Exceptional Student Learning Support

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

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

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

Email the completed form to eschildfind@browardschools.com
Contact: Pamela Baron at 754-321-7205 or pamela.baron@browardschools.com