

## PRE-K CHILD FIND REFERRAL INFORMATION



(Private School/Home School)

(Please Print)

Title/Agency: Phone # Day Care/Pre-School: Phone #  Child's Name: Birth Date:  (First) (Middle) (Last)  Child's Primary Language: Sex: M F  Area of Concern:  Child ever been in public school? no yes Where?  Parent(s)/Guardian(s) Name:  Child Lives with:  Child's Address:  Home Phone: Cell: Work Phone:  AUTHORIZATION AND CONSENT FOR REFERRAL AND RELEASE OF INFORMATION FORM  I, give permission for my child,, to be referred to and/or		Phone #	<u>-</u>
Child's Name:	Day Care/Pre-School:		
Child's Primary Language:		Phone #	
Child's Primary Language:			
Child's Primary Language:	Child's Name:	Birth Date:	-
Area of Concern:  Child ever been in public school?  no yes Where?  Parent(s)/Guardian(s) Name:  Child Lives with:  Child's Address:  Home Phone:  Cell:  Work Phone:  AUTHORIZATION AND CONSENT FOR REFERRAL AND RELEASE OF INFORMATION FORM  I,  , give permission for my child,  , to be referred to and/or	(First) (Middle)	(Last)	
Child ever been in public school?	Child's Primary Language:	Sex: M F	
Parent(s)/Guardian(s) Name:  Child Lives with:  Child's Address:  Home Phone:  Cell:  Work Phone:  AUTHORIZATION AND CONSENT FOR REFERRAL AND RELEASE OF INFORMATION FORM  I,, give permission for my child,, to be referred to and/or	Area of Concern:		
Parent(s)/Guardian(s) Name:	Child ever been in public school?nono	yes Where?	
Child Lives with:  Child's Address:  Home Phone:  Cell:  Work Phone:  AUTHORIZATION AND CONSENT FOR REFERRAL AND RELEASE OF INFORMATION FORM  I,, give permission for my child,, to be referred to and/or			
Child's Address:	Parent(s)/Guardian(s) Name:		
Home Phone:	Child Lives with:		
AUTHORIZATION AND CONSENT FOR REFERRAL AND RELEASE OF INFORMATION FORM  I,	Child's Address:		
I,, give permission for my child,, to be referred to and/or	Home Phone:Cell:	Work Phone:	
	AUTHORIZATION AND CONSENT FOR REFERRA	RAL AND RELEASE OF INFORMATION FORM	
	I, give permission for my child,	ld, , to be referred to ar	d/or
observed by and/or Screened by Charlotte County Schools Child Find/FDLRS. I understand that I will be contacted by Child Find/FDLRS to provide additional information as needed. Child Find/FDLRS may request and/or release information with the referring	observed by and/or Screened by Charlotte County Schools Child Find	nd/FDLRS. I understand that I will be contacted by Child	
agency as necessary.	<u>*</u>	ind/1 DERS may request and/or release information with the	ic referring
Parent/Guardian Name (Please Print):			
	Parent/Guardian Name (Please Print):		
INFORMATION THAT MAY BE INCLUDED WITH THIS REFERRAL	Parent/Guardian Signature	Date	
Assessments/Screenings (LAP, ASQ) Speech/Language Reports	Parent/Guardian Signature		
Hearing Screenings/Evaluations Vision Screenings/Evaluations	Parent/Guardian Signature  INFORMATION THAT MAY BE INC	NCLUDED WITH THIS REFERRAL	
Medically Relevant Records Educational Records or Observations	Parent/Guardian Signature  INFORMATION THAT MAY BE INC.  Assessments/Screenings (LAP, ASQ)	NCLUDED WITH THIS REFERRAL  Speech/Language Reports	
Other	Parent/Guardian Signature  INFORMATION THAT MAY BE INC.  Assessments/Screenings (LAP, ASQ)  Hearing Screenings/Evaluations	NCLUDED WITH THIS REFERRAL  Speech/Language Reports  Vision Screenings/Evaluations	

THE INFORMATION GATHERED ON THIS REFERRAL IS CONFIDENTIAL AND BASED ON PARENT INPUT. THIS INFORMATION SHOULD NOT BE USED IN ANY REPORT AND/OR STATEMENT WITHOUT FURTHER DOCUMENTATION AND/OR SUPPORT. PARENT WILL BE CONTACTED TO VERIFY ALL INFORMATION. PLEASE SUBMIT THIS FORM WITH THE ABOVE SIGNED CONSENT.

FAX OR MAIL CHILD FIND REFERRAL INFORMATION FORM TO THE ATTENTION OF:

Child Find/FDLRS Specialist Charlotte County Public Schools 1445 Education Way Port Charlotte, FL 33948 updated 8/20/21

FAX # 941-255-7585

PHONE # 941-559-1875