



PRE-K CHILD FIND REFERRAL INFORMATION
(Private School/Home School) (Please Print)



Referred By: _____	Referral Date: _____
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 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 agency as necessary.

Parent/Guardian Name (Please Print): _____

 Parent/Guardian Signature Date

INFORMATION THAT MAY BE INCLUDED WITH THIS REFERRAL

- | | |
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| <input type="checkbox"/> Assessments/Screenings (LAP, ASQ) | <input type="checkbox"/> Speech/Language Reports |
| <input type="checkbox"/> Hearing Screenings/Evaluations | <input type="checkbox"/> Vision Screenings/Evaluations |
| <input type="checkbox"/> Medically Relevant Records | <input type="checkbox"/> Educational Records or Observations |
| <input type="checkbox"/> Other _____ | |

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

FAX # 941-255-7585

updated 8/20/21

PHONE # 941-559-1875