



CHILD FIND REFERRAL FORM

				Today's Date:			
Name of Child:				Date of Birth:			
Ethnicity:				Gender:			
Name of Person Making Referral:				Relationship to Child:			
Parent/Guardian Name:			Phone Number:				
Mailing Address:							
Is the child currently in school?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
				Grade:		PS	
Is the child enrolled in a Head Start Program?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Name of facility:				City:			
Is the child receiving Special Education Services?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	

PLEASE COMPLETE EACH ITEM TO THE BEST OF YOUR KNOWLEDGE & DO NOT LEAVE ANY QUESTIONS BLANK

Reason for referral. (Be very specific and describe child):
Describe child's current academic or pre-academic skills:
Does child have any Medical Diagnoses or Health Issues (including vision and/or hearing):
Describe any evaluations the child has had by other agencies or doctors:
Where can copies or reports be obtained?

Indicate area(s) of suspected disability:

- | | | | |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Deaf | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Autism | <input type="checkbox"/> Speech and Language Impairment |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Established Medical Condition | | <input type="checkbox"/> Other | |

Date Received	
15 Days from date rec'd	
Assigned to	
Assigned to	
Emailed on:	

Referral Taken By:

Please mail or Fax Copy to: 559-589-9611
 KCOE Special Services Office
 1144 W. Lacey Blvd., Hanford, CA 93230
 or email it to
veronica.m.vazquez@kingscoe.org