



FLORIDA DIAGNOSTIC AND LEARNING RESOURCES SYSTEM  
CHILD FIND REFERRAL

3841 Reid Street, Palatka, FL 32177 1-800-227-6036

[www.nefec.org/fdlrs](http://www.nefec.org/fdlrs) (click on Child Find)



COUNTY \_\_\_\_\_ DATE OF REFERRAL \_\_\_\_\_

CHILD'S LAST NAME: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

DOB \_\_\_\_\_  M  F RACE \_\_\_\_\_ PRIMARY LANGUAGE \_\_\_\_\_

BIRTH (CITY/STATE) \_\_\_\_\_

CHILD LIVES WITH:  BOTH PARENTS  MOTHER  FATHER  OTHER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

LEGAL GUARDIAN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL/911 ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SCHOOL ZONE: \_\_\_\_\_

WORK # (MOTHER): \_\_\_\_\_ CELL # (MOTHER): \_\_\_\_\_

WORK # (FATHER): \_\_\_\_\_ CELL # (FATHER): \_\_\_\_\_

OTHER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AT HOME?  YES  NO PRESCHOOL/CHILD CARE PROVIDER: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT CHILD FIND? \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ CITY \_\_\_\_\_

AGENCIES SERVING FAMILY (ie. Easter Seals, Early Steps, Therapists) \_\_\_\_\_

INTERAGENCY RELEASE DATE: \_\_\_\_\_ SERVICE COORDINATOR \_\_\_\_\_

PREVIOUS TESTING?  NO  YES: WHERE? \_\_\_\_\_

**REASON FOR REFERRAL**

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> SPEECH (hard to understand, talking is not clear)   | <input type="checkbox"/> HEARING  | <input type="checkbox"/> VISION |
| <input type="checkbox"/> EXPRESSIVE LANGUAGE (few words in vocabulary, doesn't put many words together in sentences) | <input type="checkbox"/> FINE MOTOR SKILLS (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 SKILLS (clumsy, falls a lot, poor coordination or balance)   |                                 |
| <input type="checkbox"/> SOCIAL EMOTIONAL (interaction w/others, social skills)                                      | <input type="checkbox"/> BEHAVIOR (aggressive, harms self or others, inattentive, active)         |                                 |
| <input type="checkbox"/> COGNITION (seems behind, difficulty retaining info.)  |   |                                 |

OTHER REFERRAL INFORMATION & NOTES: \_\_\_\_\_

\_\_\_\_\_

(BELOW FOR FDLRS' USE ONLY)

SPEECH: A/P/F	HEARING: A/P/F	SOCIAL/EMOTIONAL: A/P/F	DEVELOPMENTAL: A/P/F
LANG: A/P/F	VISION: A/P/F	MOTOR: A/P/F	OTHER: _____ A/P/F

SCREEN/EVAL INSTRUMENT \_\_\_\_\_ DATE \_\_\_\_\_ BY WHOM \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

CLOSED/INACTIVE DATE: \_\_\_\_\_ REASON: \_\_\_\_\_