## Child Find Referral

Student's Name:			Date:		
Residence School: Service County:			Grade:		
Service School: SASID:			Date of Birth:		
Local Student ID:			Referral Source/Title		
Sex: Parent/Guardian Name:	Male Female		Race Home address		
Home Phone:					
Does the parent speak English? If no, indicate language spoken:	Yes No		Is student a resident of ? Interpreter needed?	☐ Yes ☐ No: ☐ Yes ☐ No	
Reason(s) for referral:					
Speech/Language		Academic Performance			
Articulation Voice	☐ Vision ☐ Health	☐ Phonemic awareness ☐ Phonics	☐ Math ca ☐ Math pr	lculation oblem solving	
Fluency Expressive language	☐ Motor ☐ Hearing	☐ Vocabulary development☐ Reading fluency and oral	Written		
Receptive language	Cognitive/Int	ellectual Reading comprehension	reading skills	ranguage mechanics	
Pragmatic language	☐ Social/Emoti ☐ Adaptive Bel				
Based on your observations descr	ribe the student in comparison to hi	s peers, checking behaviors frequenty observed:			
LISTENING COMPREHENSION		ATTENTION/ORGANIZATION/ACTIVITY LEVEL			
☐ Difficulty understanding spoken language ☐ Difficulty following verbal directions		☐ Difficulty beginning a task ☐ Difficulty maintaining attention			
	ections	Easily distracted			
ORAL EXPRESSION  Doesn't use words yet		Loses or forgets work and/or material Difficulty with organization			
Difficulty labeling objects, nam	ing people	Late for class			
Difficulty expressing thoughts a Limited speaking vocabulary	nd ideas	☐ Difficulty completing tasks/assignments ☐ Difficulty with changes in routine			
READING		Overactive Underactive			
☐Difficulty naming pictures		☐ Inadequate note-taking skills			
Difficulty identifying colors, shadificulty listening to a book real		☐ Inadequate test-taking skills ☐ Difficulty working independently			
Difficulty with letter/word reco	gnition				
Difficulty with phonemic aware Difficulty with comprehension (		MOTOR SKILLS  Difficulty with functional mobility			
Fluency concerns	•	☐Difficulty with gross motor tasks☐Difficulty with small motor tasks			
WRITTEN EXPRESSION		Difficulty with coordination			
☐ Difficulty with spelling ☐ Difficulty with writing mechani	ics	ADAPTIVE/SELF HELP SKILLS			
Difficulty writing a sentence	and ideas into meaningful paragrap	Difficulty feeding			
Difficulty organizing seniences	and ideas into meaningful paragrap	■Difficulty sleeping			
MATHEMATICS  Difficulty with 1:1 corresponda	nce	☐Difficulty toileting			
Difficulty with rote counting		MEMORY			
□Difficulty with number recognition □Difficulty with math computation		☐Difficulty with short term memory ☐Difficulty with long term			
☐Difficulty understanding numeration concepts		☐Difficulty identifying colors, shapes			
□ Difficulty with math applications, reasoning, problem solving  FINE MOTOR/VISUAL MOTOR COORDINATION □ Difficulty grasping objects		SOCIAL/EMOTIONAL/BEHAVIORAL			
		□Limited eye contact □In his/her "own world"			
Difficulty stringing beads		Repetitive behaviors			
□Difficulty holding crayon/pencil □Difficulty imitating shapes		Difficulty with pretend play Lacks motivation			
Difficulty copying shapes Difficulty with paper/pencil tas	les.	Lacks self-control Easily frustrated			
Difficulty writing name		Sudden changes in mood throughout the day			
Difficulty turning pages in a boo Difficulty with buttons, snaps	ok	☐Inconsistency in performance ☐Needs constant approval			
Difficulty with copying from the	e board or book	☐Interrupts and distracts class			
		Unusually aggressive toward others Unusually shy or withdrawn			
		Difficulty interpreting social cues Difficulty making and keeping friends			
		Doesn't accept responsibility for own behavior			
		Easily influenced by others			
	<b>-</b>	Dv. 5	- Dr		
Vision Screening Results Hearing Screening Results	Passed Passed	Not Passed Not Tested  Not Passed Not Tested  Not Tested	Date:		
Relevant Medical Concerns:					
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Does the student have Limited Eng	•				
If yes, what language or mode of c	communication should be used for a	ssessments?			
	or economic factors that influence				
Statement of concerns/needs (pare	ental, school-based, childcare):				
Student's strengths, interest areas,	significant personal attributes, and	personal accomplishments:		<del></del>	

Parental input regarding the student's educational program:					
Instructional Interventions	Instructional Interventions and Strategies				
Intervention/Strategy	Length of time intervention/strategy provided	Qualified personnel providing the intervention/strategy	Data-based documentation of assessment results of intervention/strategy		
Document the data access	ment results were shared with parents				
Document the date assessment results were shared with parents:					
Date and summary of observations conducted by teachers and special education providers in general education classroom setting/community early childhood setting:					
Additional notes:					
Additional notes.					
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