

## Kent County Public Schools / Child Find Referral Form

This referral form is to be completed for children ages 3-5 years of age, who are not enrolled in their local public pre-school or school programs. Please send referral form to Child Find, Office of Special Education, KCPS @ 5608 Boundary Ave. Rock Hall, MD 21661. If you have any questions regarding Child Find or in completing this form, please call Office of Special Education, KCPS @ 410-778-7164.

Fax Number: 410-778-2896

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security # \_\_\_\_\_

Age: \_\_\_\_\_ Elementary School closest to child's home: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers/ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Reason for Referral - Please provide specific information about concern

◇ Speech/Language: (ex. forming sounds and words, articulates needs, etc.) \_\_\_\_\_

\_\_\_\_\_

◇ Cognitive/Learning: (example - understands directions, problem solving, etc.) \_\_\_\_\_

\_\_\_\_\_

◇ Emotional/Behavioral: (example - tantrums, too shy, etc.) \_\_\_\_\_

\_\_\_\_\_

◇ Fine Motor: (example - coloring, using utensils, etc.) \_\_\_\_\_

\_\_\_\_\_

◇ Gross Motor: (example - walking, running, etc.) \_\_\_\_\_

\_\_\_\_\_

◇ Hearing: \_\_\_\_\_

◇ Vision: \_\_\_\_\_

◇ Other: \_\_\_\_\_

\_\_\_\_\_

Ethnicity Identification:

Is Student Hispanic or Latino?(Please Circle) Yes - No

Race Identification: (Fill in Circle for as many as appropriate):

- (01) American Indian/Alaska Native
- (02) Asian
- (03) Black/African American
- (04) Native Hawaiian/Other Pacific Islander
- (05) White

**Educational History:**

Has the Child attended, or is attending any of the following: Please provide location.

- ◇ DayCare: \_\_\_\_\_
- ◇ Head Start: \_\_\_\_\_
- ◇ Pre-School: \_\_\_\_\_

**Please list any relevant medical information:**

(frequent ear infections, hospitalizations, pre-maturity, etc.)

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**Has the child received any other evaluations / assessments?** Yes No

**If (Yes), please list type of assessment and where it was completed:** \_\_\_\_\_

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**Please attach the following: Verification of Birth**

- Work Samples
- Outside Evaluation Reports, if any

Referred by: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(required)