



REQUEST FOR CHILD FIND SCREENING

Date of referral: _____

Name of Child: _____ (First) (Middle) (Last) DOB: _____ Gender: M F

Mother: _____ Father: _____

Address: _____
City/St/Zip: _____
Phone: _____
Email: _____

School District Child Resides in: [] Montezuma-Cortez [] Dolores [] Dove Creek [] Mancos

Ethnicity: _____ [] Ignacio [] Bayfield [] Archuleta [] San Juan

Preschool: _____ Teacher/Classroom: _____
Schedule: _____ Past Preschool Exp: _____

If child is not enrolled in a preschool, are parents interested in enrolling? Y __ N __

Language(s) other than English spoken in home: _____

Person Requesting Screening: _____ Phone: _____

Have parents been notified that you are contacting SJBOCES for a screening? Y __ N __

Birth/Health History: []

Vision: _____ Hearing: _____

Areas of Concern:

[] Communication [] Fine Motor [] Gross Motor [] Social/Emotional [] Cognitive

Description of concerns: []

Please attach any screenings, observations, reports that may be helpful.

I give consent for the exchange of information between _____ (referring agency) and SJ BOCES and 9R regarding this referral.

Parent/Guardian Signature: _____ Date: _____