

Child Find Referral Form

Child		Date of Birth		Sex	M	F
Parent/Guardian		Relationship to Child				
Address						
Phone (Home)		Phone (Cell or Work)				
Email Address						
Parent/Guardian's Primary Language		Child's Primary Language				
Name of Referrer						
Organization		Referrer's Phone				
Referrer's Email						
Reason for Referral						
Today's Date:						

Please check any that apply: This child attends a private or religious school or childcare in DC.
 This child is enrolled in a Head Start program. This child is involved with CFSA.

Parent/Guardian Consent to Release Information to DC Public Schools

I, _____ give permission for _____ to share my
Parent's/Guardian's printed name Referrer's name
 child, _____'s, information with DC Public Schools. This will be used to complete a developmental screening. Signing this form begins a process that determines if my child can receive special education services. I can stop this process at anytime.

Additionally, ___ I give permission ___ I do not give permission for Early Stages to share the results of my child's screening and evaluation with the person making this referral.

Parent/Guardian Signature _____ Date: _____