

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.)

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

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

Please attach the following: Verification of Birth

- Work Samples
- Outside Evaluation Reports, if any

Referred by: _____

Date: _____

Parent's Signature: _____
(required)

Date: _____