



## CHILD FIND REFERRAL FORM

		Today's Date:		
Name of Child:		Date of Birth:		
Ethnicity:		Gender:		
Name of Person Making Referral:		Relationship to Child:		
Parent/Guardian Name:		Phone Number:		
Mailing Address:				
Is the child currently in school?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Grade: PS
Is the child enrolled in a Head Start Program?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name of facility:		City:		
Is the child receiving Special Education Services?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**PLEASE COMPLETE EACH ITEM TO THE BEST OF YOUR KNOWLEDGE & DO NOT LEAVE ANY QUESTIONS BLANK**

Reason for referral. (Be very specific and describe child):
Describe child's current academic or pre-academic skills:
Does child have any Medical Diagnoses or Health Issues (including vision and/or hearing):
Describe any evaluations the child has had by other agencies or doctors:
Where can copies or reports be obtained?

**Indicate area(s) of suspected disability:**

- |  |   |                                     |   |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Intellectual Disability       | <input type="checkbox"/> Hearing Impaired       | <input type="checkbox"/> Deaf       | <input type="checkbox"/> Visually Impaired              |
| <input type="checkbox"/> Other Health Impaired         | <input type="checkbox"/> Emotionally Disturbed  | <input type="checkbox"/> Autism     | <input type="checkbox"/> Speech and Language Impairment |
| <input type="checkbox"/> Orthopedic Impairment         | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Specific Learning Disability   |
| <input type="checkbox"/> Established Medical Condition |   | <input type="checkbox"/> Other      |   |

Date Received	
15 Days from date rec'd	
Assigned to	
Assigned to	
Emailed on:	

Referral Taken By:

Please mail or Fax Copy to: 559-589-9611  
 KCOE Special Services Office  
 1144 W. Lacey Blvd., Hanford, CA 93230  
 or email it to  
 veronica.m.vazquez@kingscoe.org