



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Exceptional Student Education and Support Services



FDLRS / Child Find Referral Form

Children Ages Birth to 5 Years

Information Received By: Kimberly DiLuzio Date: _____ FDLRS#: _____

Referred By: _____ Phone#: _____ E-Mail: _____
Individual's Name Relationship to Child

Referring Source: _____ Source is a Child Protection Agency: Y N
Agency Name Department Source is a CSC-Funded Family Strengthening Program: Y N

Child's Name: _____ DOB: _____ Age: _____

Is child is currently receiving protective services? Y N Through what agency? _____

Sex: M F Language Spoken at Home: _____ Currently enrolled in subsidized childcare: Y N

Parent Foster Parent Relative Guardian:

Home Address: _____ Apt #: _____

City: _____ State: FL Zip: _____

Home Phone: 954/754 _____ Work: 954/754 _____ Cell: 954/754 _____

Alternative Contact Name: _____ Relationship: _____ Phone: _____

Child Covered By Healthcare Insurance? Y N Unknown Medicaid #: _____

Private: Y N Name of Insurance Plan: _____ Plan #: _____

ChildNet Advocate: _____ BSO Protective Investigator: _____ Investigator's Phone: _____

Developmental/Educational Concerns: Communication Motor Self-Help Cognitive Social/Emotional

Behavioral Vision Related Diagnosis Hearing Related Diagnosis Other: _____

Currently Receiving Developmental Services? Y N Physical Therapy Speech Therapy Occupational Therapy

Behavioral Services Unknown Where? _____

Child has a Medical Diagnosis Y N What: _____ CMS Client

Comments: _____

FOR CHILD FIND USE ONLY: _____ FOR CDTC USE ONLY/PART C STATUS _____



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Birthplace:

Race:

Home School:

Screening Appointment:

Part C Eligible Y N Date: _____

Service Coordinator: _____

Initial IFSP: _____

Transition IFSP Mtg.: _____

Fax to FDLRS / Child Find at: 754 - 321 - 7217
Phone Number: 754 - 321 - 7200