



THE SCHOOL BOARD OF BROWARD COUNTY FLORIDA
 Exceptional Student Learning Support
 Child Find Office/Broward County 754-321-7200
FDLRS Child Find Referrals for
 Children Ages Birth to 5 Years



DIRECTIONS: Facility Director is responsible to ensure the ASQ Questionnaires are administered and that, when indicated, appropriate and timely referrals are made.

1. **ATTACH** the developmental screening with the referral.
2. **CHECK** Subsidized childcare/School Readiness assistance box (below).
3. Parent *must sign* Authorization to Refer

Referred By: _____ Director's Name: _____
Child Care Facility

School E-Mail: _____ School Phone#: _____ FAX #: _____

Referring Source: **ELC BROWARD** ASQ 3 & ASQ SE2 Attached: Y N New Annual

Authorization to Refer: _____
Print Parent/Custodial Caregiver's Name Signature Relationship Date:

Child's Name: _____ DOB: _____ Age: _____ Sex: M F
 Home Language _____ Race _____ Hispanic? Family receives subsidized childcare/SR financial assistance? Y N

Parent Foster Parent Relative Guardian: _____

Home Address: _____ Apt# _____ City _____

State: FL Zip: _____ Email address: _____

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 #: _____

Child is currently monitored by DCF/Child Net: Y N ChildNet Advocate: _____

Developmental / Educational Concerns: Communication Motor Self-Help Cognitive Social/Emotional
 Behavioral Other Pertinent Information: _____

Currently Receiving Developmental Services? Y N Physical Therapy Speech Therapy Occupational Therapy
 Behavioral Services Unknown Where? _____

Child has a Medical Diagnosis Y N What: _____

Comments _____

| FOR CHILD FIND USE ONLY | FOR CDTC USE ONLY / PART C STATUS |
|------------------------------|---|
| FDLRS #: _____ | Part C Eligible <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____ |
| Date of Referral: _____ | Service Coordinator: _____ |
| Home School: _____ | Initial IFSP: _____ |
| Screening Appointment: _____ | Transition IFSP Mtg.: _____ |