DeSoto			Glades		🗌 Hend	Hendry		Highlands			
FDLRS Heartland CHILD FIND REFERRAL FORM Local: 863-531-0402 ext. 10712			Toll Free: 1-800	-316-7057		Phone: 8	d Specialist: 363-531-0402 ext. -531-0425				
Child's Name				Language Spoken	Schoo	Zone		Child Care Provider			
Birth Date	Birth	nplace		Sex	Race		Ethnicity	Refer	red By		
Mailing Addres	s					City			Zip	ρ	
Residence Add	Iress					City			Zip	ρ	
Email Address				Phone Number			Other 0	Contact Information			
Area of Concer	n										
I would like fo	r my child to partici _l	pate in th	e screening ac	tivities conducted by the Flc	rida Diagno	stic and Le	arning Reso	urces System.			
Parent's Name (Print)				Parent's Signature			Date				
				SPACE BELOW IS FOR	FDLRS OFF		NLY				
VISION:				SCREENINGS:							
LEFT EYE	Could Not Test	Pass	Refer	Behavior Screener				Pass	Potentia	al Delay	Rescreen
RIGHT EYE	Could Not Test	Pass	Refer	Cognition Screener				Pass	Potentia	al Delay	Rescreen
Screener				Language Screener				Pass	Potentia	al Delay	Rescreen
Comments				Motor Screener				Pass	Potentia	al Delay	Rescreen
				Speech Screener				Pass	Potentia	al Delay	Rescreen
HEARING:		Derr	Defe								
	Could Not Test		Refer								
RIGHT EAR Screener	Could Not Test	Pass	Refer								
Comments				Child Find Specialist				Date	•		
 BN #		De	eferral Date		ate Screenec	1		Screening Site			

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