

Private/Religious Schools Child Find Referral Form

Student Name		Student's Date of Birth	
Parent/Guardian Name		Student's Gender & Race/Ethnicity	
Relationship to Student		Phone (Home)	
Address		Phone (Cell or Work)	
Guardian's Email		Parent/Guardian's Primary Language	
Private/Religious School Name		Student's Primary Language	
Name of Referrer (can be parent/guardian)		Student's Grade	
Referrer's Organization		Does student receive Title 1 Services?	
Referrer's Email		Referrer's Phone	

Reason For Referral:

Check major area(s) of concern.

- | | | |
|---|--|--|
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Academics |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Attention Problems | <input type="checkbox"/> Health Issues |
| <input type="checkbox"/> Social/emotional | <input type="checkbox"/> Other (specify) _____ | |

Describe the reason for referral:

Parent/Guardian consent to release information to DC Public Schools

I, _____ give permission for _____ to share my student,
Parent's/Guardian/Adult Student's Printed Name Private School Printed Name (and referrer's name if neither parent nor school)

_____ 's information with DC Public Schools. This will be used to initiate the referral process for
Student's Printed Name

special education services. I also give permission for DCPS to conduct classroom observations and collect data on my child in his/her current educational setting.

Parent/Guardian/Adult Student's Signature: _____ Date: _____