

HARFORD COUNTY PUBLIC SCHOOLS

**Hickory Elementary School
2100 Conowingo Road
Bel Air, MD 21014**

CHILD FIND REFERRAL

<i>CF Log No.</i> _____
<i>Center No.</i> _____
<i>Home School</i> _____
<i>Testing Ctr</i> _____
<i>Regional Ctr</i> _____

► PERSONAL INFORMATION

NAME OF CHILD: Last: _____ First: _____ MI: _____

Birthdate: _____ Age: _____ Female Male

Address _____

City _____ State _____ ZipCode _____

Phone No: Home _____
Work: Mom _____ Dad _____ Guardian _____
Cell: Mom _____ Dad _____ Guardian _____

E-mail: _____

Does your child receive Medical Assistance? Yes No MA Number _____

List all persons living in the child's home including parents, siblings, grandparents, etc.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and Address of parent if not living with the child:

Name _____ Address: _____

Name and Address of Legal Guardian:

Name _____ Address _____

Person Referring: _____ Address: _____

Telephone Number: _____ Relationship to child referred: _____

Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black or African American (not Hispanic) | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> White (not Hispanic) | |

Is English the main language spoken in the Home? Yes No

Is your child exposed to any other language? Yes No If so, which? _____

► AREAS OF CONCERN:

***Are you concerned about your child's development in:
If you checked yes, please describe:***

Yes

No

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Problem solving, remembering, and thinking?
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Large muscle use (e.g., walking, running, throwing & catching)?
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Small muscle use (e.g., using fingers & pencils & crayons)?
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Caring for self (e.g., feeding, toileting, dressing)?
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Social skills (e.g., play, interaction with peers, compliance, aggression, attention)?
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Making sounds appropriately and speaking fluently.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> Understanding what is said, expressing thoughts.
_____ |

How much does the family understand the child?

Check One

- All of the time?
 Most of the time?
 Half the time?
 Occasionally?

How much do others understand the child?

Check One

- All of the time?
 Most of the time?
 Half the time?
 Occasionally?

If misunderstood, what does your child do?

What sounds does your child have difficulty pronouncing?

Does your child:

Yes

No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Follow directions of two or more parts? |
| <input type="checkbox"/> | <input type="checkbox"/> | Answer simple questions (Yes/no, who, what, where)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Understand concepts (in, on, under, one, big, little)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Stutter? |
| <input type="checkbox"/> | <input type="checkbox"/> | Speak in sentences? |

► MEDICAL HISTORY

BIRTH HISTORY - Length of Pregnancy?

Name of Pediatrician: _____

Birth Weight: _____

C-section: _____

Problems during pregnancy or delivery: _____

Condition of your baby at birth: _____

Was your baby discharged from the hospital at the same time as the mother? _____

If not, why? _____ How long was the hospital stay? _____

Has your child ever had:

Yes

No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Vision problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures? |
| <input type="checkbox"/> | <input type="checkbox"/> | Head injuries? |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear infections? If so, how often? date they began? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | P.E. tubes? If so, date of surgery? Still in place? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | His/her hearing checked? If so, when, where, and results? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | His/her vision checked? If so, when, where, and results? _____ |

Please list any medical conditions that you would like us to be aware of:

► GROWTH AND DEVELOPMENTAL HISTORY:

When did your child first:

Sit unsupported? _____

Crawl? _____

Walk alone? _____

Use single words? _____

Use short phrases? _____

Use longer sentences? _____

► EDUCATIONAL/PRESCHOOL/DAYCARE HISTORY

Please list the names of clinics, agencies, schools, etc., where your child has been evaluated or treated.

Name

Location

Date

Please list any preschool or daycare your child is currently attending and how often they attend.

Has your child's teacher/daycare provider expressed any concerns?

Do you have any other concerns or information that you have not included in this referral?

Pursuant to the school system's responsibility to keep accurate records on all students' files, the Harford County Public School System uses the Social Security Number as a unique identifier. The Maryland State Department of Education requests that local school systems use the Social Security Number as a unique identifier for reporting student information for the Maryland School Performance program and Special Services Information system. The Social Security Number will remain confidential subject to the provisions of this Family Education Rights and Privacy Act, but your disclosure is voluntary.

- Permission is given*** for my child's Social Security Number to be used for Maryland School Performance and Special Services Information System reporting.

- Permission is denied*** for my child's Social Security Number to be used for Maryland School Performance and Special Services Information System reporting. I understand that a school issued number will be used for all State reports.

Please Note: If permission is denied, a number will be issued to replace your child's Social Security number. This issued number will be used throughout your child's school years with Harford County Public Schools.

Student Social Security Number _____
Signature of Parent/Guardian _____