Athlos Academy
JEFFERSON PARISH

Child Find Referral Form

DATE OF REFERRAL_____

CHILD'S LAST NAME _____ **FIRST** _____**MIDDLE**_____

DOB _____ ☐ **M** ☐ **F** **RACE** _____ **PRIMARY LANGUAGE** _____

BIRTH (CITY/STATE) _____

CHILD LIVES WITH: ☐ **BOTH PARENTS** ☐ **MOTHER** ☐ **FATHER** ☐ **OTHER** _____

MOTHER'S NAME _____ **FATHER'S NAME**_____

LEGAL GUARDIAN _____ **RELATIONSHIP**_____

MAILING ADDRESS: _____

PHYSICAL/911 ADDRESS: _____

HOME PHONE: _____ **SCHOOLATTENDING/WOULD ATTEND:**_____

WORK # (MOTHER): _____ **CELL # (MOTHER):** _____

WORK # (FATHER): _____ **CELL # (FATHER):** _____

OTHER: _____ **EMAIL:** _____

REFERRED BY: _____

ADDRESS_____ **TELEPHONE** _____

HOW DID YOU FIND OUT ABOUT CHILD FIND? _____ _____

PHYSICIAN _____**CITY** _____

AGENCIES SERVING FAMILY (i.e., Easter Seals, Early Steps, Therapists, etc.) _____

PREVIOUS TESTING? ☐ **NO** ☐ **YES: WHERE?** _____

REASON FOR REFERRAL

- ☐ **SPEECH** (hard to understand, talking is not clear)
- ☐ **EXPRESSIVE LANGUAGE** (few words in vocabulary, doesn't put many words together in sentences)
- ☐ **RECEPTIVE LANGUAGE** (doesn't seem to understand, difficulty following directions)
- ☐ **SOCIAL EMOTIONAL** (interaction w/others, social skills)
- ☐ **COGNITION** (seems behind, difficulty retaining info.)
- ☐ **MEDICAL (DOCUMENTATION REQUIRED)**
- ☐ **HEARING** ☐ **VISION**
- ☐ **FINE MOTOR SKILLS** (holding, drawing, grasping, picking up small objects)
- ☐ **GROSS MOTOR SKILLS** (clumsy, falls a lot, poor coordination or balance)
- ☐ **BEHAVIOR** (aggressive, harms self or others, inattentive, active)
- ☐ **SELF-HELP** (self-feeding, dressing, toileting)

OTHER REFERRAL INFORMATION & NOTES:

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(BELOW FOR AAJP STAFF USE ONLY)

Referral received by _____**DATE**_____

NOTES: _____

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