

APPENDIX C

Arizona Department of Education, Exceptional Student Services

Child Find Referral Form

Instructions

- Children Birth to 2 years 10.5 months—Referral from a PEA (including a Union High School District or Charter School) to AzEIP.** When any PEA receives a statement of concern from a parent about the development of their child aged birth to 2 years 10.5 months, the following process will take place *within two (2) business days of the date of the parental referral*.
 - The PEA will submit an online referral at www.azdes.gov/AzEIP and print a copy for verification purposes. Should the online application malfunction, the PEA will immediately contact AzEIP for technical assistance.
 - This date is considered the initial referral to AzEIP.
- Children 2 years 10.5 months to Five—Referral from AzEIP, a PEA (including a Union High School District or Charter School) to the District of Residence.** When an AzEIP Early Intervention Program (EIP), a union high school district, or a public charter school receives a statement of concern from a parent about the development of their child between the ages of 2 years and 10.5 months and older, or a request for an evaluation, the following process will take place *within two (2) business days of the date of the parental referral*.
 - The AzEIP Central Referral System or the local AzEIP EIP will assist the family to (1) make a referral to the District of Residence using the Child Find Referral Form, after obtaining written consent or (2) provide the parent with district contact information, should the parent choose not to provide written consent.
 - Union high school districts and charter schools will complete the *Child Find Referral Form*, fax the form with a cover sheet marked 'confidential' to the District of Residence, and maintain a copy of the form for verification purposes.
 - The date the District of Residence receives the referral begins the timeline requirement for eligibility determination (45 calendar days to screen and 60 calendar days to evaluate).

Child and Parent Information

Date of Parental Referral:

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Primary Language: _____

Parent's Address: _____

City: _____

Zip Code: _____

Home Phone #: _____

Alternative #: _____

Best Time to Contact: _____

Email: _____

District of Residence Information

Agency Name: _____

Contact Name: _____

Phone #: _____

FAX #: _____

Email: _____

Receiving Agency Information

Date Referral Received:

Agency Name: _____

Contact Name: _____

Phone #: _____

FAX #: _____

Email: _____

Technical Assistance is available from:

ADE/Exceptional Student Services
Child Find Coordinator
(928) 637-1871
ChildFind@azed.gov
www.azed.gov/specialeducation/azfind

ADES/Arizona Early Intervention Program (AzEIP)
ADES/AzEIP Executive Director
(602) 532-9960
allazeip2@azdes.gov
www.azdes.gov/azeip

APPENDIX C

SAMPLE 45-DAY SCREENING FORM

IMPORTANT: Consult your LEA's *Child Find Policies and Procedures* for complete identification and referral requirements.
See www.azed.gov/specialeducation/az-find for child find laws, regulations, procedures, sample forms, and other resources.

Student's Name	Grade	DOB	Student ID#	Date of Entry

Home Language Survey completed. If any answer to a question is other than English, conduct an English language proficiency assessment.

Student Screening

	Yes	No		Notes:
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Holds reading materials too close or too far away Squints or tilts head to see the board or objects at a reasonable distance Problems with eye health (i.e., tearing, sensitivity to light, eye rubbing, pain) Other:	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Responds inappropriately to questions/directions Frequently asks for information to be repeated or asks "What?" Watches others to imitate what they are doing Complains of earaches, ear pain, or head noises Difficulty localizing sounds/the speaker Consistently inattentive Uses nonverbal skills (i.e., gestures, nods, head turning, leaning in) Watches speaker intently/moves to see speaker Other:	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	Poor articulation Speech is not understandable by most listeners Ineffective communication/messages Difficulty learning new sounds/new words Voice problems (i.e., volume, rate, quality) Difficulty expressing ideas, responding to instructions Does not engage in age-appropriate conversations/discussions Other:	
Cognitive or Academic	<input type="checkbox"/>	<input type="checkbox"/>	Learns very slowly compared to peers Attention problems (i.e., attention span, focus on less relevant stimuli) Below grade level in: <input type="checkbox"/> reading, <input type="checkbox"/> writing, <input type="checkbox"/> math Difficulty recalling information Other:	
Adaptive	<input type="checkbox"/>	<input type="checkbox"/>	Weak self-care skills (i.e., personal hygiene, dress, belongings) Poor social skills (i.e., working with peers, social perceptions/cues) Difficulty understanding directions, communicating needs, expressing ideas Inappropriate school coping behaviors (i.e., attention, organization, questioning behavior, following directions, monitoring use of time) Other:	
Social or Behavioral	<input type="checkbox"/>	<input type="checkbox"/>	Exhibits externalizing behaviors (i.e., aggression, vandalism, bullying, excessive absenteeism) Exhibits internalizing behaviors (i.e., fears, phobias, depression, withdrawal) Inappropriate behaviors or feelings under normal circumstances Poor conduct/defiance in campus settings, unstructured environments Trouble transitioning between activities Difficulty developing or maintaining peer or adult relationships Other:	
Motor	<input type="checkbox"/>	<input type="checkbox"/>	Gross motor development not age appropriate (i.e., clumsy or awkward; avoids physical tasks to possibly mask pain, fatigue, or lack of endurance) Fine motor skills not age appropriate (i.e., difficulty reaching, grasping, or manipulating objects; shaky, stiff, or weak movements) Other:	

Date 45-day screening was completed: _____

Administrative Action:

- No concerns at this time.
 Concern(s) noted. Action(s) taken:
 - Parent(s) notified on _____
 - Referred for student study team
 - Referred to appropriate program administrator
 - Referred for Comprehensive Evaluation 504 Plan
 - Other: _____

Teacher's Signature: _____

Administrator's Signature: _____