

## Choctaw Tribal School System – Office of Special Education Child Find Request

P. O. Box 6008  
Choctaw, MS 39350

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### PERSONAL DATA

Person Making the Request and Agency Represented:	Relation to Child:
Requester's Address:	Requester's Phone:
Requester's Email:	Date Request Received:

### HOME AND FAMILY INFORMATION

Parent/Guardian 1:		Parent/Guardian 2:		
Home Address:		Home Address:		
Home Phone:		Home Phone:		
Employer/Occupation:		Employer/Occupation:		
Work Phone:		Work Phone:		
Child's name:	Child's Gender:	Child's Age:	Child's DOB:	Child Lives With:
Directions to the Child's Home:				

### LANGUAGE(S) SPOKEN IN THE HOME

Is any Language other than English spoken in the child's home? ___ Yes ___ No (Skip to next section)
Parent/Guardian's Language: _____ Child's Language: _____

### CHILD'S EDUCATIONAL SETTING

Does the child attend a preschool/childcare center? ___ Yes ___ No (Skip to next section)	
School/Center Name:	School/Center Phone:
School/Center Address:	Teacher:

### CONCERNS FOR THE CHILD

<i>Describe any concerns that you have about the child's development, behavior, and/or learning.</i>
How did you hear about Child Find?

Coordinator's Notes: