

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

P. O. Box 6008
Choctaw, MS 39350

Re-C Carter, Child Find Coordinator
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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

Coordinator's Notes:

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Describe any concerns that you have about the child's development, behavior, and/or learning.

How did you hear about Child Find?