

**MISSISSIPPI DEPARTMENT OF EDUCATION • OFFICE OF SPECIAL EDUCATION**

**Child Find Request**

**West Point Consolidated School  
P.O. Box 656  
West Point, MS 39779**

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

PERSONAL DATA			
<b>Child's Full Name:</b>	<b>Race/Ethnicity:</b>	<b>Gender:</b>	<b>DOB:</b>
<b>Child's Physician:</b>	<b>Physician's Address:</b>		

HOME AND FAMILY INFORMATION	
<b>Parent/Guardian 1:</b>	<b>Parent/Guardian 2:</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Employer/Occupation:</b>	<b>Employer/Occupation:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>
<b>Child Lives With:</b>	
<b>Directions to the Child's Home:</b>	

LANGUAGE(S) SPOKEN IN THE HOME
<b>Is any language other than English spoken in the child's home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)
Parent/Guardian's Language: _____
Child's Language: _____

CHILD'S EDUCATIONAL SETTING	
<b>Does the child attend a public/private school or preschool/childcare center?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question)	
<b>School/Center Name:</b>	<b>School/Center Phone:</b>
<b>School/Center Address:</b>	<b>Teacher:</b>

CONCERNS FOR THE CHILD
<i>Describe any concerns that you have about the child's development, behavior, and/or learning.</i>

<b>How did you hear about Child Find?</b>
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