

MISSISSIPPI DEPARTMENT OF EDUCATION • OFFICE OF SPECIAL EDUCATION

Child Find Request

West Point Consolidated School
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West Point, MS 39779

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

PERSONAL DATA			
Child's Full Name:	Race/Ethnicity:	Gender:	DOB:
Child's Physician:	Physician's Address:		
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 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 public/private school or preschool/childcare center? ☐ Yes ☐ No (skip to next question)			
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?			