

Child Find Questionnaire

Fill out the following information about the child you would like to have screened through the Child Find Service. After the questionnaire is complete please return to Child Development Center (CDC) front desk, Casey Elementary School office or email PSCDCasey@pac.dodea.edu

Sponsor's Name: _____

Spouse's Name: _____

Home Phone: _____ Cell: _____
Work: _____

Email: _____

Child's Name: _____

Child's Date of Birth: _____

Child's Gender: Male Female

Child has a current IEP: Yes No

Area(s) of Concern:

- Speech/ Language
- Emotional/Behavioral
- Motor
- Learning

Additional Details: _____

Once received, a PSCD teacher will contact you to follow up and schedule an appointment.

Thank you

Date: _____

Permission to Screen Form

Please fill out this form if you would like to have your child screened while attending the Child Development Center (CDC).

I, _____ give permission to Ms. Davis to Child Find

Parent Name

screen my child _____, while attending the Child

Child Name

Development Center (CDC).

Parent Signature: _____

Date: _____

Teacher Use Only

Screen Date: _____

Screen Time: _____