Pomerene School District #64

Educating the Whole Child

1396 N. Old Pomerene Rd.
PO Box 7 Pomerene, AZ
Tel: 520-586-2407
Fax: 520-586-7724

Child Find Referral Form

This form is for parents who suspect their child may have a disability and would like to request an evaluation through Pomerene Elementary School's Child Find process. Please complete all sections and submit the form to the school office.

Student Information	Details
Student Name	_____
Date of Birth	_____
Grade	_____
Teacher	_____
Parent/Guardian Name	_____
Contact Phone Number	_____
Address	_____

Reason for Referral

Please describe the concerns you have regarding your child's learning, behavior, or development. Include specific examples if possible.

_____

_____

_____

Areas of Concern (Check all that apply)

- **[ ] Academic (reading, writing, math)**
- **[ ] Speech or Language**
- **[ ] Behavior/Social Skills**
- **[ ] Motor Skills**
- **[ ] Vision/Hearing**
- **[ ] Other: _____**

Additional Information

Please list any previous evaluations, services received, or other information that may be helpful.

_____

_____

Parent/Guardian Signature: _____ Date: _____

For office use only:
Date Received: _____ Staff Initials: _____