



Pomerene School District #64

Educating the Whole Child

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

Pomerene School District is a welcoming school community whose mission is to provide an engaging and safe learning environment, emphasizing quality education and traditional values that prepare students to seize opportunities for success.

Visit us at: www.pomereneschool.org