

Child Find

Bountyland Education Campus
100 Vocational Drive
Seneca, SC 29672
864-718-5142 or 864-718-5133
Fax: 864-886-4498

Child's FULL Name _____ **Sex** _____ **Date of Birth** _____ **Age** _____

Medicaid # _____

Race _____ **Home Language** _____

School Zoned to Attend _____

Parent/Guardian Name _____

Address _____

Phone _____ **Phone** _____ **E-Mail** _____

Preschool/Daycare _____ **Pediatrician** _____ **V/H Verbal Agreement** _____

Reason for Referral:

<input type="checkbox"/> Motor Development	<input type="checkbox"/> Cognitive Development	<input type="checkbox"/> Social Interactions
<input type="checkbox"/> Emotional	<input type="checkbox"/> Behavior Concerns	<input type="checkbox"/> Self –Help Skills
<input type="checkbox"/> Speech-Language	<input type="checkbox"/> Medical _____	<input type="checkbox"/> Other _____

Current/Previous Interventions and/or Services-

<input type="checkbox"/> BabyNet	<input type="checkbox"/> Speech – Language	<input type="checkbox"/> OT
<input type="checkbox"/> PT	<input type="checkbox"/> Developmental Pediatrics	<input type="checkbox"/> Medical _____
<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Other _____

If services were checked above, list providers:

Medical Diagnosis(s) _____

Referral Made by _____ **Relationship** _____

For Office Use Only:

Referral received by _____ **Date** _____

Screening Appointment Scheduled _____ **Date:** _____ **Time:** _____

Screening will be Scheduled Pending _____

Follow Up Contacts _____