

## 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 \_\_\_\_\_

\_\_\_\_\_