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:

☐	Motor Development	☐	Cognitive Development	☐	Social Interactions
☐	Emotional	☐	Behavior Concerns	☐	Self –Help Skills
☐	Speech-Language	☐	Medical_____	☐	Other _____

Current/Previous Interventions and/or Services-

☐	BabyNet	☐	Speech – Language	☐	OT
☐	PT	☐	Developmental Pediatrics	☐	Medical _____
☐	Vision	☐	Hearing	☐	Other _____

If services were checked above, list providers:

_____

_____

Medical Diagnosis(s)_____

Referral Made by _____ Relationship _____

<u>For Office Use Only:</u>

Referral received by _____ Date _____

Screening Appointment Scheduled __Date: _____Time:_____

Screening will be Scheduled Pending _____

Follow Up Contacts _____

_____