

Child Find Request

Carroll County School District
 PO Box 219
 North Carrollton, MS 38947

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Person Making the Request and Agency Represented:	Relation to Child:
Requester's Address:	Requester's Phone:
Requester's Email:	Date Request Received:

PERSONAL DATA			
Child's Full Name:	Race/Ethnicity:	Gender:	DOB:
Child's Physician:	Physician's Address:		

HOME AND FAMILY INFORMATION	
Parent/Guardian 1:	Parent/Guardian 2:
Home Address:	Home Address:
Home Phone:	Home Phone:
Employer/Occupation:	Employer/Occupation:
Work Phone:	Work Phone:
Child Lives With:	
Directions to the Child's Home:	

LANGUAGE(S) SPOKEN IN THE HOME
Is any language other than English spoken in the child's home? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)
Parent/Guardian's Language: _____
Child's Language: _____

CHILD'S EDUCATIONAL SETTING	
Does the child attend a public/private school or preschool/childcare center? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next question)	
School/Center Name:	School/Center Phone:
School/Center Address:	Teacher:

CONCERNS FOR THE CHILD
<i>Describe any concerns that you have about the child's development, behavior, and/or learning.</i>

How did you hear about Child Find?

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