

Arizona Department of Education, Exceptional Student Services

Child Find Referral Form

Instructions

- Children Birth to 2 years 10.5 months—Referral from a PEA (including a Union High School District or Charter School) to AzEIP.** When any PEA receives a statement of concern from a parent about the development of their child aged birth to 2 years 10.5 months, the following process will take place *within two (2) business days of the date of the parental referral*.
 - The PEA will submit an online referral at www.azdes.gov/AzEIP and print a copy for verification purposes. Should the online application malfunction, the PEA will immediately contact AzEIP for technical assistance.
 - This date is considered the initial referral to AzEIP.
- Children 2 years 10.5 months to Five—Referral from AzEIP, a PEA (including a Union High School District or Charter School) to the District of Residence.** When an AzEIP Early Intervention Program (EIP), a union high school district, or a public charter school receives a statement of concern from a parent about the development of their child between the ages of 2 years and 10.5 months and older, or a request for an evaluation, the following process will take place *within two (2) business days of the date of the parental referral*.
 - The AzEIP Central Referral System or the local AzEIP EIP will assist the family to (1) make a referral to the District of Residence using the Child Find Referral Form, after obtaining written consent or (2) provide the parent with district contact information, should the parent choose not to provide written consent.
 - Union high school districts and charter schools will complete the *Child Find Referral Form*, fax the form with a cover sheet marked 'confidential' to the District of Residence, and maintain a copy of the form for verification purposes.
 - The date the District of Residence receives the referral begins the timeline requirement for eligibility determination (45 calendar days to screen and 60 calendar days to evaluate).

Child and Parent Information

Date of Parental Referral:

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Parent's Address: _____

City: _____ Zip Code: _____

Home Phone #: _____ Alternative #: _____

Best Time to Contact: _____ Email: _____

District of Residence Information

Agency Name: _____

Contact Name: _____

Phone #: _____

FAX #: _____

Email: _____

Receiving Agency Information

Date Referral Received:

Agency Name: _____

Contact Name: _____

Phone #: _____

FAX #: _____

Email: _____

Technical Assistance is available from:

ADE/Exceptional Student Services
AZ FIND Coordinator
(928) 637-1871
AZFIND@azed.gov
www.azed.gov/specialeducation/az-find

ADES/Arizona Early Intervention Program (AzEIP)
ADES/AzEIP Executive Director
(602) 532-9960
allazeip2@azdes.gov
www.azdes.gov/azeip