

AZ Find Screening Referral Form

Child's Name: _____ Date _____

Child's Birthdate: _____

Primary Language of the Child: _____

Parent's Name: _____

Primary Language of the Parents: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home School: _____

Preschool/Daycare: _____

Preschool Teacher: _____

Number of hours attend per week: _____

Person Making Referral: _____ Phone: _____

Parent gives permission to exchange information with daycare/preschool see attached form.

What are the primary concerns about the child's development?

Pre-Academic Skills	Speech	Behavior
Self-care Skills	Toilet Training	Fine Motor/small muscles
Gross Motor/large muscles	Visual Perception	Vision
Hearing	Social Skills	Sensory

Other concerns:

Has your child received a specific medical diagnosis? Please list.

Has your child had any significant medical problems? Accidents?

I give my permission to share this information with the Developmental Preschool at Smoketree Elementary.

Parent Signature: _____ Date _____

Please send referral form to the Developmental Preschool at Smoketree Elementary

Lake Havasu Unified School District #1
Student Services Department
2200 Havasupai Blvd.
Lake Havasu City, AZ 86403
928-505-6934 Fax: 928-505-6980

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

DATE:

Student: _____ Birthdate: _____

School: _____ Grade: _____

As parent/Guardian of the named student, I hereby authorize the mutual exchange of confidential information between the **Lake Havasu Unified School District #1** and:

Agency: _____

Address: _____

City: _____

This information may include but is not limited to: Attendance records, Grades, Progress Reports, Disciplinary Records, and Academic / Behavior Progress.

Parent/Guardian Signature

Address

City, State and Zip Code

In accordance with the requirements of the Family Educational Rights and Privacy Act of 1974, Information sent or received may not be shared with any other party without the written consent of the parent or guardian or the pupil if eighteen years or older. Lake Havasu Unified School District #1 complies with the federal legislation of FERPA and the Health Insurance Portability and Accountability (HIPPA). We are required by law to protect the privacy of the information we have about our students and will only utilize information provided in a student's education and medical record in accordance to procedures and guidelines outlined by FERPA and HIPPA.