

**WESTAMPTON PUBLIC SCHOOLS SPECIAL SERVICES ~ CHILD STUDY TEAM**

**CHILD FIND FORM**

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Ethnicity: White Black Hispanic/Latino American Indian Pacific Islander Asian

Gender: \_\_\_\_\_

Parent/Guardian (1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

With whom does student reside? \_\_\_\_\_

Briefly describe the difficulty the child is having, and any services presently being received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check the area in which you think the child may have a problem: \_\_\_\_\_ Health Problem \_\_\_\_\_

Language Problem \_\_\_\_\_ Social Behavior \_\_\_\_\_ Vision Problem \_\_\_\_\_ Manageability \_\_\_\_\_

Speech Problem \_\_\_\_\_ Hearing Problem \_\_\_\_\_ Remembering \_\_\_\_\_ Motor Coordination \_\_\_\_\_

Other (Please Describe) \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

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PLEASE RETURN COMPLETED SURVEY TO:  
Jean Zitter, MSW, LCSW, Supervisor of Special Services  
700 Rancocas Road  
Westampton, NJ 08060