**Arizona Department of Education, Exceptional Student Services**

**Unorganized Territory Child Find Referral Form**

## **Instructions: Child Find (Ages 2 years 10½ months through 5 years)**

## Upon learning of a concern from a parent who lives in a region outside the boundaries of any public education agency, Arizona Early Intervention Programs (EIPs) and PEAs are required to follow unorganized territory child find referral procedures. AzEIP Central Referral Line or the AzEIP EIP will, *within two (2) business days of the date of the parental referral,* assist the parent to (1) complete section one of the *Unorganized Territory Referral Form* via fax at (928) 526-5279 or email at ChildFind@azed.gov after obtaining parent consent or (2) provide the parent the contact information for the ADE/ESS Child Find Coordinator at (928) 637-1871when the parent chooses not to provide consent.

## PEAs will, *within two (2) business days of the date of the parental referral,* complete section one, submit the form to the ADE/ESS Child Find Coordinator via fax at (928) 526-5279 or email at ChildFind@azed.gov, and maintain the form for verification purposes.

## The Coordinator will contact the appropriate county school superintendent’s office within one (1) business day of receiving the referral to determine the school district the child will attend if a certificate of educational convenience (CEC) is assigned. The Coordinator will then forward the referral to the district’s special education director.

## The 45 calendar day timeline for screening begins on the date the school district receives the referral.

## **Referral Information Date of Child Find Referral:**

|  |  |
| --- | --- |
| Child’s Name: |       |
| Date of Birth: |       |
| Parent/Guardian Name: |       |
| Address/City/Zip Code: |       County:       |
| Phone #: |       Alternate Phone #: Best Time to Contact:        |
| **Referred by (name and agency):** |   |
| Email Address: |       |
| Phone #: |       |
| Notes: |        |

## **County of Residence Date Contacted:**

|  |  |
| --- | --- |
| County Superintendent: |       |
| Phone #: |       |
|  District of Residence: |       |
| Notes: |       |

## **Assigned District of Residence Date School District Received Referral:**

|  |  |
| --- | --- |
| Contact’s Name: |       |
| Phone #/E-mail Address: |       |
| Notes: |       |

## **30-Day Follow-Up Date ADE Coordinator Contacted School District:**

|  |  |
| --- | --- |
| Contact’s Name:  |       |
| Phone #: |       |
| Notes: |       |  |