

DeWitt-Lavaca Special Education Cooperative
Child Find/Child Serve Form



This form is to be completed when a parent/guardian, doctor or other person expresses concerns regarding a child. Deliver the completed form to the DLSEC Family Support Liaison. For more information, call the DLSEC office at (361)293-2854.

Referral Date: _____ ISD/Service Coordinator: _____

Referral Taken By: _____ 15-Day Timeline: _____

Name of Child: _____

Birthdate: _____ Gender: Male Female

Parents'/Guardians' Names: _____

Address: _____

City: _____, Texas Zip Code: _____

Home Telephone Number: _____ Work Telephone Number: _____

Cell Phone Number: _____

Parent/Guardian Email Address: _____

Referral Source: Parent/Guardian Family Member Friend Other: _____

Current Services (e.g., Medical/Health Services, Social Services, Educational Services, ECI Programs, Milestones Programs):

Contact Person Regarding Child Find/Child Serve Request: _____

Contact Person Telephone Number: _____

Contact Person Email Address: _____

Comments: