

NOTE TO CHILD FIND COORDINATOR: THIS DOCUMENT IS ALSO CONTAINED IN THE CORRESPONDENCE FILE WITH A SAMPLE MEMORANDUM TO PRINCIPALS.

[INSERT PROGRAM OR DISTRICT NAME]
Department of Special Education
Child Find Services
CAMPUS ASSURANCES CHECKLIST

This form is to be completed by each campus principal and returned to [INSERT CONTACT PERSON'S NAME] at [INSERT LOCATION TO RETURN TO]. Check each item as appropriate.

- Yes In progress I have reviewed the Child Find requirements with my faculty.
- Yes In progress I have displayed the Child Find Poster(s) in readily accessible locations.
- Yes In progress My admin assistant and other appropriate support staff have been trained on the procedures for enrolling students new to the district regarding the appropriate responses to inquiries regarding services to students with disabilities from birth through 21 years of age.
- Yes In progress My counselor understands his/her role in the enrollment of students new to the district or for transfers from other district.
- Yes In progress My counselor understands his/her responsibility for maintaining an accurate Child Find log and submitting it to the district Child Find Contact at the end of each semester.
- Yes In progress My staff has demonstrated an understanding for our obligation to serve students with special needs in child care facilities, private schools, and care and treatment facilities, and they are expected to respond in an appropriate and timely manner to inquiries from personnel and/or parents from these facilities.
- Yes In progress My teachers and members of [INSERT TITLE OF STUDENT SUPPORT TEAM OR OTHER GROUP] on my campus are knowledgeable about the characteristics of various disabilities, are able to identify students at risk for these conditions, and refer appropriate students for special education consideration.

I further verify that I have provided information to the following campus personnel about the requirements and procedures for Child Find efforts in our district. (Please check all that apply to your campus.)

- | | |
|--|---|
| <input type="checkbox"/> Counselors | <input type="checkbox"/> Special Education Teachers |
| <input type="checkbox"/> Campus Secretaries | <input type="checkbox"/> Paraprofessionals |
| <input type="checkbox"/> Office Support Personnel | <input type="checkbox"/> Maintenance Personnel |
| <input type="checkbox"/> School Nurses | <input type="checkbox"/> Cafeteria Personnel |
| <input type="checkbox"/> General and Remedial Education Teachers | <input type="checkbox"/> other, please specify: _____ |

Date(s) of Training: _____
Methods of Training: Faculty Meeting Individual Packets In-service Session(s)
Videotape Presentation(s) Team or Dept. Meetings Other, specify _____

District _____ Campus _____

Printed Name of Principal _____ Date _____

Signature of Principal _____