

**[INSERT PROGRAM OR DISTRICT NAME]**

**Department of Special Education**

**Child Find Services**

**DISTRICT ASSURANCES CHECKLIST**

This form is to be completed by each district administrator for any staff members directly under their supervision/responsibility 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 staff members.
- Yes  In progress    I have displayed the Child Find Poster(s) in readily accessible locations.
- Yes  In progress    My staff have been trained on the appropriate responses to inquiries regarding services to students with disabilities from birth through 21 years of age.
- Yes  In progress    My staff members have been made aware of the characteristics of various disabilities in order 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 district personnel about the requirements and procedures for Child Find efforts in our district. (Please check all that apply to your staff.)

- |   |   |
|---|---|
| <input type="checkbox"/> Bus Drivers              | <input type="checkbox"/> Central Administrative Personnel |
| <input type="checkbox"/> Secretaries              | <input type="checkbox"/> Paraprofessionals                |
| <input type="checkbox"/> Office Support Personnel | <input type="checkbox"/> Maintenance Personnel            |
| <input type="checkbox"/> Board Members            | <input type="checkbox"/> Cafeteria Personnel              |
| <input type="checkbox"/> Teachers                 | <input type="checkbox"/> other, please specify: _____     |

Date(s) of Training: \_\_\_\_\_  
Methods of Training:  Department Meeting(s)  Individual Packets  In-service Session(s)   
Videotape Presentation(s)  Team Meetings  Other, specify \_\_\_\_\_

District \_\_\_\_\_ Department \_\_\_\_\_

Printed Name of Administrator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Administrator \_\_\_\_\_