

**CHILD FIND PROCEDURES REQUEST:
SAMPLE MEMORANDUM TO CAMPUS ADMINISTRATOR**

To: Administrator Addressed
From: [INSERT NAME OF PERSON], Child Find Contact
[INSERT YOUR PROGRAM NAME]
Re: Child Find Assistance Request
Date: [INSERT CURRENT DATE]

[INSERT YOUR PROGRAM NAME is] [and its member districts are] responsible for identifying, locating, and evaluating any children with known or suspected disabilities who reside within the school district's boundaries to determine whether a need for special education and related services exists. To ensure that eligible students in both public and private schools are receiving the services to which they are entitled, we would like to request your assistance.

Enclosed you will find the [INSERT PROGRAM NAME] procedures for Child Find. Each campus administrator is receiving a copy of these procedures. At this time, please designate someone on your campus to serve as the official Child Find contact person. Typically, [INSERT POSITION OF CAMPUS CONTACT, e.g., the counselor or designated assistant principal or campus secretary] is the campus designee for maintaining Child Find documentation for each campus. Since Child Find procedures are outlined in federal law and TEA, it is imperative that these procedures be followed in a timely and appropriate manner.

A Campus Assurances Checklist is included for your completion. This provides the documentation needed to ensure that each campus has complied with Child Find regulations. Please complete and return this form no later than [INSERT DUE DATE].

Also enclosed is information about Child Find and our programs for display in the front window and appropriate gatherings at the school. Please let us know if you need additional materials.

We appreciate your support of the children in [INSERT LOCATION, PROGRAM OR DISTRICT NAME]. Thank you for your assistance in this matter. If you have questions, comments, or concerns, please do not hesitate to contact [INSERT CHILD FIND CONTACT PERSON'S NAME] at [INSERT CONTACT PERSON'S EMAIL and PHONE NUMBER].

[INCLUDE CHILD FIND MATERIALS DESCRIBED ABOVE AND DISTRICT CHILD FIND PROCEDURES FROM YOUR FILES OR FROM SAMPLE DOCUMENTS AND THE FOLLOWING CAMPUS CHECKLIST]

[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 Inservice Session(s)
 Videotape Presentation(s) Team or Dept. Meetings Other, specify _____

District _____ Campus _____

Printed Name of Principal _____ Date _____

Signature of Principal _____