

**Child Find Request** 

1555 Lee Drive/ Post Office Box 820 Clarksdale, MS 38614

**DATE OF MET MEETING** 

## Zatara Bolden-Griham, Special Services Director zbolden@coahoma.k12.ms.us

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(662) 624-5448 (Telephone)				(662) 624-5512 (Fax <b>)</b>	
Person Making the Request and Agency Represented:			Relation to C	Relation to Child:	
Requester's Address:			Requester's Phone:		
Requester's Email:			Date Request Received:		
			,		
PERSONAL DATA					
Child's Full Name:	Race/Et	nnicity:	Gender:	DOB:	
	HOME AND FA	MILY INFORMA	TION		
Parent/Guardian:					
Home Address:					
Home Phone:					
Work Phone:					
	LANGUAGE(S) S	SPOKEN IN THE	HOME		
Is any language other than Eng Parent/Guardian's Language: Child's Language:	lish spoken in the chil			xt section)	
Ciliu's Lariguage.	CHII DIS EDIL	CATIONAL SETT	INC		
Does the child attend a public/				lo (skip to next question)	
Does the child attend a public/private school or preschool/childcare center's School/Center Name:				School/Center Phone:	
School/Center Address:			Teacher:	Teacher:	
	CONCERNS	S FOR THE CHIL	D		
Describe any concerns that you h					
Decision by MET:					
•					
	MET MEM	BERS PRESENT			
NAME	POSITION	NAME		POSITION	
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**DATE PARENT NOTIFIED OF** 

**DECISION** 

