

**For All Private School Administrators and Known
Home-School Parents within the Boundaries of the
LaSalle/Putnam County Educational Alliance
for Special Education (L.E.A.S.E.)**

CHILD FIND: Please list any of your students who you feel should be referred for an evaluation to determine if a possible disability exists. (A contact will be made with the appropriate local school district requesting that a discussion be held with you to discuss any possible referral of any student/s listed.)

<u>Student Name</u>	<u>D.O.B.</u>	<u>Home Address and Student's Resident Public School District</u>
1.	1.	1.
2.	2.	2.
3	3	3

Name, title and contact information of the person completing this survey

Name (please print or type)	Title
Address	Private School Name
City, State, Zip Code	Phone number

Please return to:

L.E.A.S.E.
c/o Kathy Fox, Executive Director
1009 Boyce Memorial Drive
Ottawa, IL 61350
Phone: 815-433-6433
Fax: 815-433-6164
Email: kfox@lease-sped.org