

BUFORD CITY SCHOOLS

Department of Special Education

CHILD FIND

Please complete this form if you suspect your child has a developmental delay.

1. Name of Child: _____
2. Date of Birth: _____
3. Address: _____
4. Telephone Number: _____
5. E-mail Address: _____
6. If you suspect that your child has a disability, are you requesting an evaluation for services?
___Yes ___No Explain: _____

If you have questions about special education services, please contact:

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