

Community Unit School District #300
EARLY CHILDHOOD
INITIAL CONTACT SCREENING FORM

Chronological Age: _____

Mailed out ASQ _____

on excel

Today's Date: _____ **Person taking call:** _____

Name of Child (FML): _____ DOB: _____

Gender: M _____ F _____ Parent(s)/Guardian(s): _____

Address: _____ City _____ Zip _____

County _____ **Base Building** _____

Home Phone _____ Work/Mobile Phone _____

Is your child enrolled in a preschool program (i.e. park district/Gilberts/GDW)?

yes no

If yes where? _____

Do you have any concerns regarding your child? yes no

If so, what _____

Has your child received any private or early intervention therapy? (if yes, what and when?) _____

*Request information be sent to deLacey, 50 Cleveland Ave. Carpentersville, IL 60110

Language Information

What languages are spoken in the home? Please list all. _____

What language does your child understand? _____

What language does your child use? _____

A screening questionnaire will be sent to your home; would you prefer the form in English or Spanish?