

**Chicago Public Schools  
Joint Screening | Referral | Consent Form**

<input type="checkbox"/> Early Intervention Transition from CFC _____	Has CPS ID? <input type="checkbox"/> No <input type="checkbox"/> Yes: CPS ID# _____
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(PLEASE TYPE OR PRINT CLEARLY)

Date of Referral: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CHILD'S LEGAL NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Gender:**  M  F  
*(Legal name - as it appears on the birth certificate)*

**AGENCY MAKING REFERRAL:**  DFSS PFA/PI/Child Care  DFSS Early Head Start/Head Start  Start Early EHS/HS

Agency: \_\_\_\_\_ Site Name: \_\_\_\_\_ Address: \_\_\_\_\_

Site Contact Person: \_\_\_\_\_ Job Title: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Disabilities Services Coordinator: \_\_\_\_\_ DSC Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Primary Home Language: \_\_\_\_\_ Child's Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**HOMELESS** Contact parent/guardian through:  Referring Agency  Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PARENT/GUARDIAN EMAIL ADDRESS:** \_\_\_\_\_

**REASON FOR REFERRAL** *(attach supporting documentation):*

Screening Results  Teacher Observation  Parent Request  Transitioning from Early Intervention *(packet sent by CFC – JSRCF gives additional information and consent to release information)*

**AREAS OF CONCERN** *(check all that apply and add parent/guardian/teacher concerns):*

Cognitive/Academic: \_\_\_\_\_

Communication: \_\_\_\_\_

Fine Motor: \_\_\_\_\_

Gross Motor: \_\_\_\_\_

Social/Emotional: \_\_\_\_\_

Hearing: \_\_\_\_\_

Vision: \_\_\_\_\_

Health: \_\_\_\_\_

**COMMENTS** *(attach additional comments, as needed):*

**PARENTAL CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION AND REGISTRATION:**

- ♦ I have been fully informed about my child's screening results and understand that CPS will review all available information and make a determination about which areas of concern require an evaluation of my child.
- ♦ I understand that before the evaluation can begin I must provide consent on a separate form and that my signature below does not grant this consent to evaluate my child.
- ♦ I also understand that my input during this determination is valuable and that if I disagree with the determination, I have the right to withhold my consent.
- ♦ I am authorizing CPS to register my child as a non-attending student for purposes of this evaluation process.
- ♦ I agree that CPS can share all information and findings about my child with the agency mentioned above.

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**(PLEASE TYPE OR PRINT CLEARLY)**

**This release of information is valid for one year from the date of the signature below.**

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Print Parent/Guardian Name

Signature of Parent/Guardian

Date