

**Preschool Evaluation Center**

**Koontz Elementary School**

**685 E. Ritchie Road**

**Salisbury NC 28146**

**704-680-6852 – Phone**

**855-213-1599 - Fax**

Please complete this form and fax it to (855) 213-1599 or email it to Amy.Davis@rss.k12.nc.us

**Please attach child’s birth certificate to this form BEFORE submitting.**

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|  **Notifying Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **EISC Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Family Contact Information – To be completed by notifying agency** |
| **First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Hispanic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Other Relative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DSS Social Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Preschool: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Interpreter Needed? \_\_\_\_\_\_\_\_\_** | **Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Reasons for Notification to Exceptional Children Preschool Program – To be completed by notifying agency** |
| **Concerns:**  |
| **YES \_\_\_\_\_\_\_\_\_\_ I give consent for my child to participate in a developmental screening and give consent for RSS to**  **communicate with the agency above for the purposes listed above****NO \_\_\_\_\_\_\_\_\_\_ I do not want to pursue services through the Exceptional Preschool Program at this time****Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **EC Preschool Program Response Form – To be completed by RSS PK Outreach Staff** |

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|  DEC 1 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notes: |

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