**SECTION I: IDENTIFYING INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Current Date: |       | Month/Year of Screenings:  |       | CFC Submitting Form:  |    |
| Name of Screening Agency: |       |
| Type of Program/Entity[[1]](#footnote-1):  |       | Zip Code of Locations of Screenings: |       |
| Screening Tool(s) used: |       |
| Contact Person’s Name:  |       | Phone Number: |       |
| Email Address: |       |
|  |  |

If the screening was part of a shared screening event, please check the following box: [ ]

**SECTION II: SCREENING INFORMATION**

|  |
| --- |
| *Report Totals* |
| Total Children Screened | Age 0-11 months | Age 12-23 months | Age 24-35 months | Age 36-47 months | Age 48-60 months | Age 61+ months | Not Referred | Total Referred |
|       |       |       |       |       |       |       |       |       |

|  |
| --- |
| *Screenings of Children involved with DCFS* |
| # of Children in Intact Family Services Screened | # of Children of Teen Wards Screened | # of Children in Foster Care Screened |
|       |       |       |

**SECTION III: SCREENING RESULTS – REFERRAL COUNTS[[2]](#footnote-2)**

|  |
| --- |
| *Report Totals for Children Ages 0 – 35 Months* |
| # Referred to EI | # Referred to LEA (ECSE) | # Referred to EHS | # Referredto PI (center-based) | # Referred to Child Care Program | # Referred to HV | # Referred to Other Services | # Referred to Multiple Services | # Referredfor Rescreening |
|       |       |       |       |       |       |       |       |       |

|  |
| --- |
| *Report Totals for Children Ages 36 – 60 Months* |
| # Referredto LEA (ECSE) | # Referredto PFA | # Referredto HS | # Referredto Child CareProgram | # Referredto HV | # Referredto OtherServices | # Referred toMultiple Services | # Referred forRescreening |
|       |       |       |       |       |       |       |       |

Please fax or email completed form(s) by       *(insert timeframe)* to your local Child and Family Connections (CFC) office at the following contact information:      .

You may find your local CFC office by going to the Illinois Department of Human Services office locator at [www.dhs.state.il.us](http://www.dhs.state.il.us). If you have questions regarding this form, please contact the Child Find Project at 1-800-851-6197.

1. Child Care Provider (CC), Head Start/Early Head Start (HS/EHS), Home Visiting (HV), Multi-Funded Program (MFP), Child and Family Connections (CFC), School District or Local Education Agency (LEA), Early Intervention (EI) Provider, Health Department (HD), Health Care Provider (HC), Women, Infants and Children (WIC), Illinois Department of Children and Family Services (DCFS) or Family Case Management (FCM). [↑](#footnote-ref-1)
2. The following are abbreviations used in SECTION III: EI= Early Intervention; EHS = Early Head Start; PI = Prevention Initiative; HV = Home Visiting; PFA = Preschool for All; and HS = Head Start. [↑](#footnote-ref-2)