

## 0-5 CHILD FIND SCREENING DATA COLLECTION FORM

**SECTION 1: IDENTIFYING INFORMATION**

Current Date: \_\_\_\_\_ Month/Year of Screenings: \_\_\_\_\_

County: \_\_\_\_\_ CFC #: \_\_\_\_\_

Name of School District: \_\_\_\_\_ District #: \_\_\_\_\_

Location(s) of Screenings: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Contact Person Phone #: \_\_\_\_\_

Agencies Represented	*Type of Screener	0 to 3 (Y)	3 to 5 (Y)

\*CFC (CFC), School District (LEA), EI Provider, Health Department (HD), Childcare Provider (CC)

**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

**SECTION III: SCREENING RESULTS – REFERRAL COUNTS**

*Report Totals for Children Ages 0 to 3*

# Referred to Early Intervention	# Referred to Early Headstart	# Referred to Other Services	# Re-referred for Screening

*Report totals for children 3 to 5*

# Referred to Early Childhood/Special Education	# Referred to Preschool for All	# Referred to Headstart	# Referred to Other Services	# Re-referred for Screening

Please fax completed form(s) monthly to local Child and Family Connections (CFC) office. 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 Kathy Hill at 1-800-851-6197.