Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

REQUEST for INTERNAL SERVICES (RIS) – *Child/Family*

TO: _____ / _____ **DATE:** _____
Name (Respondent) *Title*

FROM: _____ / _____ **PHONE:** _____
Name (Originator) *Title*

- ☐ **Education**
- ☐ **Social Services / Mental Health**
- ☐ **Health / Nutrition**
- ☐ **Special Needs**

SERVICE REQUESTED: ☐ **Child Observation** (*requires parent/guardian consent)* ☐ **Family Service(s)** ☐ **Other**

Child's Name: *DOB:* ☐M ☐F

Teacher: *Site:* ☐AM ☐PM ☐**Head Start** ☐**State** ☐**Wrap** ☐**Full Day**

Parent/Guardian: *Home Language:* *Phone Number(s):*

Parent/Guardian Address:

CONCERN / REQUEST:

Attach the following:

- ☐ Pre-Referral Checklist
- ☐ 3 Behavior Observation Reports
- ☐ Developmental Screening
- ☐ Social/Emotional Screening

Refer to Case Management: ☐ **Yes** ☐ **No**

Parent/Guardian's Consent

☐ I consent to have my child observed and/or screened by any of the following SCUSD professional support staff: *resource teacher, behavioral support staff, nurse, coordinator, special education staff.*

☐ I do NOT consent to my child being observed and/or screened.

Parent/Guardian Signature: _____ **Date:** _____

Distribution: ***White*** *– Respondent (scan to resource team)* ***Yellow*** *– Child's Classroom File* ***Pink*** *– Parent*