



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) Full Team Other

Child's Name: _____ *DOB:* _____ M F

Teacher: _____ *Site:* _____
 AM PM Head Start State Wrap Full Day Home-Based Infant/Toddler

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

Parent/Guardian Address: _____

CONCERN / REQUEST (attach at least 5 Behavior Observation Reports for social-emotional concerns):

Screening Results

Developmental: _____

Speech/Language: _____

Social/Emotional: _____

Vision: _____

Hearing: _____

Attach copies of ALL Screeners

Parent/Guardian's Consent

I consent to have my child observed and/or screened by any of the following Child Development Department's support staff: *resource teacher, behavioral support staff, nurse, coordinator, aide, special education staff.*

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

I consent to my child being referred for a full team evaluation with Special Education.

I do NOT consent to my child being referred for a full team evaluation with Special Education.

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

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