A logo for a company

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**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 Kaitlyn Bettis @ smithkc@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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  |  | | --- | --- | --- | | **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** | | | |
| DEC 1 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notes: |

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