

## EARLY CHILDHOOD DATA ELEMENTS (for SIS)

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(First) (Middle) (Last)  
**Parent(s):** \_\_\_\_\_ **Birth place:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
(City, State)  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

		<b>Circle One:</b>	
1	Pre School for all (PFA): (Funding for this program 1) began in FY2007 or later, and 2) comes from the PreSchool for All Initiative of the Early Childhood Block Grant If Yes: 1) AM 2) PM 3) Full Day	Yes: AM, PM, or Full Day?	No
2	IDEA Services Received (Special Education Services): <input type="radio"/> Blended Pre School classroom <input type="radio"/> Self-contained Early Childhood Special Ed <input type="radio"/> Speech Only Services <input type="radio"/> None	Yes	No
3	In classroom IDEA (Are the majority of special education services provided in a general education classroom?)	Yes	No
4	Is the child currently attending Head Start? 1) AM 2) PM 3) Full Day	Yes	No
5	Title I Funding? (Comes from NCLB, Title I, Part A)	Yes	No
6	IDEA Funding? (Funding from IDEA or state Special Ed Funds) If Yes: 1) AM 2) PM 3) Full Day 4) Speech Only?	Yes	No
7	Local/Other Funding (Funding from District funds) If Yes: 1) AM 2) PM 3) Full day 4) Speech Only?	Yes	No
8	Tuition Based Finding (Funding paid through parents paying tuition) If Yes: 1) AM 2) PM 3) Full Day	Yes	No
9	Previous enrollment in Early Childhood program? (Could include Birth-3)	Yes	No
10	Receive Early Head Start Services?(May include home-based services, center-based services, or both)	Yes	No
11	Did the child participate in Prevention Initiative (Birth-3) Programming? (Funding comes from Early Childhood Block Grant)	Yes	No
12	Did the child receive Early Intervention Services? - If yes, was the referral by CFC? Yes or No _____ If CFC referral was yes: <ul style="list-style-type: none"> <li>• EI Number _____</li> <li>• Eligibility determination date for Early Childhood special ed services _____</li> <li>• Reason for delay in receiving service (if any) _____</li> <li>• If IEP was developed, IEP completion date _____</li> <li>• Early Childhood Special Education Service begin date _____</li> </ul>	Yes	No
13	Prior to attending a preschool program, was the child enrolled in Child Care?	Yes	No
14	Meets At Risk Criteria (4+ Points) (Because of their home and community environment, is subject to such language, cultural, economic, and like disadvantages that they have been determined, as a result of screening procedures, to be at risk of academic failure)	Yes	No
15	Family Structure: <input type="radio"/> Both parents in home (01) <input type="radio"/> Single parent family (02) <input type="radio"/> Lives with adult other than parent (guardian, grandparent, etc.) (03) <input type="radio"/> Youth in Care (04) <input type="radio"/> Parents have joint custody (05) <input type="radio"/> Other (06)		
16	Household Income Criteria: <input type="radio"/> 50% at or below the federal poverty level <input type="radio"/> 100% at or below the federal poverty level <input type="radio"/> 200% at or below the federal poverty level <input type="radio"/> 400% at or below the federal poverty level <input type="radio"/> Above the federal poverty level <input type="radio"/> N/A for Homeless or Youth in Care		
17	Child Welfare Involvement Within the Past Year: Child or their family received services from DCFS, including foster care,	Yes	No

	intact family services, or parent has been a ward of the state		
18	Child has been youth in care: (Child is currently in or at any point during the past year has listed in a foster care setting)	Yes	No
19	Open Intact Family Service Case: Family has been assigned a caseworker by DCFS is currently receiving family care or has in the past year	Yes	No
20	Child's parent is youth in care: (Either parent of the child is currently or at any point in the past year has been a ward of the state)	Yes	No
21	Family receives TANF: Temporary Assistance for Needy Families program provides temporary financial assistance for pregnant women and families with one or more dependent children. TANF provides financial assistance to help pay for food, shelter, utilities, and expenses other than medical.	Yes	No
22	Family receiving WIC	Yes	No
23	Family receives SNAP: Supplemental Nutrition Assistance Program (formerly Food Stamps) helps low-income people and families buy the food they need for good health. Benefits are provided on the IL link card.	Yes	No
24	Family receiving housing subsidy: Subsidized housing or social housing is government supported accommodation. Includes direct housing subsidies, non-profit housing, public housing, rent supplements, and some forms of co-operative and private sector housing	Yes	No
25	Military Connected Child?	Yes	No
26	Homeless?	Yes	No
27	Migrant?	Yes	No
28	Free or Reduced Meals? If Yes: 1) Free 2) Reduced	Yes	No
29	Home Language: <input type="radio"/> English <input type="radio"/> Other: _____ (Language spoken in the home)		
30	Native Language: <input type="radio"/> English <input type="radio"/> Other: _____ (Language spoken in the home)		

