



Early Childhood SIS Information Form

Student is: ECSE Bright Futures Speech Only Bright Futures IEP Blended
 Bright Futures Only PreK Speech Only (walk-in) Preschool for All

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|-------------------------------|----------------------|--|
| Last Name: _____ | | First Name: _____ | | Middle: _____ | |
| Address: _____ | | | City, State Zip: _____ | | |
| DOB: _____ | | Birth Place: _____ | | Race: _____ | |
| Gender: _____ | | Mother's Maiden Name: _____ | | SIS # : _____ | |
| FOR USE AT END OF SCHOOL YEAR ONLY | | | | | |
| <input type="checkbox"/> Student Remains in ECE or SPEECH ONLY (No Outcomes or SIS Information Required) Use SIS Exit Code 12 (Student Retained) | | | | | |
| Home School | | | | | |
| School: _____ | | | RCDTS: _____ | | |
| Serving School Same as Home | | | | | |
| School: _____ | | | RCDTS: _____ | | |
| Enrollment Date for Serving (mm/dd/yyyy): _____ | | | | | |
| Enrollment Type for Serving: _____ | | | | | |
| Entry/Grade Level for Serving: _____ | | | | | |
| Percent of Day Attended (PDA): _____ | | | | | |
| <div style="text-align: center;"> Tuition In Yes No Dual Language: One way Two way Not a participant </div> | | | | | |

| <u>Program Indicators</u> | | | |
|------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------|-------------------|
| Homeless | Yes | No | |
| 21 st Century Community Learning Centers | Yes | No | |
| IDEA Services | Yes | No | |
| Alternate Assessment (DLM-AA) | Yes | No | |
| Native Language | _____ | | |
| Home Language | _____ | | |
| English Learner (EL) | Yes | No | |
| Private School Student | Yes | No | |
| Migrant | Yes | No | |
| Free or Reduced Price Lunch (Low Income) | Yes | No | |
| Title 1 | School Wide | Target Assistance | Not a Participant |
| Supplemental Educational Services (SES) | Yes | No | |
| Military Connected Student | Yes | No | |
| <u>Immigrant Student Program (Required if student is in dual language program)</u> | | | |
| Country of Birth: _____ | | Date First Enrolled in a US School: _____ | |
| *Optional If student leaves US, then re-enrolls, enter the number of months student was gone: _____ | | | |

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|------------------------------------------------------------------------------------|--------------|----------------|-----------------------------------|---------------|------------|-----------------|--|
| Early Childhood Indicators | | | | | | | |
| Early Head Start (Birth to 3) | | | Yes | No | | | |
| Student's Family is Receiving CCAP (Child Care Assistance Program through IDHS) | | | Yes | No | | | |
| Student's Family is Receiving TANF | | | Yes | No | | | |
| Student's Family is Receiving a Housing Subsidy | | | Yes | No | | | |
| Child Welfare Involvement Within the Past Year | | | Yes | No | | | |
| Family Structure | Both Parents | Single Parent | Lives w/adult other than guardian | Youth in Care | | Joint Custody | |
| DCFS Licensed Child Care | | Did Not Attend | Family Child Care | Center Based | | | |
| Meets at Risk Criteria | | | Yes | No | | | |
| Student's Family is Receiving SNAP | | | Yes | No | | | |
| Student's Family is Receiving WIC | | | Yes | No | | | |
| Child's Parent is a Youth in Care | | | Yes | No | | | |
| Family has an Open Intact Family Services Case | | | Yes | No | | | |
| Household Income Criteria | 50% | 100% | 200% | 400% | Above 400% | Did not collect | |

| | | | | | | |
|----------------------------------------------------------------------------------|-------|-------------|--------------|-----------------------------|-------------|--|
| Program & Service Type | | | | | | |
| Preschool For All | None | Half Day AM | Half Day PM | Full Day | | |
| Head Start | None | Half Day AM | Half Day PM | Full Day | | |
| Local District | None | Half Day AM | Half Day PM | Full Day | | |
| Tuition | None | Half Day AM | Half Day PM | Full Day | | |
| IDEA | None | Half Day AM | Half Day PM | Full Day | Speech Only | |
| Title 1 | No | Yes | | | | |
| Preschool For All Expansion | No | Yes | | | | |
| Service Location: | Home | School | *Other _____ | *See Data Element #1 | | |
| Teacher IEIN: _____ | Role: | SpEd | GenEd | | | |
| Speech Path IEIN: _____ | | | | | | |
| *If IDEA is yes, student address must be added to SIS under demographics. | | | | | | |

| Data Element #1 | |
|------------------|---------------------------------|
| Service Location | |
| CODE | VALUE |
| 02 | Higher Education Institute |
| 03 | Licensed Child Care Center |
| 04 | Licensed Family Child Care Home |
| 06 | Community-based Organization |
| 07 | Faith-based Organization |
| 09 | Non-public School |
| 10 | Outside School Environment |
| 11 | ROE/Intermediate Service Center |
| 12 | Special Education Cooperative |

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| Early Childhood Outcomes | | | | | | | | | |
|--------------------------------------------------|----------|------|-----------------------------------------|----|------------------------------------|--|--------------------------------------------------|----------------------|----|
| Entry | Progress | Exit | Reason for exit: _____ | | | | Rating Date: _____ | | |
| Positive Social Relationships | | | Acquire Use and Knowledge Skills | | | | Take Appropriate Action to Meet Own Needs | | |
| *Rating Code #: _____ | | | *Rating Code #: _____ | | | | *Rating Code #: _____ | | |
| Made Progress Yes No | | | Made Progress Yes No | | | | Made Progress Yes No | | |
| | | | | | | | *See Data Element #2 | | |
| Participation in Ratings | | | | | | | | | |
| Coordinator, LEA Representative or Administrator | | | Yes | No | Early Childhood Teacher | | | Yes | No |
| Psychologist or Social Worker | | | Yes | No | Speech/Language Pathologist | | | Yes | No |
| Another Related Service Provider (e.g. OT/PT) | | | Yes | No | *Parents Involvement Code #: _____ | | | *See Data Element #3 | |

| Data Element #2 | |
|-----------------|---------------------------------|
| Rating Code | |
| CODE | VALUE |
| 01 | Not Yet |
| 02 | Between Emerging and Not Yet |
| 03 | Emerging Skills |
| 04 | Between Somewhat and Emerging |
| 05 | Somewhat |
| 06 | Between Somewhat and Completely |
| 07 | Completely |

| Data Element #3 | |
|-------------------------|---------------------------------------------------------|
| Parent Involvement Code | |
| CODE | VALUE |
| 01 | Information received in team meeting from parent |
| 02 | Information from parent incorporated into assessment(s) |
| 03 | Did not use information from parent in ratings process |