

DFSS-CPS Referral Packet Checklist

Ages Three to Five

- Joint Screening Referral Consent form (JSRCF) - Signed and dated _____
- Teacher Report (observations, concerns, interventions, outcomes)
- Additional supporting documentation (e.g., IFSP, medical reports, mental health reports, ABC charts, behavior logs)
- Home Language Survey
- ESI-R Screening – complete
- ASQ-3 (Birth to Three programs only)
- ESI-R Parent Questionnaire – complete
- ASQ: SE 2 Questionnaire - completed by teacher and scored
- ASQ: SE 2 Questionnaire – completed by parent and scored
- *Hearing / Vision Screening results - within one calendar year. Provide ocular or auditory report if concerns are “checked off” on the JSRCF.
- *Current Illinois Physical Examination Record
- *Current Immunization Record
- *Birth certificate OR
 - a. Baptismal record
 - b. Passport
 - c. Court documents or
 - d. Medical record
- *Parent Invitation letter (completed at the parent’s discretion)

*Items are not required by CPS for evaluation purposes, but are required by DFSS.

Please scan and forward the above documentation to the assigned CPS-DFSS Subject Matter Expert (SME) via CPS email. Each scanned attachment can be no larger than 4MB.

Note: If a family is in a temporary living situation (i.e., considered to be “homeless” or is “doubled-up” in housing due to economic hardship, domestic violence or a similar reason, the child should be registered based upon their temporary living address OR the address of their community-based preschool program. They can be registered and enrolled in a school without proof of health, immunization, school records, proof of guardianship, or proof of residency.

