



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

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): _____

Tuition In Yes No

Dual Language: One way Two way Not a participant

<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	

Immigrant Student Program (Required if student is in dual language program)

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