

**CHILD FIND  
SCREENING DATA COLLECTION FORM**

**I. IDENTIFYING INFORMATION**

COUNTY \_\_\_\_\_ CFC/SCHOOL DIST# \_\_\_\_\_

DATE \_\_\_\_\_ MONTH of \_\_\_\_\_

LOCATION(S) \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

**AGENCIES REPRESENTED**

<i>AGENCY</i>	<i>TYPE</i>	<i>0-3 (Y)</i>	<i>3-5 (Y)</i>

**II. SCREENING INFORMATION**

<i>Total Screened</i>	<i>Age 0-11 Months</i>	<i>Age 12-23 Months</i>	<i>Age 24-35 Months</i>	<i>Age 36-47 Months</i>	<i>Age 48-60 Months</i>	<i>Age 61+ Months</i>

**III. REFERRAL INFORMATION**

<i>0-3 Early Intervention</i>	<i>Early Headstart</i>	<i>Other Referral</i>	<i>#Referred for Re-screen</i>

<i>3-5 Early Childhood</i>	<i>Pre-K</i>	<i>Speech/ Language</i>	<i>Headstart</i>	<i>Other Referral</i>	<i>#Referred for Re-screen</i>

**CHILD and FAMILY CONNECTIONS #16  
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