## PACT for West Central Illinois PARENT/GUARDIAN IDENTIFICATION FORM

Child's name:	CB/Area #		
Teacher's name:	Family Advocate's initials:		
	by other adults in your child's life who have legal guardianship or custody relationship the adult has with your child by marking the appropriate box. apply.		
☐ Non-custodial Parent	Name:Mailing address:		
	Phone#		
☐ Dual Custody Parent	Name: Mailing address:		
	Phone#		
□ DCFS/Agency CW	Name: Mailing address:		
	Phone#		
attend PACT activities and	contact the above named person(s) for the purpose of inviting him/her to share information concerning the development and education of the ctivities would include Parent/Teacher conferences and staffing's.		
Custodial Parent/Guardia	nn's Signature Date		
	me Based Teacher emailed copy to Family & Community Services Coordinator by Family & Community Services Coordinator Send to CO)		

Child's Name	Date	CB/Area
HB and CB Teachers will use this side to docur side of this form. You may contact DCFS or no Information you share could include calendar of information, copies of child's work, invitation projects. Teacher should ask custodial Parent if same Parent/Teacher conference or if they prefer	on-custodial particles on the particles of the particles on the particles on the particles on the particles of the particles on the particles	arent by phone, mail or in person.  d's progress reports, curriculum  nd request for adult to do special  e non-custodial Parent to attend the
☐ Child has DCFS/Agency Caseworker  Teacher is to invite Caseworker to Parent/Te	eacher confere	ences.

Adult's name	Date	Information Given	Method of Contact

HBT and FA will complete this form on <u>Intake</u>. The FA will email copy to F&CS Coord. And give original to CBT. The HBT will keep the original and email copy to F&CS Coord. Teachers will document **monthly** contact on back and send copy of both sides to CO after each P/T conference and home visit.