

PACT for West Central Illinois
PARENT/GUARDIAN IDENTIFICATION FORM
FORMA DE IDENTIFICACIÓN PADRE/GUARDIAN

Child's Name/*Nombre del niño*: _____ Class/*Clase*: _____

Teacher/*Maestra*: _____ Staff/*Personal*: _____

This form is used to identify other adults in your child's life who have legal guardianship or custody rights. Please indicate the relationship the adult has with your child by marking the appropriate box.

Esta forma es para identificar los adultos en la vida de su niño/a que tienen custodia o derechos legales. Por favor indique la relación que el adulto tiene con su niño/a.

Please mark all boxes that apply. / *Marque todo lo que aplique.*

Non-custodial Parent Name / *Nombre*: _____
Padre-sin custodia Mailing address / *Dirección*: _____

Phone# / *Numero telefonico* _____

Dual Custody Parent Name / *Nombre*: _____
Padres ambos con Mailing address / *Dirección*: _____
custodia _____

Phone# / *Numero telefonico* _____

DCFS/Agency CW Name / *Nombre*: _____
Departamento de Mailing address / *Dirección*: _____
servicios a Familia y _____
Niños-Trabajador/a _____
Social Phone# / *Numero telefonico* _____

I give PACT permission to contact the above named person(s) for the purpose of inviting him/her to attend PACT activities and share information concerning the development and education of the child listed on this form. Activities would include Parent/Teacher conferences and staffing's.

Yo doy permiso a PACT para contactar las personas que nombré para compartir información sobre el desarrollo y educación del niño/a en esta forma. Las actividades incluye Conferencias de Padre y juntas.

Custodial Parent/Guardian's Signature
Firma del Padre/Guardian

Date/*Fecha*

_____ Family Advocate/Home Based Teacher emailed copy to Family & Community Services Coordinator
_____ Welcome Packet sent by Family & Community Services Coordinator
_____ Date Child Dropped (Send to Family & Community Services Coordinator)

Teachers will use this side to document monthly contact with adults listed on the other side of this form. You may contact DCFS or non-custodial parent by phone, mail or in person. Information you share could include calendar of events, child's progress reports, curriculum information, copies of child's work, invitation to meetings and request for adult to do special projects. Teacher should ask custodial Parent if they want the non-custodial Parent to attend the same Parent/Teacher conference or if they prefer separate conferences.

Child has DCFS/Agency Caseworker
Teacher is to invite Caseworker to Parent/Teacher conferences.

| Adult's Name | Date | Information Given | Method of Contact |
|--------------|------|-------------------|-------------------|
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HBT and FA will complete this form on Intake. 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. 5/22

