

**KidSCOpe - Incredible Years Parent Education – Referral & Intake Form**  
**To Be Completed by the Parent or Provider**

**Class referred for (circle):** IY Preschool IY Toddler IY Baby      **Location:** Hillsborough Siler City Chapel Hill      **Language:** English Spanish

**Referred by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referring Provider Contact Information:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Parent #2 Name:** \_\_\_\_\_

**Highest Level of Education:** \_\_\_\_\_ **Highest Level of Education:** \_\_\_\_\_

**Phone: Home:** \_\_\_\_\_ **Phone: Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Date of Birth/Age:** \_\_\_\_\_

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**Home address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**In cases of divorce or separation, is one parent the primary contact? If yes, which parent?** \_\_\_\_\_

**Please describe any concerns you have about the child (specify which child):** \_\_\_\_\_

**Is this child currently receiving or have they been previously referred for any special therapies, services or evaluations? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list:** \_\_\_\_\_

**PARENTS: Please share your reason for wanting to attend this class:** \_\_\_\_\_

**PARENTS: Are you able to commit to the complete 10, 12 or 16 week series? No \_\_\_\_\_ Yes \_\_\_ What might be the barriers of your completing the class? (Schedule conflicts, other activities, etc.)** \_\_\_\_\_

**Is transportation an issue?** \_\_\_\_\_

**How many children will attend the provided childcare? Ages?** \_\_\_\_\_

**Is the family with any other agencies? No \_\_\_ Yes \_\_\_\_\_ If yes, which agency and what is it requiring?** \_\_\_\_\_

**PARENTS: Does KidSCOpe have your permission to contact your caseworker/social worker? No \_\_\_ Yes \_\_\_ If yes, name and contact information:** \_\_\_\_\_

**Other people in the home or community who might be interested in participating in the class:** \_\_\_\_\_