

STAR NET Region IV Database / Library Borrower Form - Families

Mail: STAR NET Region IV, 1000 South Illinois Street, Belleville, Illinois, 62220

Fax: 618-236-4868 Email: dcooper@sccroe50.org Phone: 618-825-3968 www.starnetiv.org

Name _____ Email _____

Address _____ City _____ State _____ Zip _____ County _____

Phone (H) _____ (C) _____ (W) _____

Race (Choose one): Hispanic or Latino American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White or Caucasian Two or More Races Choose not to answer

Gender (Choose one): Male Female Non-binary Other (please list) _____ Choose not to answer

Please initial if you would like to use the STAR NET Library

I accept full responsibility for the items in my possession. In the event of loss or damage, I agree to reimburse the STAR NET Resource Center for full cost of replacing the borrowed item. I understand that materials are lent for preview purposes only. Any reproduction of copyrighted materials by others or me, while items are in my possession, is in violation of federal copyright laws.

Initial _____ Date _____

What is your relationship with the child who has been identified as having a disability?

Parent Grandparent Foster parent Guardian Other relative

1. Child's Age _____ Date of Birth _____ Male Female

2. Child's Primary Disability

ADD/ADHD Down syndrome Other Health Impairment
 Autism Spectrum Disorder Emotional Disability Speech/Language Impairment
 Cerebral Palsy Intellectual Disability Traumatic Brain Injury
 Deafness/Hearing Impairment Multiple Disabilities Visual Impairment
 Developmental Delay Orthopedic Impairment Other (please list) _____

3. My child has an: IFSP (Individualized Family Service Plan)
 IEP (Individualized Education Program)

4. May we contact you if another parent is interested in talking with someone who has a child with a similar disability? Yes No

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