

# STAR NET Region IV Database / Library Borrower Form

Mail: STAR NET Region IV, 1000 South Illinois Street, Belleville, Illinois, 62220  
Fax: 618-236-4868 Email: [dcooper@sccroe50.org](mailto:dcooper@sccroe50.org) Phone: 618-825-3968 [www.starnet.org](http://www.starnet.org)

Name \_\_\_\_\_ Email \_\_\_\_\_

(H)Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(H)County \_\_\_\_\_ (H)Phone \_\_\_\_\_ (Cell) \_\_\_\_\_

Name of Agency/School \_\_\_\_\_ (W)Phone \_\_\_\_\_

(W)Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

District Name/Number \_\_\_\_\_ (W)County \_\_\_\_\_

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

IEIN \_\_\_\_\_ Gateways Membership ID# \_\_\_\_\_

**Illinois Educator Identification Number (IEIN):** If you have an educator license from Illinois, you **MUST** provide your IEIN in order to receive Illinois Professional Development Hours. If you do not know your IEIN, you can find it in ELIS on ISBE's website.

## 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 the 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 \_\_\_\_\_

### Program:

- ☐ Blended ECSE/Preschool for All
- ☐ Child Care
- ☐ Community Preschool
- ☐ Early Childhood Special Education (ECSE)
- ☐ Early Intervention (EI)
- ☐ Head Start
- ☐ Primary (K-3)
- ☐ Preschool for All (PFA)
- ☐ State Prevention Initiative (0-3)
- ☐ Preschool Expansion
- ☐ Other (please list) \_\_\_\_\_

### Position:

- ☐ Administrator
- ☐ Developmental Specialist (EI)
- ☐ Family Educator
- ☐ OT ☐ PT ☐ SLP
- ☐ Parent/Family Member
- ☐ Psychologist
- ☐ Service Coordinator (EI)
- ☐ Social Worker
- ☐ Teacher
- ☐ Paraprofessional
- ☐ Other (please list) \_\_\_\_\_

Age of children you work with: ☐ birth-2 yrs. ☐ 3, 4, or 5 yrs. ☐ Other (please list) \_\_\_\_\_

Educators/Professionals

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

☐ Parent ☐ Grandparent ☐ Foster parent ☐ Guardian ☐ Other relative

2. Child's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ ☐ Male ☐ Female

3. Child's Primary Disability

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

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

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

Parents/Caregivers