

# STAR NET Region IV Database Form – Educators/Professionals

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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.

### 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

STAR NET is operated through a grant awarded by the Illinois State Board of Education;  
100% of annual funding for the project is from federal sources.