

CPS VISIT INTAKE FORM



DATE: _____

TIME: _____

SCHOOL: _____ **SWES ITK-5** _____ **SW MS/HS 6-12**

CPS CASEWORKER NAME: _____

Attach a copy of their identification

ADDITIONAL INTERVIEWERS? _____

Attach a copy of their identification

STUDENT NAME: _____ **DOB:** _____

GRADE/TEACHER: _____ **FOSTER CARE?** _____ **YES** _____ **NO**

DID STUDENT CONSENT TO INTERVIEW? _____ **YES** _____ **NO**

PARENTS NOTIFIED? _____ **YES** **HOW?** _____

VERIFIED SCHOOL REFERRAL TO CPS? _____ **YES** _____ **NO**

CONCERN FOR HEALTH AND SAFETY? (Describe in detail)

INTERVIEW DESCRIPTION (ROOM, STAFF PRESENT, LENGTH OF INTERVIEW)

FILES REQUESTED/PROVIDED:

STAFF WHO VERIFIED: _____ **(PRINT)** _____ **(INITIAL)**

Send original to Superintendent's Office