Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

REQUEST for INTERNAL SERVICES (RCS) Child/Family

TO: _____ / _____ DATE: _____
Name (Respondent) Title

FROM: _____ / _____ PHONE: _____
Name (Originator) Title

SERVICE REQUESTED: ☐ Child Observation (requires parent/guardian consent) ☐ Special Needs

Child's Name: DOB: ☐ M ☐ F

Teacher: Site: ☐ AM ☐ PM ☐ Head Start ☐ State ☐ Wrap ☐ Full Day

Parent/Guardian: Home Language: Phone Number(s):

Parent/Guardian Address:

CONCERN / REQUEST:

Attach the following:

- ☐ Pre-Referral Checklist
- ☐ 3 Behavior Observation Reports
- ☐ Developmental Screening
- ☐ Social/Emotional Screening

Refer to Case Management: Yes No

Parent/Guardian's Consent

☐ I consent to have my child observed and/or screened by any of the following SCUSD professional support staff: resource teacher, behavioral support staff, nurse, coordinator, special education staff.

☐ I do NOT consent to my child b.42 >>BDCf5.1896 0 0 9..7(s)-1.5-,havned

Parent/Guardian Signature: _____ Date: _____

Distribution: White – Respondent (scan to resource team) Yellow – Child's Classroom File Pink – Parent