

Attachment A
CHICAGO PUBLIC SCHOOLS
STUDENT INTERVIEW REQUEST FORM

This form must be completed and filed in the student's folder, along with the appropriate Documentation of Authority; signed Authorization/ Release of Information, if any, and proof of identification, provided on day of interview. Do Not photocopy the interviewer's identification if it contains his/her Social Security number. Instead, sign here that you have checked the interviewer's identification to verify his/her identity. Identity of Interviewer Verified by:

Print Name	Signature	Title	Date
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INTERVIEWER INFORMATION

Name: _____	Agency/Title: _____
Address: _____	Telephone No. _____
Supervisor: _____	Fax No. _____
Telephone No. _____	
Date of Request: _____	

Reason For Interview (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> DCP Investigation | <input type="checkbox"/> Attorney or Guardian ad Litem Interview |
| <input type="checkbox"/> Caseworker Interview | <input type="checkbox"/> Public Defender or Public Guardian Interview |
| <input type="checkbox"/> Court-Ordered Eval. by Mtl. Health Professional | |
| <input type="checkbox"/> Court Appointed Educational Advocate | |
| <input type="checkbox"/> Probation Officer Visit | |

Request to Review Student Records: Yes No Signed Authorization Release (attached) Yes No

Documentation of Authority: (Check appropriate category)

- | | |
|--|--|
| <input type="checkbox"/> Court Order Appointing Guardian/Custodian | <input type="checkbox"/> Court Order Appointing Atty or Guardian ad Litem |
| <input type="checkbox"/> DCP Identification | <input type="checkbox"/> Court Order for Classroom Observation by Mental Health Professional |
| <input type="checkbox"/> Signed Authorization/Release of Information by Parent/Legal Guardian/Surrogate Parent | |

STUDENT AND SCHOOL INFORMATION

School: _____

Name	Unit	Region	
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School Liaison: _____ Telephone: _____ Fax: _____

Student Name: _____ Grade: _____ ID# _____

Parent/Guardian: _____ Telephone: _____

Name and Title of CPS Employee who provided info or assisted with interview: _____

INTERVIEW INFORMATION

Amount of Time Anticipated As Necessary For Interview:

Proposed Dates and Times: (Please provide three options, in order of preference)

- | | |
|----------------|-------------|
| 1. Date: _____ | Time: _____ |
| 2. Date: _____ | Time: _____ |
| 3. Date: _____ | Time: _____ |

Emergency Interview (Check, if applicable)

Interview: Occurred Rescheduled Canceled

CPS CONFIRMATION (to be completed by CPS staff and faxed back to interviewer)

Approved Interview Time: Date _____ Time: _____

Alternate Suggested Interview Times:

- | | |
|----------------|-------------|
| 1. Date: _____ | Time: _____ |
| 2. Date: _____ | Time: _____ |

REASON: _____

Date Request Received: _____ Date Faxed Confirmation: _____ Initials: _____

Parent/Guardian Notified: _____ Yes No Date of Notification: _____