

**Data Base/Library Borrower Form**

*Please do not use gel pens OR pencils if you plan to fax this form. Thank you.*

**BE SURE TO COMPLETE THIS FORM TO RECEIVE IMPORTANT ANNOUNCEMENTS AND TRAINING INFORMATION! WE ARE GOING ELECTRONIC!!**

Please Print

Name\_\_\_\_\_

Address(H)\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_County\_\_\_\_

Address(W)\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_County\_\_\_\_

Phone(H)\_\_\_\_\_ (W)\_\_\_\_\_

E-Mail\_\_\_\_\_ Fax \_\_\_\_\_

***Please sign if you would like to use the STARNET Library***

I accept full responsibility for the items in my possession. In the event of loss or damage, I agree to reimburse the STARNET Resource Center the full cost of replacing the borrowed item. I understand that materials are lent for preview purposes only. Any reproduction of computer software or video tapes by myself or others, while items are in my possession, is in violation of federal copyright laws. I also understand that duplication of print materials borrowed from the center for any other than my personal use may be prohibited by law.

Signature\_\_\_\_\_

DO NOT add me to the STARNET Mail list.  
 I just want to use the Library.

Date\_\_\_\_\_

**Program: Name of Agency/School\_\_\_\_\_**

- Child care\_\_Home\_\_Center     Community Pre-School     Early Childhood Special Education
- Early Intervention (Birth-2)     Even Start     ECSE/PreK Blended
- Head Start\_\_Home\_\_Center     Parenting Training     State PreK     Primary (K-3)
- State Prevention Initiative     Other\_\_\_\_\_

**Position**

- Administrator/Coordinator     Family Educator     OT     PT     SLP
- Developmental Specialist (EI)     Service Coordinator (EI)     Social Worker
- Psychologist     Teacher     Teacher Assistant
- Other\_\_\_\_\_

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\_\_\_\_\_ M/F\_\_\_\_\_

- 3. Child's Primary Disability     ADD/ADHD     Down Syndrome     Deaf/Hard of Hearing
- Learning Disability (LD)     Autism     Mental Retardation     Speech/Language
- Traumatic Brain Injury     Visual     Emotional/Behavioral     Cerebral Palsy
- Multiple Disabilities     Other\_\_\_\_\_

Parents/Caregivers

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