**ROCK and WALWORTH COMPREHENSIVE FAMILY SERVICES INC.**

 **HEAD START AND EARLY HEAD START**®

 Phone: 299-1500 Fax:299-1629

**Staff Request for University Extension Services**

**Staff should call UW-Extension in Rock County at 1- 608 -363-6272** **and UW–Extension in Walworth County at** 1**-262-741-4951 or 1-262-741-4957 to discuss request and then fax the request to the fax number listed below. UW-Extension will then direct the request to the appropriate staff. The appropriate staff will contact RWCFS staff person to confirm details, schedule etc. and will then provide a response regarding when/how request was carried out on the back of this form to their supervisor who will return it care of RWCFS CDHTL by faxing a copy to: 1- 608 - 299-1629.**

**Head Start Site Requestor Staff Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ Beloit Center **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Good Shepherd **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Good Shepherd – Early Head Start **Class Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Community Kids – Early Head start

□ Lake Geneva **Date faxed to UW-Extension: \_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_

□ Whitewater **UW-Extension fax numbers:**

□ Sharon **Rock County 1- 608 -363-6225**

□ Delevan - Early Head Start **Walworth County 1-262-741-4955**

□ Elkhorn

□ St. Peter’s

□ Little Tree House – Early Head Start

□ Jefferson Elementary School (Janesville)

**Type of Request:**

□ Plan/participate in Classroom Nutrition Activity

□ Joint home visit

□ Do activity with children

□ Provide presentation at parent center committee meeting

□ Provide presentation at Center Family Event

□ Provide presentation at EHS socialization

□ Provide training for staff

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe request:

**University Extension Response to Referral/ Request**

**Type of Request Responded to and date completed:**

□ Planned/Participated in Classroom Nutrition Activity \_\_\_/\_\_\_/\_\_\_

□ Completed joint Home visit \_\_\_/\_\_\_/\_\_\_

□ Completed activity with children \_\_\_/\_\_\_/\_\_\_

□ Provided presentation at parent center committee meeting \_\_\_/\_\_\_/\_\_\_

□ Provided presentation at Center Family Event \_\_\_/\_\_\_/\_\_\_

□ Provided presentation at EHS socialization \_\_\_/\_\_\_/\_\_\_

□ Provided training for staff \_\_\_/\_\_\_/\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

Brief description of how it went/comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Once response is complete, please give to the RWCFS staff person who made the request or fax to 608-299-1629 to the attention of Carol Mishler, CDHTL

**UW-Extension staff member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_ **(9/10)**