

STARNET Resource Library Loan Request

Name _____

Send materials to my... home business address below...

Address _____

City _____ State _____ Zip _____

Home phone _____ Business phone _____

Fax _____ Email _____

District/Agency _____

I live in _____ county. I work in _____ county.

Program Affiliation (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Blended ECSE/Pre-K | <input type="checkbox"/> Model Parental Training |
| <input type="checkbox"/> Comm. Preschool | <input type="checkbox"/> Even Start | <input type="checkbox"/> State Pre-K |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Head Start | <input type="checkbox"/> State Prevention Initiative |
| <input type="checkbox"/> ECSE | <input type="checkbox"/> K-3 | <input type="checkbox"/> 1/2 Day ECSE/1/2 Day Pre-K |
| <input type="checkbox"/> Other _____ | | |

Position (check one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Teacher | <input type="checkbox"/> Service Coordinator |
| <input type="checkbox"/> Developmntl Spec. | <input type="checkbox"/> Teacher Assistant | <input type="checkbox"/> SLP |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> OT/PT | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Family Educator | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Other _____ |

Materials Requested (please use back or additional sheet if more room is needed)

1. _____
2. _____
3. _____
4. _____

All resources loaned for a three week period unless additional time is requested. All loans are free of charge in the state of Illinois. It is your responsibility to honor the due dates and return the resources to the STARNET office.

You can request materials online at:

www.starnet.org

Return request to:

STARNET Regions I & III
Western Illinois University
32 Horrabin Hall
Macomb, IL 61455
FAX: 309/298-2305

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