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| **KG:** [**kis.vorortkg@edubs.ch**](mailto:kis.vorortkg@edubs.ch) | **PS: kis.vorortps@edubs.ch** |

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| Anfrage: KIS vor Ort (KG +PS) | | | | | | | Datum | | | |  | | | | |  | | ♀  ♂ |
| Name des Kindes |  | | | | | | | | | Vorname | | |  | | | | | |
| Geburtsdatum |  | | | | | | | | | Nationalität | | |  | | | | | |
| Muttersprache |  | | | | | | | | |  | | | | | | | | |
| Deutschkenntnisse | Vater gut  Mutter gut  Übersetzerin/Übersetzer nötig | | | | | | | | | | | | | | | | | |
| Gruppe / Klasse | \_\_\_\_ | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| Anmeldung durch | LP |  | | | | | | | | SL | | |  | | | | | |
| Einsatzort/Adresse |  | | | | | Tel. | | |  | | | | Klasse | | | |  | |
| in Absprache mit | SHP  SL | | | | | | | | | | | |  | | | | | |
| **Kontaktpersonen:**  Name |  | | | | | | | | | Funktion | | |  | | | | | |
| Tel. |  | | | | | | | | | Mail | | |  | | | | | |
| Name |  | | | | | | | | | Funktion | | |  | | | | | |
| Tel. |  | | | | | | | | | Mail | | |  | | | | | |
|  |  | | | | | | | | |  | | |  | | | | | |
| beteiligte  Institutionen  (mit Personenangabe) | SPD | |  | | | | | | | SSA | | | | |  | | | |
|  | KJD | |  | | | | | | | SHP | | | | |  | | | |
|  | KJPK | |  | | | | | | | Therapie | | | | |  | | | |
|  | FABE | |  | | | | | | |  | |  | | | | | | |
| Antrag Verstärkte Massnahmen? | | | | ja | Datum: | | |  | | | | | | nein | | | | |
| Benutzung von Tagesstrukturen? | | | | ja |  | | |  | | | | | | nein | | | | |

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| Beschreibung der Situation: |

Datum:      elektronische Unterschrift Schulleitung / Lehrperson: