



e. Does the foster parent have the ability to make decisions regarding the child's day-to-day activities?

yes  no  na

## 6. Health

a. The EPSD&T Summary was reviewed by the board.

yes  no

i. If yes, have all referable conditions been addressed by the appropriate healthcare provider?

yes  no  na

b. What current medical/mental/dental health concerns that are not being addressed by a healthcare provider?

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c. What are the results/recommendations from any health/mental health assessment or evaluation conducted on the child since the EPSD&T or last board review?

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i. Have all the recommendations been implemented?

yes  no  na

d. Is the child currently taking any medication? (if no, skip to e)

yes  no

i. If yes, what side effects is the child experiencing, if any?

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ii. Which doctor prescribes/monitors the medication? \_\_\_\_\_

Date of last visit with this doctor? \_\_\_\_\_

iii. For any new medication(s), was the baseline monitoring of the medication completed?

yes  no  na

e. Does the child's health needs restrict them from participating in age-appropriate activities?

yes  no  na

## 7. Education

### For children under the age of 3

a. What age appropriate developmental milestones is the child meeting?

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b. When was the child referred to TEIS? \_\_\_\_\_

i. If eligible, how are the recommendations from the IFSP helping the child be successful?

na

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### For pre-school aged children only (ages 3-5)

a. What educational instruction is the child receiving to prepare for kindergarten?  n/a

home setting  licensed home day care  licensed childcare center  preschool  Head Start

b. If the child will be five by the school's deadline, is the child ready to start kindergarten?  yes  no  na

i. If no, what additional assistance is needed to prepare the child?

Development of Interest/Hobby  Develop Social Skills  Occupational Therapy  
 Organized Educational Settings  Speech Therapy

c. Does the child have an  IEP or  504 Plan?  yes  no

i. If Yes, Date: \_\_\_\_\_

ii. What is the eligibility? \_\_\_\_\_

iii. How are the modifications/services or accommodations helping the child to be successful?

\_\_\_\_\_

\_\_\_\_\_

**For school aged children only (Kindergarten – 12<sup>th</sup> Grade)**

a. If the student has absences, what are the reasons?  na

court/DCS meeting  health  residential placement change  school refusal  skipping

suspensions  tardy  transportation  zero tolerance

other \_\_\_\_\_

b. If there have been disciplinary issues with school, what are the reasons?  na

disrespecting staff  fighting  inappropriate behavior (\_\_\_\_\_)

refusal to do schoolwork/homework  skipping  other: \_\_\_\_\_

c. What are the student's grades in each course?

English		Other:		Other:	
Math		Other:		Other:	
Social Studies/ History		Other:		Other:	
Science		Other:		Other:	

i. What assistance is needed to help the student be more successful in class? \_\_\_\_\_

\_\_\_\_\_

ii. What other barriers are contributing to the student's difficulties in school?

\_\_\_\_\_

d. Does the student have an  IEP or  504 Plan?  yes  no

i. If Yes, Date: \_\_\_\_\_

ii. What is the eligibility? \_\_\_\_\_

iii. How are the modifications/services or accommodations helping the child to be successful?

\_\_\_\_\_

\_\_\_\_\_

e. In what extracurricular activities do you participate?

\_\_\_\_\_

\_\_\_\_\_

**For youth enrolled in high school (Transcripts required)**

a. What year did the student first enroll as a freshman in high school? \_\_\_\_\_

b. Indicate the courses in which the student has received credit (as verified on a high school transcript).

Course	Fall S1	Spring S2	Course	Fall S1	Spring S2	Course	Fall S1	Spring S2
English I/ELD 9	<input type="checkbox"/>	<input type="checkbox"/>	Biology	<input type="checkbox"/>	<input type="checkbox"/>	World History and Geography	<input type="checkbox"/>	<input type="checkbox"/>
English II/ ELD 10	<input type="checkbox"/>	<input type="checkbox"/>	Chemistry or Physics	<input type="checkbox"/>	<input type="checkbox"/>	U.S. History and Geography	<input type="checkbox"/>	<input type="checkbox"/>
English III/ ELD 11	<input type="checkbox"/>	<input type="checkbox"/>	Another Science	<input type="checkbox"/>	<input type="checkbox"/>	Economics	<input type="checkbox"/>	<input type="checkbox"/>
English IV/ ELD 12	<input type="checkbox"/>	<input type="checkbox"/>	Another Science	<input type="checkbox"/>	<input type="checkbox"/>	U.S. Government and Civics	<input type="checkbox"/>	<input type="checkbox"/>
Algebra I/Int. Math I	<input type="checkbox"/>	<input type="checkbox"/>	Fine Arts Class	<input type="checkbox"/>	<input type="checkbox"/>	Personal Finance (.5 credit required)	<input type="checkbox"/>	<input type="checkbox"/>
Algebra IA/Int. Math IA	<input type="checkbox"/>	<input type="checkbox"/>	Fine Arts Class	<input type="checkbox"/>	<input type="checkbox"/>			
Algebra IB/Int. Math IB	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Language					
Geometry/Int. Math II	<input type="checkbox"/>	<input type="checkbox"/>	Year 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	Lifetime Wellness	<input type="checkbox"/>	<input type="checkbox"/>
Geometry IA/Int. Math IIA	<input type="checkbox"/>	<input type="checkbox"/>	Year 2: _____ *2 years of same language	<input type="checkbox"/>	<input type="checkbox"/>	Physical Education (.5 Credit required)	<input type="checkbox"/>	<input type="checkbox"/>
Geometry IB/Int. Math IIB	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Algebra II/Int. Math III	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4 <sup>TH</sup> Math Class	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4 <sup>TH</sup> Math Class	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Use blank fields to indicate Elective Focus and Other Courses

Additional graduation requirements:  State Issued ID  ACT/SAT taken (Test Score: \_\_\_\_\_)  
 Civics Test  AP/IB/Dual Enrollment/Cambridge (College Credit Exams)

i. If the student has an IEP or 504, have accommodations been requested?

ACT/  AP/IB/Dual Enrollment/Cambridge (College Credit Exams)

ii. Preparation for Post-Secondary

Career Interest Inventory  college applications  College Resume  
 College tours  FAFSA  Letters of Recommendation  
 Scholarships  TN Promise application (high school seniors only)

c. If the student is not on track to graduate, what steps can be taken to achieve the needed credits?  na

alternative education setting  credit recovery  extended class time  fast track options  
 online courses  summer school  tutoring  other: \_\_\_\_\_

**8. Visitation**

a. What is the manner and frequency of visits between child and : \_\_\_\_\_ (check NA if visitation is suspended or terminated.)

Mother  NA \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Father  NA \_\_\_\_\_  
\_\_\_\_\_

Siblings (not residing in same placement)  NA \_\_\_\_\_  
\_\_\_\_\_

b. If there is a concurrent permanency goal, is the youth visiting with adult(s) identified in the concurrent goal?  
 yes  no  na

c. Is the child able to visit with or maintain connections with friends inside and outside of the home/placement?  
 yes  no  na

**9. PARTIES COMPLIANCE WITH THE PERM PLAN**

List each party's responsibilities in the permanency plan in order of most significant to least significant. Also, list what DCS has done to assist the family with each step; the frequency and time frame expected to complete each step; and the parties' compliance status for each step.

**MOTHER/CUSTODIAN (only if adjudicated dependent and neglect)**

1. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

2. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

3. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

4. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

**Additional:** \_\_\_\_\_  
\_\_\_\_\_

**FATHER/CUSTODIAN (only if adjudicated dependent and neglect)**

1. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

2. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

3. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

4. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

**Additional:** \_\_\_\_\_

**YOUTH (only if adjudicated delinquent or unruly)**

1. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

2. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

3. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

4. \_\_\_\_\_

**How DCS assisted:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Timeframe to complete:** \_\_\_\_\_

completed \_\_\_\_\_  actively participating \_\_\_\_\_  not compliant \_\_\_\_\_

**Additional:** \_\_\_\_\_

**OTHER PERMANENCY GOAL**

**Reasonable efforts by DCS towards other permanency goal:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Recommendations*

10. Does the need for foster care still exist?  yes  no

11. Do you recommend a change in the permanency goal?  yes  no

a. If yes, what is the recommended goal change?

Return to Parent  Exit Custody with Relative  Adoption

Permanent Guardianship  PPLA  w/ Relative  w/ Non Relative

12. Has DCS made reasonable efforts to reach the identified goal?  yes  no

i. If there is a concurrent goal, has DCS made reasonable efforts to reach the concurrent goal?

yes  no

13. Has mother complied with her most significant responsibilities in the permanency plan?  yes  no

14. Has father complied with his most significant responsibilities in the permanency plan?  yes  no

15. Has the child complied with his/her most significant/services responsibilities in the permanency plan?

Is the party because of an unruly or delinquent adjudication  yes  no

**16. Actions Needed and Timelines to Eliminate the Causes for Foster Care**

**Mother** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DCS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17 . Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of the Next Full Review is** \_\_\_\_\_

Additional administrative review set for \_\_\_\_\_ to review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Signatures*

*Date*

\_\_\_\_\_  
FCRB Chair

\_\_\_\_\_

\_\_\_\_\_  
Child

\_\_\_\_\_

\_\_\_\_\_  
Mother

\_\_\_\_\_

\_\_\_\_\_  
Father

\_\_\_\_\_

\_\_\_\_\_  
DCS FSW

\_\_\_\_\_

\_\_\_\_\_  
DCS Supervisor

\_\_\_\_\_

\_\_\_\_\_  
Foster Parent

\_\_\_\_\_

\_\_\_\_\_  
Treatment Provider (child)

\_\_\_\_\_

\_\_\_\_\_  
Treatment Provider (parent)

\_\_\_\_\_

\_\_\_\_\_  
Attorney (\_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_  
Attorney (\_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_  
Guardian ad Litem

\_\_\_\_\_

\_\_\_\_\_  
Other \_\_\_\_\_

\_\_\_\_\_