

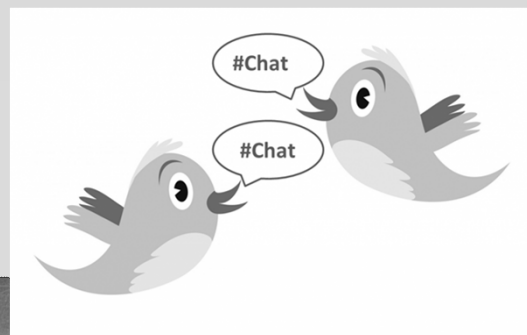
## FCRB Focus: Chairperson Training

### What Do I Need to Know?

- Statutory Considerations
- Rules
- Forms
- Chairperson Responsibility

## Chat with us!

In the chat, tell us if you are a chairperson on your FCRB or if you are here because you are interested in learning more about the role!



## FCRB- BASICS



### TENNESSEE CODE 37-2-404: PROGRESS REPORT TO COURT

**(b)** At this review, the court or board shall determine the safety of the child, the necessity and appropriateness of continued foster care placement, assess the compliance of all parties to the statement of responsibilities, determine the extent of progress in alleviating or mitigating the causes necessitating placement in foster care and in achieving the goals contained in the permanency plan, and project a likely date on which the goal of the plan will be achieved.

### RULE 403 OF RULES OF JUV PROC: FOSTER CARE REVIEW BOARD.

**(d) (1) Conduct of the Review:** The board shall use a summary form to gather information.

**(e) Recommendations.** The board shall make written recommendations that address the child's safety, well-being, and permanency. The board shall deliberate to develop recommendations. All deliberation shall occur outside the presence of the parties, their attorneys, and other persons present for the review. Recommendations shall be made addressing the needs pursuant to Rule 402(b) of these rules.

## RULE 403 OF RULES OF JUV PROC: FOSTER CARE REVIEW BOARD

### **(d) Conduct of the Review :**

- (1) The board shall use a summary form to gather information
- (2) Information provided to the board shall only come from persons before the board during the review or from documentation provided by the parties
- (3) Only the parties, their attorneys, the child, and GAL/ Atty for child have the right to be present during the entire review. Necessary persons may be present with permission of all parties
- (4) Board may hear from child outside the presence of the parties.

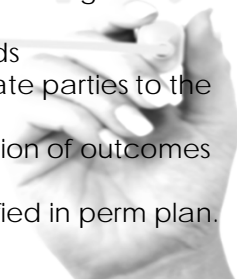
**(e) Recommendations.** The board shall make written recommendations that address the child's safety, well-being, and permanency. The board shall deliberate to develop recommendations. All deliberation shall occur outside the presence of the parties, their attorneys, and other persons present for the review.

**Recommendations shall be made addressing the needs pursuant to Rule 402(b) of these rules.**

## 402(B)- PROGRESS REVIEWS

### Recommendations shall be made addressing the following:

- Continued appropriateness of permanency goals, or if a concurrent goal is needed
- Whether child's placement is safe & appropriate
- Whether well-being is appropriately addressed through health education & IL, if applicable.
- Whether visitation is sufficient to maintain bonds
- Reasonable efforts by DCS to identify and locate parties to the case whose whereabouts are unknown
- Reasonable efforts by DCS based on prioritization of outcomes and steps in the statement of responsibilities
- Compliance of parties to responsibilities identified in perm plan.



## 403(E)- RECOMMENDATIONS

- Recommendations shall be agreed upon by a majority of the board.
- If no majority agreement for each recommendation, facilitator:
  - identifies conflict,
  - instructs board to review relevant documents and testimony,
  - instructs the board that the recommendations must provide for safety, well-being, and permanency of the child, and be in the child's best interests.
    - If no consensus, then consider a direct referral.



## 403-RECOMMENDATIONS, SUMMARY FORM AND REFERRAL

- **(f)** After deliberation, the board shall announce their recommendations to the parties and set a date for the next review.
- **(g)** Summary form filed with Clerk: Court Facilitator will file a summary form with the Clerk of Court. Clerk shall send summary form to all parties and attorneys of record and GAL.
- **(i)** Direct Referral: When board makes a determination that a direct referral shall be made, **the court facilitator shall determines the type of direct referral to be made, according to TCA Sec 37-2-406(C)(2).**
  - Court facilitator files the direct review with the Clerk of Court
  - The facilitator will inform the board of the outcome of the referral at the new review.



## 37-2-407: DIRECT REFERRAL

**The FCRB may make a direct referral under the following circumstances:**

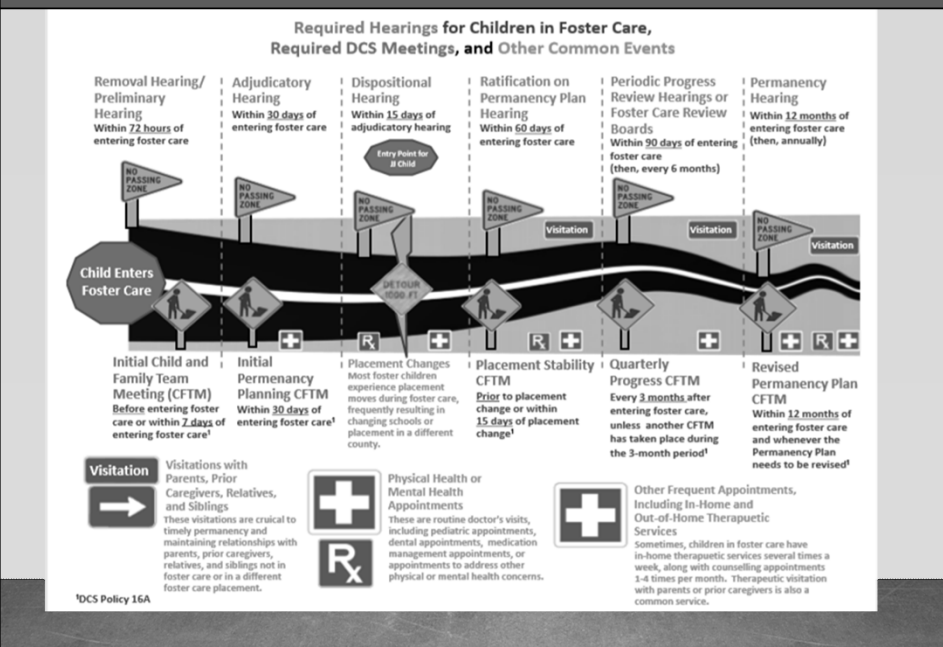
- (A) Where conditions persist that constitute a deterrent to reaching permanency goals, and such conditions indirectly or chronically compromise the health, safety or welfare of the child. To be heard within 30 days.
- (B) Where issues in a case constitute a risk of harm and directly compromise the health, safety or welfare of the child, such referral shall be heard within 72 hour, excluding non-judicial days.

## REVIEW BY JUDGE OR MAGISTRATE

- Court shall establish a procedure that will allow judge to review the recommendations of the board within 10 days of review.
- Reports are advisory and contain findings and recommendations.



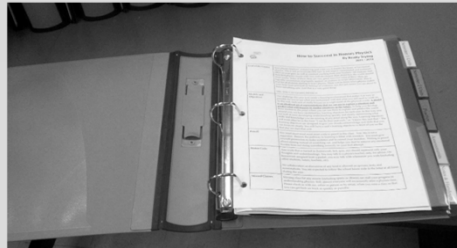
## THE ROADMAP



## FCRB REVIEW

### Prior to Review: Receipt of Packet

- When is packet received?
- What does it include?



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## FORMS AND CONSIDERATIONS

Consider whether this is a new case or a review of an existing case.

- Initial review:  
Dependency Petition
- New and Existing case review:
  - Factors under 402(b)

## SUMMARY FORM- GENERAL

### Juvenile Court Foster Care Review Board Summary

Child's Name: \_\_\_\_\_ Docket Number: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Initial Review  Subsequent Review

Permanency Goal(s)  Return to Parent  Exit Custody with Relative  Adoption

Permanent Guardianship  PPLA  w/ relative  w/ Non relative

1. Board Members Present: (Quorum of \_\_\_\_\_ is needed to proceed with the review.)

John Doe	<input type="checkbox"/> yes <input type="checkbox"/> no	Susie Q	<input type="checkbox"/> yes <input type="checkbox"/> no
John Doe	<input type="checkbox"/> yes <input type="checkbox"/> no	Susie Q	<input type="checkbox"/> yes <input type="checkbox"/> no
John Doe	<input type="checkbox"/> yes <input type="checkbox"/> no	Susie Q	<input type="checkbox"/> yes <input type="checkbox"/> no
John Doe	<input type="checkbox"/> yes <input type="checkbox"/> no	Susie Q	<input type="checkbox"/> yes <input type="checkbox"/> no

2. Parties Present

Mother	<input type="checkbox"/> yes <input type="checkbox"/> no	Notice Provided	<input type="checkbox"/> yes <input type="checkbox"/> no	Attorney	<input type="checkbox"/> yes <input type="checkbox"/> no	Notice Provided	<input type="checkbox"/> yes <input type="checkbox"/> no
Father	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Attorney	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
DCS	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Attorney	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
child*	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Attorney/GAL	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

(\*Party if adjudicated delinquent or unruly)

3. Other Persons Present

Foster Parent(s)	<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment Provider (Parent)	<input type="checkbox"/> yes <input type="checkbox"/> no
Contract Agency Rep	<input type="checkbox"/> yes <input type="checkbox"/> no	School Rep	<input type="checkbox"/> yes <input type="checkbox"/> no
CASA	<input type="checkbox"/> yes <input type="checkbox"/> no	DCS IL Specialist	<input type="checkbox"/> yes <input type="checkbox"/> no
Treatment Provider (Child)	<input type="checkbox"/> yes <input type="checkbox"/> no	Other:	<input type="checkbox"/> yes <input type="checkbox"/> no
Court Facilitator	<input type="checkbox"/> yes <input type="checkbox"/> no	Peer Advocate	<input type="checkbox"/> yes <input type="checkbox"/> no

If foster parent was not present, was he/she provided with notice of today's review?  yes  no

**Findings**

4. Is there a party whose identity or whereabouts are unknown?  yes  no  na Name(s): \_\_\_\_\_

If yes, what efforts have been made to identify or locate the missing party? \_\_\_\_\_

5. Placement

a. Where is the child currently placed and what is the date of placement? \_\_\_\_\_

b. Is the child safe in his/her placement?  yes  no

c. What needs or risks support the youth's placement level? (least restrictive environment) Level: \_\_\_\_\_

d. How many placements has the child had since entering custody? \_\_\_\_\_

## SUMMARY FORM- GENERAL

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? \_\_\_\_\_

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? \_\_\_\_\_

7. Education

For children under the age of 3

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

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

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

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

## SUMMARY FORM- GENERAL

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?  
 \_\_\_\_\_  
 \_\_\_\_\_

## SUMMARY FORM- GENERAL

**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		Spring		Course	Fall		Spring		Course	Fall		Spring	
	SI	SI	SI	SI		SI	SI	SI	SI		SI	SI	SI	SI
English I or ELD 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Language *1 year of non-terrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English II or ELD 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemistry or Physics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English III or ELD 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Lab Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English IV or ELD 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Electives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Algebra I or Integrated Math I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	World History and Geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Algebra IA or Integrated Math IA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U.S. History and Geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Algebra IB or Integrated Math IB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Economics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometry or Integrated Math II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government and Civics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometry IA or Integrated Math IIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elective Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometry IB or Integrated Math IIB	<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"/>
Algebra II or Integrated Math III	<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"/>
4 <sup>th</sup> Higher 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 check boxes 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  TR 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## SUMMARY FORM- GENERAL

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

## SUMMARY FORM- GENERAL

**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

## SUMMARY FORM- GENERAL

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?  yes  no

Is the party because of an unruly or delinquent adjudication.

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

Mother \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SUMMARY FORM- GENERAL

Father \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DCS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

## SUMMARY FORM- GENERAL

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 _____	_____

## SUMMARY FORM- 17

\_\_\_\_\_ County Juvenile Court  
Foster Care Review Board Summary (17 year old)

Youth's Name: \_\_\_\_\_ Docket Number: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Initial Review  Subsequent Review

Permanency Goal(s)  Return to Parent  Exit Custody with Relative  Adoption

Permanent Guardianship  PPLA  w/ Relative  w/ Non Relative

1. Board Members Present: (Quorum of \_\_\_\_\_ is needed to proceed with the review.)

John Doe <input type="checkbox"/> yes <input type="checkbox"/> no	Susie Q. <input type="checkbox"/> yes <input type="checkbox"/> no
John Doe <input type="checkbox"/> yes <input type="checkbox"/> no	Susie Q. <input type="checkbox"/> yes <input type="checkbox"/> no
John Doe <input type="checkbox"/> yes <input type="checkbox"/> no	Susie Q. <input type="checkbox"/> yes <input type="checkbox"/> no

2. Parties Present

Mother <input type="checkbox"/> yes <input type="checkbox"/> no	Notice Provided <input type="checkbox"/> yes <input type="checkbox"/> no	Attorney <input type="checkbox"/> yes <input type="checkbox"/> no	Notice Provided <input type="checkbox"/> yes <input type="checkbox"/> no
Father <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Attorney <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
DCS <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Attorney <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Child* <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	Attorney/GAL <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

(\* Party if adjudicated delinquent or unruly)

3. Other Persons Present

Foster Parent(s) <input type="checkbox"/> yes <input type="checkbox"/> no	Treatment Provider (Parent) <input type="checkbox"/> yes <input type="checkbox"/> no
Contract Agency Rep <input type="checkbox"/> yes <input type="checkbox"/> no	School Rep <input type="checkbox"/> yes <input type="checkbox"/> no
CASA <input type="checkbox"/> yes <input type="checkbox"/> no	DCS IL Specialist <input type="checkbox"/> yes <input type="checkbox"/> no
Treatment Provider (Child) <input type="checkbox"/> yes <input type="checkbox"/> no	Other: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
Court Facilitator ( _____ ) <input type="checkbox"/> yes <input type="checkbox"/> no	Peer Advocate <input type="checkbox"/> yes <input type="checkbox"/> no

If foster parent was not present, was he/she provided with notice of today's review?  yes  no

*Findings*

4. Is there a party whose identity or whereabouts are unknown?  yes  no  na Name(s): \_\_\_\_\_

If yes, what efforts have been made to identify or locate the missing party? \_\_\_\_\_

5. Education

a. What school are you attending? \_\_\_\_\_

b. What grade are you in?  9  10  11  12  HSET

c. What year did you start high school? \_\_\_\_\_

(Questions d and e are directed to the FCRB Board Education Member)

d. What credits has the student earned? (Attach Transcript Evaluation)

## SUMMARY FORM- 17

e. What remaining classes are required for the student to graduate?  
 \_\_\_\_\_  
 \_\_\_\_\_

i. Will those classes be available to the student in their current educational setting?  yes  no  
 ii. Will the student be able to earn the required credits in the current school year?  yes  no

f. On a scale of 0-10, with 0 being "I do not understand" and 10 being "I know it all", how would you rate what you know about obtaining your diploma without attending high school?  n/a  
 \_\_\_\_\_

g. Which path do you see yourself taking?  HiSET  Job Corps  Drop-Out  Military  n/a

h. What assistance or services, if any, do you need to be successful with your high school plans?  
 \_\_\_\_\_  
 \_\_\_\_\_

i. What are your educational goals after high school?  
 \_\_\_\_\_  
 \_\_\_\_\_

i. How will having accommodations in college based on your disability help you be successful in your classes?  
 (This question is to only be asked to students with an IEP or 504 Plan.)  
 \_\_\_\_\_  
 \_\_\_\_\_

ii. How will you accomplish these goals?  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Housing

a. Where are you currently living? \_\_\_\_\_ Is it a stable arrangement?  yes  no

i. Do you feel safe where you are?  yes  no

b. How will your current housing plans change based on your future plans?  
 \_\_\_\_\_  
 \_\_\_\_\_

## SUMMARY FORM- 17

i. What will you need to maintain your housing plans?  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Health  
 (Board member(s) should review all health documentation to ensure that all health needs are being addressed in the following questions.)

a. How are your needs being addressed, if any?

Medical	_____
Dental	_____
Mental	_____
Medication	_____

b. On a scale of 0-10, with 0 being "I do not understand" and 10 being "I know it all", how would you rate what you know about how to take care of your health and why?  
 \_\_\_\_\_

c. How will you address your  medical  dental  mental  prescriptive health once you turn 18?  
 \_\_\_\_\_  
 \_\_\_\_\_

i. Do you have a copy of your health records?  yes  no  
 ii. Do you have a copy of health your insurance card?  yes  no

8. Employment

a. What are your career goals, if any?  
 \_\_\_\_\_  
 \_\_\_\_\_

i. How do your educational plans support your career goals?  
 \_\_\_\_\_  
 \_\_\_\_\_

## SUMMARY FORM- 17

b. What employment experience do you have?  
 \_\_\_\_\_  
 \_\_\_\_\_

i. Do you have or know how to do the following?

Item	Comments
<input type="checkbox"/> State Identification Card	
<input type="checkbox"/> Social Security Card	
<input type="checkbox"/> Birth Certificate	
<input type="checkbox"/> Resume	
<input type="checkbox"/> References	
<input type="checkbox"/> Interview Attire	
<input type="checkbox"/> Copy of Credit Report	
<input type="checkbox"/> Delinquent Offenses/ Expungement	
<input type="checkbox"/> Complete an employment application	
<input type="checkbox"/> Search for job openings	

c. What assistance or services do you need to help you be able to support yourself?  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Support System

a. When looking at the plans you have for your life, what concerns or fears do you have, if any?  
 \_\_\_\_\_  
 \_\_\_\_\_

b. What adult can help support you in the following areas and how?

	Name of person and how they will help support.
Education	
Housing	
Health	

## SUMMARY FORM- 17

Employment	
Social/Emotional	

c. How often do you get to spend time with each of these people?

Education	
Housing	
Health	
Employment	
Social/Emotional	

10. Parties Compliance with the Permanency Plan  
(Ask Mother/Father/Custodian only if adjudicated dependent and neglect.)

a. Is Mother/Custodian in substantial compliance with her responsibilities in the perm plan?  yes  no  na

b. Is Father/Custodian in substantial compliance with his responsibilities in the perm plan?  yes  no  na  
(ask youth only if adjudicated delinquent or unruly)

c. Is Youth in substantial compliance with his/her responsibilities in the perm plan?  yes  no  na

d. Other Permanency Goal  
 Reasonable efforts made by DCS towards other permanency goal:  na  
 \_\_\_\_\_  
 \_\_\_\_\_

*Recommendations*

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

12. 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

13. 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

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

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

16. 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

## SUMMARY FORM- 17

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

Mother \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Additional Comments \_\_\_\_\_  
\_\_\_\_\_

Date of the Next Full Review is \_\_\_\_\_  
 Additional administrative review set for \_\_\_\_\_ to review:  
\_\_\_\_\_  
\_\_\_\_\_

<i>Signatures</i>	<i>Date</i>
FCRB Chair _____	_____
Child _____	_____
Mother _____	_____
Father _____	_____

## FORMS: INDEPENDENT LIVING (14-16)

Docket # \_\_\_\_\_  
Child's Name: \_\_\_\_\_

### Foster Care Review Board Form for Independent Living (Ages 14-16)

1. What do you want your life to look like after you graduate from high school?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. How are you going to make this vision happen?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What talents do you have that will help make your vision a reality?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. What might hold you back from accomplishing your vision?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Would you like to hear about things you can do to help you accomplish your goal?  yes  no

4. Have the IL WrapAround Services available been reviewed with the youth?  yes  no

## FORMS: WRAPAROUND SERVICES AVAILABLE TO YOUTH IN FOSTER CARE AND YOUNG ADULTS RECEIVING EXTENSION OF FOSTER CARE SERVICES AGES 14-21

**WrapAround Services Available to Youth in Foster Care and Young Adults Receiving Extension of Foster Care Services (Ages 14-21)**

Name of Youth or Young Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Check the services discussed with the youth or young adult. Refer to the IL WrapAround Services Grid for eligibility factors and verification requirements.

Service	Youth in Foster Care	Young Adults Receiving EFC	Service	Youth in Foster Care	Young Adults Receiving EFC
Auto Insurance	NA	<input type="checkbox"/>	Other Special Needs - Unique to Youth Services	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Assistance	NA	<input type="checkbox"/>	Post-Secondary Application/Registration Fees	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Job Readiness Training	<input type="checkbox"/>	<input type="checkbox"/>	Post-Secondary Housing Application Fees	<input type="checkbox"/>	<input type="checkbox"/>
Driver's Education Class Fees	<input type="checkbox"/>	<input type="checkbox"/>	Educational Fees	<input type="checkbox"/>	<input type="checkbox"/>
Driver's Testing Fees	<input type="checkbox"/>	<input type="checkbox"/>	Senior Event Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Good Grades Incentive	<input type="checkbox"/>	<input type="checkbox"/>	Testing Fees (GED/HiSet, GED, ACT, Other as approved by IL Office)	<input type="checkbox"/>	<input type="checkbox"/>
Graduation Package	<input type="checkbox"/>	<input type="checkbox"/>	Books/Equipment for Technical/Vocational Program	NA	No longer available
Membership/Activity Fees for Extracurricular or Leadership Activities	<input type="checkbox"/>	<input type="checkbox"/>	Transportation Grant	<input type="checkbox"/>	<input type="checkbox"/>
Honors/Senior Class Trip	<input type="checkbox"/>	<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	<input type="checkbox"/>
Housing Related Fees	NA	<input type="checkbox"/>	Vehicle Repairs	NA	<input type="checkbox"/>
Household Furnishings	NA	<input type="checkbox"/>	Yearbooks	<input type="checkbox"/>	<input type="checkbox"/>
IL Class Stipend	<input type="checkbox"/>	<input type="checkbox"/>	Youth Leadership Stipend	<input type="checkbox"/>	<input type="checkbox"/>
Job Start-up Costs	<input type="checkbox"/>	<input type="checkbox"/>	Youth Services - Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>

Duplicate was provided to the youth/young adult.

Signature of Youth/Young Adult \_\_\_\_\_ Date \_\_\_\_\_

## EDUCATION SUPPLEMENTAL WORKSHEET

**Education Supplemental Worksheet**

Transcript review (transcript required) Date student started 9<sup>th</sup> grade year: \_\_\_\_\_

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

	Fall				Spring				Need (Not Taken)				Failed				
	S1	S2	S1	S2	S1	S2	S1	S2	S1	S2	S1	S2	S1	S2			
English 4.0 Credits	English I or ELD 9																
	English 11 or ELD 10																
	English III or ELD 11																
	English IV or ELD 12																
	English A/B is a SPED credit (only offered during 9th grade)																
Math 4.0 Credits (MUST be enrolled in Math each year)	Algebra I or Integrated Math I																
	Algebra IA or Integrated Math IA (SPED or Elective credit)																
	Algebra IB or Integrated Math IB** (SPED or Elective credit)																
	Geometry or Integrated Math II																
	Geometry IA or Integrated Math IIA (SPED or Elective credit)																
	Geometry IB or Integrated Math IIB (SPED or Elective credit)																
Math 3.0 Credits	Algebra II or Integrated Math III (Non-SPED)																
	4th Higher Level Math																
Science 3.0 Credits	Biology																
	Biology IA (SPED or Elective credit)																
Social Studies 3.5 Credits	Biology IB (SPED or Elective credit)																
	Chemistry or Physics																
	Other Lab Course																
	Ecology A/B is a SPED credit																
Elective 3.0	World History and Geography																
	U.S. History and Geography																
	Economics																
Foreign Language #1	Government and Civics																

# FORMS- ADMINISTRATIVE REVIEW

                     County Juvenile Court  
**Foster Care Review Board**

*Administrative Review (less than six months)*

1. Child's Name: \_\_\_\_\_ Docket Number: \_\_\_\_\_

2. Date of Review: \_\_\_\_\_

3. Board Members Present: (Quorum of \_\_\_\_\_ is needed to proceed with the review.)

John A.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Susie A.	<input type="checkbox"/> yes	<input type="checkbox"/> no
John B.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Susie B.	<input type="checkbox"/> yes	<input type="checkbox"/> no
John C.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Susie C.	<input type="checkbox"/> yes	<input type="checkbox"/> no
John D.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Susie D.	<input type="checkbox"/> yes	<input type="checkbox"/> no

4. Parties Present

Mother	<input type="checkbox"/> yes	<input type="checkbox"/> no	Notice Provided	<input type="checkbox"/> yes	<input type="checkbox"/> no	Attorney	<input type="checkbox"/> yes	<input type="checkbox"/> no	Notice Provided	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Father	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	Attorney	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	Attorney	<input type="checkbox"/> yes	<input type="checkbox"/> no
DCS	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	Attorney	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	Attorney/GAL	<input type="checkbox"/> yes	<input type="checkbox"/> no
Child*	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	Attorney/GAL	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(\* Party if adjudicated delinquent or unruly)

5. Reason for review:

Adequacy of Reasonable Efforts     Incomplete Documentation     Outdated Documentation

Monitor Parent's Compliance     Monitor Child's Compliance     Transition Plan Needs Improvement

Ensure Compliance with Time-Sensitive Board Recommendation Related to

Education     EFC     Health     Independent Living     Placement     Visitation     \_\_\_\_\_

6. Outcome: \_\_\_\_\_

# FORMS- ADMINISTRATIVE REVIEW

7. Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

*Signatures*

FCRB Chair \_\_\_\_\_ *Date* \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_



# FORMS- SUPPLEMENTAL

Foster Care Review Board Summary  
Supplemental Form

Docket # \_\_\_\_\_  
 Child's Name: \_\_\_\_\_

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

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

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

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

# FORMS: DIRECT REFERRAL FOR JUDICIAL REVIEW BY FOSTER CARE REVIEW BOARD

**DIRECT REFERRAL FOR JUDICIAL REVIEW BY  
FOSTER CARE REVIEW BOARD**

**IN THE MATTER OF:** \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 A Child Under the Age of 18 ) DOCKET NO: \_\_\_\_\_

\_\_\_\_\_ This matter shall be scheduled for a hearing before the Judge/Magistrate within 72 hours of this date.

This Board finds the following conditions exist that constitute a risk of harm and directly compromise the health, safety or welfare of the child \_\_\_\_\_

\_\_\_\_\_

This Board recommends: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ This matter shall be scheduled for a hearing before the Judge/Magistrate within 30 days of this date.

This Board finds that the following conditions persist that constitute a deterrent to reaching the permanency goals and the conditions indirectly and chronically compromise the health, safety or welfare of the child: \_\_\_\_\_

## THE RESPONSIBILITIES OF CHAIR: STRUCTURE

- **Beginning:**
  - Try to start on time
  - Assure that a quorum is present at the board meeting
  - Bringing the Meeting to Order
  - Welcome and Introductions
- **During Meeting**
  - Make sure other board members have a role and know what their role is.
  - Keep members on track and focused:
    - Question: Can this question be answered with the information we have available to us today?
    - If not, does the case need to be set for an administrative review?
    - Q: is the answer relevant to the particular topic and does the issue relate to health, safety, well being or permanency of child?

## THE RESPONSIBILITIES OF CHAIR: LEADERSHIP

### **Deliberations:**

Ask your board members:

- Do permanency goals continue to be appropriate, or is a concurrent goal needed?
- Is the child's placement is safe & appropriate?
- Is well-being is appropriately addressed through health education & IL, if applicable?
- Is visitation sufficient to maintain bonds?
- Have reasonable efforts by DCS been made to identify and locate parties whose whereabouts are unknown?
- Have reasonable efforts by DCS been made based on prioritization of outcomes and steps in the statement of responsibilities?
- Are the parties compliant with their identified responsibilities in perm plan?

Answers are the basis for recommendations or referral

## MEETING SKILLS

- **Manage ramblers**

**From Harvard Business Review:**

- Are board members giving speeches or are they asking questions?
  - Try to interject: "OK, Bob, you're absolutely right and is it ok if we talk about that later?"
  - For someone who typically offers many off topic comments, maybe remind him individually and ahead of time the number of children set to be reviewed that day. If that person handles a certain aspect of the review, ask them to zone in on the questions raised by their review of the packet,

## CONTROL TANGENTS

Sometimes it's not that an individual goes on too long but he raises extraneous points.

- This can derail the meeting, especially if two or three people engage in tangent.
  - If this happens, Try to refocus them to the matters relevant to the FCRB.
  - Remind the board of options that are available

## ACTIVITY

Think of a time when your FCRB got off track. We will open an anonymous poll and ask you to select the option that most closely describes the issue that occurred in your meeting.

\*Note: If you have not observed an off-track or nonproductive board, think of another meeting you have attended that has been off track and not productive.

Now: Think about the role of the chair, the behaviors of parties, and the actions or inactions of your board members.

Name one thing that the chair could have done in the situation you are thinking of that might have helped? Without using any names or identifying details, write your answer in the chat.