\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.)

 \_\_\_\_\_\_\_\_ [ ]  yes [ ]  no \_\_\_\_\_\_\_\_ [ ]  yes [ ]  no

\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no \_\_\_\_\_\_\_\_ [ ]  yes [ ]  no

\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no \_\_\_\_\_\_\_\_ [ ]  yes [ ]  no

\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no \_\_\_\_\_\_\_\_ [ ]  yes [ ]  no

2. Parties Present Notice Provided Notice Provided

 Mother [ ]  yes [ ]  no [ ]  yes [ ]  no Attorney [ ]  yes [ ]  no [ ]  yes [ ]  no

 Father [ ]  yes [ ]  no [ ]  yes [ ]  no Attorney [ ]  yes [ ]  no [ ]  yes [ ]  no

 DCS [ ]  yes [ ]  no [ ]  yes [ ]  no Attorney [ ]  yes [ ]  no [ ]  yes [ ]  no

 Child\* [ ]  yes [ ]  no [ ]  yes [ ]  no Attorney/GAL [ ]  yes [ ]  no [ ]  yes [ ]  no

 (\*Party if adjudicated delinquent or unruly)

3. Other Persons Present

 Foster Parent(s) [ ]  yes [ ]  no

 Contract Agency Rep [ ]  yes [ ]  no

 CASA [ ]  yes [ ]  no Treatment Provider [ ]  yes [ ]  no

 (Child)

 Court Facilitator [ ]  yes [ ]  no

 Treatment Provider [ ]  yes [ ]  no

 (Parent)

 School Rep [ ]  yes [ ]  no

 DCS IL Specialist [ ]  yes [ ]  no

 Other: \_\_\_\_\_\_\_\_\_\_\_ [ ]  yes [ ]  no

 ( ) Peer Advocate [ ]  yes [ ]  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 \_\_\_\_\_\_\_\_\_\_\_\_

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

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

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?

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

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**For school aged children only (Kindergarten – 12th 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?

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

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e. In what extracurricular activities do you participate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 | SpringS2 | Course | Fall S1 | Spring S2 | Course | Fall S1 | Spring S2 |
| English I or ELD 9  |  [ ]  [ ]  | Biology |  [ ]  [ ]  | Foreign Language \*2 years of same language |   |
| English II or ELD 10  |  [ ]  [ ]  | Chemistry or Physics(req. unless IEP exempts with two other lab courses.) |  [ ]  [ ]  | Year 1: \_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  |
| English III or ELD 11 |  [ ]  [ ]  | Other Lab Course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]   | Year 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  [ ]  [ ]  |
| English IV or ELD 12 |  [ ]  [ ]  | Other Lab Course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  [ ]  | General Electives |   |
| Algebra I or Integrated Math I |  [ ]  [ ]  | World History and Geography |  [ ]  [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  |
| Geometry or Integrated Math II |  [ ]  [ ]  | U.S. History and Geography |  [ ]  [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  |
| Algebra II or Integrated Math III |  [ ]  [ ]  | Economics |  [ ]  [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  |
| 4TH Higher Math Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  | Government and Civics |  [ ]  [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  |
| Personal Finance (.5 Credit) | [ ]  [ ]  | Elective Focus |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  |
| Physical Education (.5 Credit) | [ ]  [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  |
| Fine Arts | [ ]  [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  |
| Wellness | [ ]  [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [ ]  [ ]  |

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/PSAT/SAT [ ]  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 z [ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signatures Date

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

FCRB Chair

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

Child

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

Mother

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

Father

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

DCS FSW

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

DCS Supervisor

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

Foster Parent

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

Treatment Provider (child)

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

Treatment Provider (parent)

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

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

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

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Guardian ad Litem

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

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