|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name: |       |  | DOB: |       |
| Child’s Name: |       |  | DOB: |       |
| Child’s Name: |       |  | DOB: |       |
| Child’s Name: |       |  | DOB: |       |
| Child’s Name: |       |  | DOB: |       |

|  |  |  |
| --- | --- | --- |
| Name Relationship: [ ]  Foster Parent [ ]  Relative Caregiver [ ]  Non-Relative Caregiver  |  | Date |

You are being asked for your input because a judicial review is being held for a child or children placed in your home. It is important that the Department and the Court make informed decisions regarding the children’s best interest. This form will be filed with the court as an attachment to the Judicial Review Social Study Report.

**General Information:**

Please share any information you would like the Court and Team to have that will help us in making decisions regarding the action to take in this case?

|  |
| --- |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |

Please share information and/or concerns with the child’s health, mental health, education or dental care that the Court or Team needs to be aware of?

|  |
| --- |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |

**Visitation:**

How often is each parent visiting with their child? If siblings are separated, how often are siblings visiting? Describe the frequency, duration and interactions during visitations.

|  |
| --- |
|       |
|       |
|       |
|       |

If you supervise visits between the children and the Parent please describe the interactions between the child and the parent during the visit. Share any behavioral observations of the child before, during or after the visit.

|  |
| --- |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |

|  |
| --- |
| **Life Skills -** [ ]  Not Applicable as the child is age 12 or underPlease provide examples of the child’s progress and skills training occurring for all children in Out of Home care placement settings age 13-17.*These materials are based in part on the* Ready, Set, Fly! A Parent’s Guide to Teaching Life Skills *copyright 2001 Casey Family Programs. For more information about the* Ready, Set. Fly! A Parent’s Guide to Teaching Life Skills *suite of tools and to obtain a license of the tools see* [*www.casey.org*](http://www.casey.org) *or call (206) 282-7300. Casey Family Programs has not reviewed or approved any portion of these materials that may have been modified from the original work, and does not bear any liability for information contained herein. A copy of* **Ready, Set, Fly! A Parent’s Guide to Teaching Life Skills** *can be found at:* <http://www.casey.org/media/CLS_ResourceGuides_subdocs_ReadySetFly.pdf>  |

**Daily Living Skills**

|  |
| --- |
|       |
|       |
|       |
|       |

**Housing, Transportation & Community Resources**

|  |
| --- |
|       |
|       |
|       |
|       |

**Money Management**

|  |
| --- |
|       |
|       |
|       |
|       |

**Self-Care**

|  |
| --- |
|       |
|       |
|       |
|       |

**Social Development**

|  |
| --- |
|       |
|       |
|       |
|       |

**Work and Study Skills**

|  |
| --- |
|       |
|       |
|       |
|       |