

Juvenile Court Foster Care Review Board Summary

Child's Name: _____	Docket Number: _____
Date of Review: _____	<input type="checkbox"/> Initial Review <input type="checkbox"/> Subsequent Review
Permanency Goal(s) <input type="checkbox"/> Return to Parent	<input type="checkbox"/> Exit Custody with Relative <input type="checkbox"/> Adoption
<input type="checkbox"/> Permanent Guardianship <input type="checkbox"/> PPLA	<input type="checkbox"/> w/ Relative <input type="checkbox"/> w/ Non Relative

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

Board Member 1	<input type="checkbox"/> yes <input type="checkbox"/> no	Board Member 5	<input type="checkbox"/> yes <input type="checkbox"/> no
Board Member 2	<input type="checkbox"/> yes <input type="checkbox"/> no	Board Member 6	<input type="checkbox"/> yes <input type="checkbox"/> no
Board Member 3	<input type="checkbox"/> yes <input type="checkbox"/> no	Board Member 7	<input type="checkbox"/> yes <input type="checkbox"/> no
Board Member 4	<input type="checkbox"/> yes <input type="checkbox"/> no	Board Member 8	<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
Father	<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
Child*	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no

(*Party if adjudicated delinquent or unruly)

Attorney	<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		<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		<input type="checkbox"/> yes <input type="checkbox"/> no

3. Other Persons Present

Foster Parent(s)	<input type="checkbox"/> yes <input type="checkbox"/> no
Contract Agency Rep	<input type="checkbox"/> yes <input type="checkbox"/> no
CASA	<input type="checkbox"/> yes <input type="checkbox"/> no
Treatment Provider (Child)	<input type="checkbox"/> yes <input type="checkbox"/> no
Court Facilitator (_____)	<input type="checkbox"/> yes <input type="checkbox"/> no

Treatment Provider (Parent)	<input type="checkbox"/> yes <input type="checkbox"/> no
School Rep	<input type="checkbox"/> yes <input type="checkbox"/> no
DCS IL Specialist	<input type="checkbox"/> yes <input type="checkbox"/> no
Other: _____	<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? _____

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?

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?

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?

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

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 – 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?

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 or ELD 9	<input type="checkbox"/>	<input type="checkbox"/>	Biology	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Language *2 years of same language		
English II or ELD 10	<input type="checkbox"/>	<input type="checkbox"/>	Chemistry or Physics	<input type="checkbox"/>	<input type="checkbox"/>	Year 1: _____	<input type="checkbox"/>	<input type="checkbox"/>
English III or ELD 11	<input type="checkbox"/>	<input type="checkbox"/>	Other Lab Course _____	<input type="checkbox"/>	<input type="checkbox"/>	Year 2: _____	<input type="checkbox"/>	<input type="checkbox"/>
English IV or ELD 12	<input type="checkbox"/>	<input type="checkbox"/>				General Electives		
Algebra I or Integrated Math I	<input type="checkbox"/>	<input type="checkbox"/>	World History and Geography	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Algebra IA or Integrated Math IA	<input type="checkbox"/>	<input type="checkbox"/>	U.S. History and Geography	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Algebra IB or Integrated Math IB	<input type="checkbox"/>	<input type="checkbox"/>	Economics	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Geometry or Integrated Math II	<input type="checkbox"/>	<input type="checkbox"/>	Government and Civics	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Geometry IA or Integrated Math IIA	<input type="checkbox"/>	<input type="checkbox"/>	Elective Focus			_____	<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"/>
Algebra II or Integrated Math III	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
4 TH Higher Math Class	<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 _____

Other _____

Other _____

Other _____

Other _____