

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

- a. What school are you attending? _____
 - b. What grade are you in? 9 10 11 12 HiSET
 - 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)

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?

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?

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	

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?

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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

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:

