



SCHOOL and DAYCARE REFERENCE FOR FOSTER CARE

REGARDING THE FOLLOWING CHILD

STUDENT'S NAME	BIRTHDAY (M/D/Y)
STUDENT'S ADDRESS	
NAME OF STUDENT'S FATHER	
NAME OF STUDENT'S MOTHER	

Name: _____
 School/Day Care: _____
 Address: _____

Dear _____:

Please provide the information requested below about the child identified above. We realize he/she could be new to your school or facility. If so, please complete this using prior school records and your own observations. The parent(s) of the student identified above have asked the Department of Children and Families to approve them as foster/adoptive parent(s). Foster/adoptive parents care for children whose own families are unable to care for them. The department needs the information requested below to evaluate the parents' ability to act as foster/adoptive parents, and to evaluate the student's ability to adjust to and accept the placement of foster child in the student's home. Thank you for your assistance.

Please provide the following information about the student identified above.

GRADE:	ACADEMIC ACHIEVEMENT: <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor	BEHAVIOR IN CLASS: <input type="checkbox"/> Normal <input type="checkbox"/> Too Active <input type="checkbox"/> Too Quiet <input type="checkbox"/> Seriously Disruptive
ATTENDANCE: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	STUDENT USUALLY TURNS IN HOMEWORK ON TIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	RELATIONSHIP WITH TEACHER: <input type="checkbox"/> Responsive <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dependent
HEALTH PROBLEMS: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____	APPEARANCE: <input type="checkbox"/> Clean <input type="checkbox"/> Cared For <input type="checkbox"/> Dirty <input type="checkbox"/> Insufficient Clothing <input type="checkbox"/> Uncared for (describe)	
ATTITUDE OF PARENTS TOWARD:	STUDENT'S: <input type="checkbox"/> Concerned <input type="checkbox"/> Demanding	
	ACADEMIC PROGRESS: <input type="checkbox"/> Unconcerned <input type="checkbox"/> Hostile <input type="checkbox"/> Unknown	
	SCHOOL: <input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Hostile <input type="checkbox"/> Unknown	

ADDITIONAL COMMENTS (if any): _____

Signature

Title

Date Signed