CHILD EDUCATION STATUS

	Child's Name:		
Copy provided to child's placement pro			
Completed by:	Name Date:	Dat	e
Check one: Reunification L Another Planned Perm	egal Guardianship Legal anent Living Arrangement [
Current School:		Grade:	
School Address:			
School Contact (name/role/phone nu	ımber):		
Child functioning above grade in any subjects (list):			
Child functioning below grade in any subjects (list):			
Attendance issues (absences, tardy days):			
Any special services (IEP, speech, list):			
Surrogate parent needed/identified:			
Any school meetings (date/purpose):			
Behavioral issues:			
Are services appropriate (changes needed):			
Social, Sports, Activities, Other:			
Additional school related information, including child's strengths:			
Mode of School Transportation:	Any issue:	s:	
For child age 14 and above:			
What are child's post-secondary plans?			
What's in place to assist child in achieving those plans?			
Date of last school record request: _	Are all records (grad	es, attendance, etc.) in f	ile? Y / N
Child's Desire, Comments:			
Parent's Desire, Comments:			
Placement Provider Comments:			
Based on above, are any follow-up necessary, next steps:			

Case Number: _____