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| |  |  | | --- | --- | |  | **Caregiver’s Report to the Court** | | | |
| CHILD’S NAME | LEGAL CASE NUMBER | |
| HEARING DATE | COUNTY WITH LEGAL JURISDICTION | |
| CAREGIVER NAME/PERSON PROVIDING INFORMATION | CHILD’S ASSIGNED CASE WORKER | |
| TYPE OF PLACEMENT  Kinship (Licensed or Unlicensed Relative and Suitable  Others)  Foster Home | LENGTH OF TIME AS CHILD’S CAREGIVER    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Days/Months/Years | |
| SUPPORT TO FAMILY(Check all that apply.)  Temporary foster care  Available to be a support to the family after  reunification  Available to provide an adoptive or guardianship home | CHILD COURT PARTICIPATION  Was the child or youth invited to participate in court?  Yes  No  If no, explain | |
| **Instructions:**   * The courts want to hear from you and your perspective is critical to providing a more complete holistic view of the child or youth to the court. * Please complete and return via email, US Postal Service, or in person 2- 3 weeks before the hearing to the child or youth’s assigned case worker and/or guardian ad litem/CASA. * Please feel free to include a photo of the child or youth (optional). | | |
| **TOPICS** | | |
| **Section 1: Wellbeing Activities and Connections** | | |
| 1. Describe the child or youth’s interests, talents, participation in extra-curricular activities/events:      1. Describe any interests, talents, participation in extra-curricular activities/events the child or youth would like to participate in but is NOT able to do:      1. Describe child or youth's interactions with friends, peers, and siblings:      1. Describe child or youth’s interactions with positive adults (i.e., coaches, teachers, church, mentors, other relatives): | | |
|  | | |
| **Section 2: Culture, Community, and Racial Identity** | | |
| 1. Describe how you support the child or youth’s connection with their family (i.e., cultural activities, displaying pictures, sharing a communication journal, having strength-based conversation about parents/kin):      1. Describe how you support the child or youth’s connection to their culture (i.e., cultural information, hair, song/dance, traditional gatherings, food, social justice gatherings):      1. Is there anything you need to support the child or youth’s connection to their family, culture, or racial identity? | | |
| **Section 3: Family Time** | | |
| Family Time: Family time is crucial to promote, strengthen, and heal parent-child and sibling relationships.   1. What’s working well with family time? Explain.      1. Is the family time set up in a way that causes any child or youth difficulties (i.e. missing school events, unable to participate in extracurricular activities)? Explain.      1. Do you need support to help the child or youth to navigate transitions to and from family time?      1. Is the child or youth able to visit with all siblings? Yes  No   If yes, how often?  If no, explain. | | |
| **Section 4: Emotional and Behavioral Health** | | |
| 1. Please list any concerns regarding the emotional health or well-being of the child or youth, including any unaddressed health or well-being concerns for the child or youth?      1. Are there any barriers to accomplishing the unaddressed health or well-being concerns for the child or youth? 2. Did you advise the DCYF worker and parents the child or youth of any emotional health or well-being issues?   Yes  No | | |
| **Section 5: Medical and Dental** | | |
| 1. Please list any health (medical/dental) concerns of the child or youth.      1. How have you included the parents of the child in the medical and dental appointments?      1. Did you advise the DCYF worker and parents the child of any health issues? Yes  No | | |
| **Section 6: Education (Pre-school, early head start, head start, school)** | | |
| 1. Is the child or youth in their same school origin? Yes  No  Unsure 2. Has the child or youth changed schools since the last court review? Yes  No 3. Is the child or youth on an Individual Education Plan (IEP) or 504 Plan? Yes  No 4. Is the child or youth having difficulties getting to school? Yes  No 5. Does the child or youth have relationships and friendships in school that are important? Yes  No 6. Does the child or youth feel safe in school? Yes  No 7. Please list any achievements, celebrations or accomplishments regarding the education of the child or youth. 8. Please list any concerns regarding the education of the child or youth including if the child has any educational needs that have not been addressed?      1. How have the parents been included in the child or youth’s education and school activities?      1. Did you advise the DCYF worker and the parents the child or youth of any educational issues? Yes  No | | |
| **Section 7: Placement Changes and Return Home – if applicable.** | | |
| If the child has changed placement recently or there is a planned move:  **Transitions -related to placement moves (i.e., return home, or change of placement) if applicable.**   1. Is there an upcoming or has there been a recent placement change planned for the child? Yes  No 2. Does the child or youth need support to navigate the placement change? Yes  No | | |
| **Section 8: Additional Information** | | |
| 1. Describe how the child or youth is doing in your household. What if any additional supports do you need for care of this child or youth:      1. Share any additional information that may help reunite the child or youth successfully with their family: | | |
| CAREGIVER’S PRINTED NAME | | |
| CAREGIVER’S SIGNATURE | | DATE SIGNED |