



# Foster & Adoptive Care Coalition

FOR EVERY CHILD... A PLACE TO CALL HOME

## Case File Review Sheet

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DCN: \_\_\_\_\_  
Date/Reason for Protective Custody (list reasonable efforts prior to placement): \_\_\_\_\_

### Siblings:

Names and ages of siblings in the ER program:

Names and ages of siblings not in ER program:

Names & location of siblings living together:

### Education:

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Individualized Educational Plan (Y/N): \_\_\_\_\_ If yes, list reason: \_\_\_\_\_

Current or Recent Suspensions/Expulsions:

Previous Schools Attended (name & length of attendance):

### Health & Mental Health:

Current Physician & Contact Information:

List any previous and current physical or mental health diagnosis--include treatment and current medication(s).

### Permanency Planning:

Current Permanency Plan: \_\_\_\_\_ Concurrent Plan: \_\_\_\_\_

TPR of Mom (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ TPR of Dad (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Named/Alleged Father(s): \_\_\_\_\_ Paternity Test Results: \_\_\_\_\_

Significant Relationships (previous and current):

Has the child ever had a failed adoption?

- Yes, pre-finalization
- Yes, post-finalization
- No
- Don't know

If yes, explain:

Past Recruitment Efforts (check all that apply and list specific actions taken for each):

- No Past Efforts
- General Recruitment:
- Targeted Recruitment:
- Child Specific Recruitment:
- Don't Know

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