



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