

**CHILD INFORMATION FOR SCHOOL PERSONNEL
(CONFIDENTIAL)**

Child's Name: _____

Date of Birth: _____

Length of time in current foster care: _____

Original date of placement: _____

DO NOT DISCLOSE FOSTER PARENT INFORMATION TO ANYONE

Current Foster Parent(s) Name: _____

Foster Parent Phone Number: _____

Foster Parent Emergency Phone Number: _____

Foster Parent Address: _____

LCDHS Caseworker: _____

Caseworker Phone Number: _____

Agency 24-hour Emergency Phone Number: (970) 498-6990 _____

Visitation with Birth Family and/or Kin: YES NO

If yes, explain details of visitation: _____

Contact at school allowed: YES NO

Explain: _____

Name(s) of sibling(s):

_____ School Attending: _____

_____ School Attending: _____

_____ School Attending: _____

People authorized to drop-off/pick up/have contact with the child at school:

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Will the child be leaving school on a regular basis for scheduled appointments?

YES NO

Child's Strengths: _____

Safety Concerns: _____

Behavioral Concerns: _____

Helpful approaches with child: _____

Discussion items with teacher: _____

PHYSICAL HEALTH ISSUES

Child is on Medication(s) YES NO

If yes which ones will the school need to be aware of: _____

Child has Allergies: YES NO

If yes, explain: _____

Special diet or foods? _____

Any food allergies? _____

Please list any health concerns that the school should be aware of: _____

SCHOOL HISTORY

Services student was receiving at previous school:

- ESL Special Education 504 Plan
- IEP (Individualized Education Program) ILP (Individualized Learning Plan)
- No information at this time Other _____

Comments: _____

Foster Parent Signature _____ Date: _____

