

FOSTER PARENT REPORTING FORM

Cause Number: _____
 Name of Child: _____

Date Prepared: _____
 Date of Hearing: _____

In order to insure that each foster parent is provided the opportunity to report to the court on the status of a child in foster care, the following questionnaire has been designed. This report is intended to be an important link in the chain of materials needed by the court to assess the best interests of children in foster care. Your presence at the court hearing is always welcomed. **In all circumstances, information regarding concerns or problems should be first directed to the case manager.**

Regardless of your attendance at the Court's periodic review hearing, please complete this form, preparing a separate form for each child in your care. Please report only information and observations that have occurred since the last court hearing.

Please comment on any question that pertains

Please circle answer

GENERAL INFORMATION

- | | | |
|---|-----|----|
| 1. Do you have any unresolved problems that affect the child's care? | YES | NO |
| 2. Were you supplied with sufficient information on the child at the time of his/her placement in your care? | YES | NO |
| 3. Do you need special assistance in meeting the needs of the child in your care?
(For example: Medicaid cards, dental, optical or medical reports, court orders or personal property) | YES | NO |
| 4. Has the child contracted any serious illness or other problems? If so, please list. YES | NO | |
| 5. Has the child appropriately adjusted to foster care in your home? | YES | NO |
| 6. Has the child received annual physical, dental, and eye examinations? | YES | NO |
| 7. Since the last hearing, has the child received the assistance you communicated to the court and/or CPS as being necessary? If not, please comment. | YES | NO |

COMMENTS: _____

COUNSELING (if applicable to the child in your care)

- | | | |
|---|-----|----|
| 1. Have you observed any problems associated with your child's therapeutic counseling? Please comment if yes. | YES | NO |
| 2. Was the child in counseling when placed in your care? | YES | NO |
| 3. If the child was not in counseling when placed in your care, did you ask that counseling be provided? | YES | NO |
| 4. If you answered yes to number three, how soon was counseling started? _____ | | |
| 5. Does the child appear to have a good rapport with the therapist? | YES | NO |
| 6. Has the counseling benefited your relationship with the child? | YES | NO |
| 7. Does the child participate in counseling with the biological parent? | YES | NO |

COMMENTS: _____

VISITATION (if applicable to the child in your care)

- | | | |
|---|-----|----|
| 1. Have you observed any problems associated with visitation by the parent(s) and child? Please comment if yes. | YES | NO |
| 2. Does the child have supervised visitation? | YES | NO |
| 3. Have you noticed any behavioral changes in the child immediately <u>prior</u> to visitation? | YES | NO |
| 4. Have you noticed any behavioral changes in the child immediately <u>following</u> visitation? | YES | NO |

COMMENTS: _____

SCHOOL PERFORMANCE (if applicable to the child in your care)

- | | | |
|---|-----|----|
| 1. Have you observed any problems associated with the child's school performance? Please comment if yes. | YES | NO |
| 2. Has the child's behavior in school declined? _____ improved? _____ | YES | NO |
| 3. Has the child developed friendships with classmates? | YES | NO |
| 4. Has the school reported any behavioral problems to you? | YES | NO |
| 5. Do you know of behavioral problems while at school that were not reported to you by a school official? | YES | NO |
| 6. Does the child appear to have a positive relationship with the teacher? | YES | NO |
| 7. Are the child's grades improving? | YES | NO |

COMMENTS: _____

The following questions relate to your Division of Family and Children observation and experience with other professionals involved in the life of the child.

THE COURT

- | | | |
|---|-----|----|
| 1. While in attendance at the court hearings, does the judge or magistrate ask for your comments? | YES | NO |
| 2. Were you able to attend the last court hearing? | YES | NO |
| 3. Are you kept informed of court dates? | YES | NO |

COMMENTS: _____

CHILD PROTECTIVE SERVICES CASE MANAGER (if applicable to the child in your care)

- | | | |
|--|-----|----|
| 1. Do you know the Child Protective Services case manager assigned to the child in your care? | YES | NO |
| 2. What type of contact has the case manager had with the child since the last hearing? Please check all that apply.
_____ home visit _____ at the court _____ telephone _____ other (please explain) | | |
| 3. Does the CASA volunteer return your telephone calls within 24 hours? (If not, please note date and nature of your call) | YES | NO |

COMMENTS: _____

CASA VOLUNTEER (if applicable to the child in your care)

- | | | |
|--|-----|----|
| 1. Do you know the name of the CASA volunteer assigned to the child's case? | YES | NO |
| 2. What type of contact has the CASA volunteer had with the child since the last hearing? Please check all that apply.
_____ home visit _____ at the court _____ telephone _____ other (please explain) | | |
| 3. Does the CASA volunteer return your telephone calls within 24 hours? (If not, please note date and nature of your call) | YES | NO |

COMMENTS: _____

GUARDIAN AD LITEMS (GAL) (if applicable to the child in your care)

- | | | |
|---|-----|----|
| 1. Do you know the name of the Guardian Ad Litem assigned to the child in your care? | YES | NO |
| 2. What type of contact has the Guardian Ad Litem had with the child since the last hearing? Please check all that apply.
_____ home visit _____ at the court _____ telephone _____ other (please explain) | | |
| 3. Does the Guardian Ad Litem return your calls within 24 hours? (If not, please note date and nature of your call) | YES | NO |

COMMENTS: _____

IF YOU ARE A THERAPEUTIC FOSTER PARENT, ANSWER THE FOLLOWING QUESTIONS:

- | | | |
|---|-----|----|
| 1. Please indicate the name of the agency for which you are a foster parent: _____ | | |
| 2. Do you know the agency representative assigned to the child in your care? | YES | NO |
| 3. What type of contact has the agency representative had with the child since last hearing? Please check all that apply.
_____ home visit _____ at the court _____ telephone _____ other (please explain) | | |
| 4. Does the representative return your telephone calls with 24 hours? (If not, please note date and nature of your call) | YES | NO |

COMMENTS: _____

NAME (Printed): _____

SIGNED: _____

DATE: _____

(This form was developed and is used by the Allen County Superior Court, Fort Wayne, Indiana.)