

Confidential School Report DD Child Foster Home

Please complete one Confidential School Report for each school-aged child currently living in your home.

Please return completed form to:

Certifier's name: _____

Mailing address: _____

Section I: To be completed by foster parent applicant and co-applicant:

As part of my application for a certificate to maintain a child foster home, I am authorizing the school that my child attends to release information to the Department of Human Services, Seniors and People with Disabilities (DHS/SPD).

Applicant signature

Date

Co-applicant signature

Date

Name of child:

School name:

Child's grade:

Section II: To be completed by School:

The foster family _____, has applied for certification or recertification as a foster provider for children with developmental disabilities with DHS/SPD. Foster parenting can be difficult and demanding, requiring the cooperation of all family members. Any information you can provide to DHS/SPD regarding your involvement with this family will be appreciated. Any information provided to DHS/SPD in this School Report will be kept strictly confidential.

How long has this family been known by, or involved in, this school?

How well is the child doing in school at this time, both academically and socially?

Please describe the nature and frequency of their parental contact with the school. Do the parents follow through on any needed action or activities?

Do you know any reason why we (DHS-SPD) might hesitate to use this home for foster children with developmental disabilities?

Do you have any comments that might help us in working with this family?

Signature of person completing this form

Print Name

Position of person completing this form

Date