



REBUILDING LIVES



"Supporting The County's Children With Courtesy And Care"

EDUCATIONAL INFORMATION **MUST BE COMPLETED EVERY MONTH
FOR EACH FOSTER CHILD(REN) PLACED IN YOUR HOME**

CHILD'S NAME: _____

SCHOOL ATTENDING: _____
(FULL NAME OF SCHOOL)

GRADE: _____

SCHOOL ADDRESS: _____
(COMPLETE SCHOOL ADDRESS)

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____

PLEASE ATTACH THE SCHOOL PROGRESS REPORT (i.e. MUST BE FROM THE SCHOOL WITH ALL THE CURRENT GRADES LISTED). THIS HAS TO BE DONE EVERY MONTH AND ATTACHED TO THE MONTHLY REPORT.

PLEASE ANSWER ALL QUESTIONS BELOW:

Is The Child Enrolled In Special Education Classes Yes No Unknown
Has The Child Had A Current IEP Yes No Unknown

Has The Child Ever Been Expelled/ Suspended	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Is There A Current Psycho-Educational Evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Do You Want One Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

If there is further need for any information, please contact your Agency Social Worker at: 760-244-8337