FOSTER PARENT POST-ADJUDICATION HEARING REPORT

Child's NameDate of Child's Placement with YouJuvenile Court NumberDate of This Report

1. Have you received a copy of the most recent case plan? (circle one) Yes No

2. Describe behavioral/emotional concerns, if any exist (i.e. changes in eating/sleeping, acting out, withdrawing, etc.) and if those concerns are being addressed by an in-home worker or therapist.

3. Does this child have any needs that are not being addressed through current services? Do you have anything you would add to the case plan recommendations?

4. Describe educational/child care concerns, if any exist (i.e. peer or teacher issues, academic progress/regression, etc.). Please also note observations of childøs interactions with peers/adults.

5. Has this child received any medical or dental treatment since the last hearing? Please describe.

6. Please note your observations related to childøs contacts and visits with birth parents.

7. Are there any additional services or supports needed that were not previously mentioned?

8. General progress or comments regarding children:

I would like the DHS worker to: Ve Call me Visit Ve Other _____

Foster Parent Signature

Contact Information