

FOSTER CHILD TRANSITION FORM

To be completed by the foster parent when child relocates or there is a change in caseworker. Form to be completed and distributed to new caseworker and/or foster family (if applicable) prior to, or at the time of placement.

Foster Parent Name: _____ Current worker/phone#: _____

Child's name: _____ Date Completed: _____

Date of Birth: _____

Insurance Provider: _____

Insurance numbers: _____

Religious Preferences/Affiliations: _____

Reason for Relocation of child or change of caseworker: _____

General Observations of child (to include progress made--positive attributes child has): _____

Parents' Names and in Town residing: _____

Length of Time in Present Placement: _____

SOCIAL HISTORY:

History of foster homes (or placements) child has resided for the previous 2 years _____

History of physical/sexual abuse: _____

Is/has the child been sexually active? _____

If yes, form of birth control utilized _____

Involvement with Juvenile Probation Office: _____

HEALTH HISTORY:

Known Allergies:

Medications _____

Environmental: _____

Food: _____

Medications:

Present: _____

Previous: _____

Evaluations completed:

Medical (therapies: physical, occupational, speech, etc.)

Results: _____

Medical Doctor (Name/address/phone #): _____

Date of last physical: _____

Date/time of future appointments: _____

Dental Provider (Name/address/phone #): _____

Date of last visit/exam _____

Date/time of future appointments: _____

Specialists (name/address/phone #) _____

Diagnosis _____

Date of last visit: _____

Reason: _____

Date/time of future appointments: _____

Counselor/Therapist (Name/Address/Phone #) _____

Mental Health diagnosis (if applicable) _____

Appointment Schedule/frequency _____

Date/time of future appointments: _____

Behavioral Strategies employed, if necessary: _____

SCHOOL/ACTIVITIES

School (Name/Address/Phone #) _____

Present Grade: _____

Educational: (IEP (Individualized Education

Plan, Early Intervention Services, Special Ed)

Recommendations: _____

Concerns/Comments: _____

Types of activities child has been involved in?

(Location, program, frequency)

Sports (type) _____

Tutoring (who/when) _____

Music _____

Religious _____

Teens Only:

Independent Living Program _____

Employment (name, address/schedule) _____

Daily Schedule:

Describe daily routine (include sleep schedule,

toilet training, bedwetting) _____

Family Contact (restrictions), phone# _____

Please feel free to make any additional comments about the child and/or placement.