

## Educational Checklist for Children and Youth In Foster Care

Name:	Case #:	Date:
Is the child or youth enrolled in school? <input type="checkbox"/> Yes, what school? _____ <input type="checkbox"/> No <input type="checkbox"/> Not Sure	If the child or youth is not in a school setting, what educational services is the child or youth receiving and from whom?	
Are the child's siblings in the same school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child or youth have a responsible adult serving as an educational advocate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Where is the school located in relation to the child's or youth's current foster care placement? _____	If there is no designated educational advocate, who ensures that the child's educational needs are being met? _____	
Has the child changed schools because of a change in his/her foster care placement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure  If yes, how many times? _____	If the child is of preschool age, is the child enrolled in an appropriate early childhood education program? <input type="checkbox"/> Yes, name of program _____ <input type="checkbox"/> No <input type="checkbox"/> Not sure	
If it is not in the best interest of the child to remain at the current school, has the child welfare agency coordinated with the appropriate local educational agencies to ensure immediate enrollment in the new school and prompt release of all educational records to the new school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	If the child is under the age of three, is there a need to refer the child to the Infants and Toddlers with Disabilities Program for screening or evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
How is the child or youth getting to and from school?	Is the grade level appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure  If not, what plan is in place to place child in appropriate grade level?	
Is the child or youth regularly attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No, why not? _____	What grade is the child in? _____	
How many days of school has the child or youth been absent and why? # of days _____ Reason: _____	If the child is entitled to early intervention services, does the child have a current Individualized Family Service Plan (IFSP) that includes appropriate services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	

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<b>Additional Questions for Specified Groups</b> Special Education and Related Services Under IDEIA and Section 504	
If the child has a physical mental health or emotional disability that impacts learning, has the child been evaluated for Special Education/Section 504 eligibility and services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure  If no, who will make a referral for evaluation or assessment? _____  If yes, what are the results of the assessment? _____ _____ _____ _____	Does the child or youth have an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure  If so, is the plan meeting the child's or youth's needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>For Older and Transitioning Youth</b>	
Is the youth on track to graduate and receive a high school diploma or a certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure  If not, what is being done to ensure that the youth gets on track to do so? _____ _____ _____	Is the youth receiving assistance in applying for post-secondary schooling, or vocational training, transitional services, if the youth has an IEP, and financial aid (i.e. State Tuition Waiver, Education and Training Voucher [ETV], completed FAFSA by March 1 <sup>st</sup> .)?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
<b>Additional Comments</b>	