

# PLACEMENT SEARCH SHEET

Child's Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Assigned worker: \_\_\_\_\_

Initial placement/ disrupted placement or respite?

Please briefly explain for placement disruption:

Current location of the child: \_\_\_\_\_

### Presenting problems

(Check any that apply to the child)

- |  |  |
|--|--|
| <input type="checkbox"/> Sexually Abuse                  | <input type="checkbox"/> Fire Setting                  |
| <input type="checkbox"/> Physically Abused               | <input type="checkbox"/> Authority Issues              |
| <input type="checkbox"/> Neglected                       | <input type="checkbox"/> ADD/ADHD                      |
| <input type="checkbox"/> Inappropriate Sexual Behaviors  | <input type="checkbox"/> Alcohol and/or Drug Abuse     |
| <input type="checkbox"/> Sex Offender                    | <input type="checkbox"/> Smoker (occasionally)         |
| <input type="checkbox"/> Encopresis                      | <input type="checkbox"/> Suicidal Ideation             |
| <input type="checkbox"/> Enuresis                        | <input type="checkbox"/> Self-Esteem Problems          |
| <input type="checkbox"/> Aggression (verbal or physical) | <input type="checkbox"/> Hygiene Problems              |
| <input type="checkbox"/> Anger Management Problems       | <input type="checkbox"/> Homicidal Tendencies          |
| <input type="checkbox"/> Lying                           | <input type="checkbox"/> Cruelty to Animals            |
| <input type="checkbox"/> Stealing                        | <input type="checkbox"/> Self Abuse                    |
| <input type="checkbox"/> Runaway                         | <input type="checkbox"/> Self Mutilating               |
| <input type="checkbox"/> Truancy                         | <input type="checkbox"/> Sexual Identity Issues        |
| <input type="checkbox"/> Sleep Disorder                  | <input type="checkbox"/> Other (please specify)- _____ |
| <input type="checkbox"/> Eating Disorder                 |  |

### Case plan services

Services to meet the special needs of the child

Special Needs of the child:

Is the child on probation? \_\_\_\_\_

What crime(s) has the child committed? (enter in box below)

Give a brief social history as supplied by the court

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Any other violent acts committed by the child CSB is aware of: \_\_\_\_\_

### School information

Current school district: \_\_\_\_\_

Current school \_\_\_\_\_

Grade: \_\_\_\_\_

IEP \_\_\_\_\_

Child's approximate height \_\_\_\_\_ and weight \_\_\_\_\_

Describe the child's grade level performance and academic performance including aptitudes and difficulties in various subject areas

Describe any medical condition or other circumstance that prevents the child from attending school on a full-time basis.

Describe the child's school record including child's attendance at school (list reasons for poor or irregular attendance), child's social adjustment at school, and child's behavior problems (if any): Child attends school daily.

Describe any developmental delays or learning disabilities of the child. Provide a contact person and phone number if the child is enrolled in, or eligible to enroll in, special education classes

Child's personality (please try to consider activities the child enjoys, whether they are outgoing or introverted, and list some good characteristics as well as the negative.)

### Health consideration

	Allergies (please specify)	
	Physical/Health problems (please specify)	
	Pregnant:	
	Currently on medication (please specify what meds., dosage, what it's for.)	
	Other (please specify)	

To the best of your knowledge, would the child have any problems (such as allergies or asthma) that would prevent him or her from being placed in foster home with animals or smokers? \_\_\_\_\_

Are Child's immunizations up to date? \_\_\_\_\_

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Check the appropriate boxes to indicate if the child has had any of the following childhood illnesses:

Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubeola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List date of the child's last physical exam and date of last dental exam

List the name(s), and phone number(s) of the child's most recent medical provider(s)

Describe any other pertinent medical information or events the child has had or currently has. Include any condition that is preventing the child from attending school on a full-time basis.

### Counseling

Is the child currently in therapy? \_\_\_\_\_

If yes, what agency(s)?(please list below) \_\_\_\_\_

Does the child have a current psychological evaluation? \_\_\_\_\_

Has the child been diagnosed? \_\_\_\_\_ If yes, please specify the diagnosis below

Any substantial conclusions and recommendations from the psychological:

### Visitation (When in Placement)

Is the child having visits? \_\_\_\_\_

Where have the visits been located? \_\_\_\_\_ Are they supervised? \_\_\_\_\_

How often do they occur? \_\_\_\_\_ How long are the visits? \_\_\_\_\_

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## PLACEMENT PREFERENCES

Type of placement desired (agency foster home, therapeutic foster home, group home, residential care, hospitalization, etc.): \_\_\_\_\_

Are there any restrictions that would prevent the child from being placed with other children? \_\_\_\_\_  
If yes, please explain

Has the child been in foster care with our agency other than this placement? \_\_\_\_\_  
With whom? \_\_\_\_\_

Is the child IV-E eligible? \_\_\_\_\_ Expected length of placement: \_\_\_\_\_

### Other pertinent information:

Date Placement Needed: \_\_\_\_\_

Call Responses to \_\_\_\_\_ At \_\_\_\_\_