|  |  |  |
| --- | --- | --- |
| RE: School notification for: | Student name: |       |
|  | Date of birth: |       |
| To: School District Foster Care Point of Contact: |       |
| Grade level |       |
| School of origin: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Initial notifications | [ ]  | Update |
| This letter is to inform you that the above-named child has had the following action occur with DHS, Child Welfare. Check all that apply: |
| [ ]  | DHS CW foster care and custody | [ ]  | Education records request |
| [ ]  | Placement with parent(s) with DHS custody | [ ]  | Child moving out of school district |
| [ ]  | Foster placement change | [ ]  | Voluntary placement |
| [ ]  | School of origin transportation request  | [ ]  | Termination of DHS custody/discontinue |
|  | (Please attach form) |  | transportation |
|  |
| [ ]  | Best Interest finding made by Juvenile Court to change school of origin |
| Date: |       | Judge/Referee: |       |
| New school of origin approved by Juvenile Court: |       |
| Previous school and school district: |       |
| IEP/IFSP or 504 Plan: | [ ]  | Yes | [ ]  | No |
|  |
| Medical Provider and any medical special needs: |
|       |
|  |
| Behavior support needs: |
|       |
| Please allow       to enroll the child in school and make school decisions. |
| [ ]  | Parent | [ ]  | Foster parent | [ ]  | Educational surrogate parent |  |
| [ ]  | Other (Name/role): |       |
|  |
| Any special instructions: |
|       |

|  |
| --- |
| Individuals that shall not have contact with the student or safety concerns: |
|       |

As the caseworker for this child, I can be reached if there are any questions or concerns regarding
the information provided.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Phone | Email | Local office |
| Caseworker |       |       |       |
| Supervisor |       |       |       |
| Program manager |       |       |       |

Members of the child’s team who might interact or pick up child at school (when applicable):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Phone | Email |
| Foster parent |       |       |       |
| Child’s attorney |       |       |       |
| CASA |       |       |       |
| Independent Living Program caseworker |       |       |       |
| DD caseworker |       |       |       |
| Transporter |       |       |       |
| Tribe |       |       |       |
| Other |       |       |       |

If the records request box is checked above, please send the following records to the DHS Caseworker, per ORS 419B.443 to report to the court the following information:

|  |  |
| --- | --- |
| [ ]  | A list of all schools the child has attended and length of time the child has spent in each school since being in the guardianship or legal custody of DHS. |
| [ ]  | Grade level of the child’s academic performance.  |
| [ ]  | Number of high school credits the child over the age of 14 has earned. |
| [ ]  | Whether or not the child is in a special education program, and name of surrogate parent appointed, if applicable. |
| [ ]  | Other:  |            |