|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |

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| --- |
| 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: |  |