

# School Notification

Date: \_\_\_\_\_

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:

- |  |  |
|--|--|
| <input type="checkbox"/> DHS CW foster care and custody                                  | <input type="checkbox"/> Education records request                             |
| <input type="checkbox"/> Placement with parent(s) with DHS custody                       | <input type="checkbox"/> Child moving out of school district                   |
| <input type="checkbox"/> Foster placement change   | <input type="checkbox"/> Voluntary placement                                   |
| <input type="checkbox"/> School of origin transportation request<br>(Please attach form) | <input type="checkbox"/> Termination of DHS custody/discontinue 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): \_\_\_\_\_

Name of foster parent or parent (trial reunification): \_\_\_\_\_

Address of foster parent or parent: \_\_\_\_\_

Keep address confidential

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: