



Clear

SUBSTITUTE CARE SCHOOL REFERENCE

Date:

REGARDING THE FOLLOWING CHILD

Child's Name	Birthdate (m/d/y)
Child's Address	
Name of Child's Father	
Name of Child's Mother	
Name of School Child Attends	

TO:

We would appreciate information on this child as requested below for the purpose of evaluating his parents' ability to act as foster parents, as well as the child's ability to adjust and accept the placement of a foster child in the home.

Thank you for your assistance. Please call me if you have any questions.

Signature of Licensing Counselor

Counselor's Telephone Number **If applicable, enter "ext." and extension number**

Please provide the following information about the child identified above.	
GRADE:	ACADEMIC ACHIEVEMENT: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
ATTENDANCE: ☐ Regular ☐ Irregular	BEHAVIOR IN CLASS: ☐ Normal ☐ Too Quiet ☐ Too Active ☐ Seriously Disruptive
PROMPTNESS: ☐ Good ☐ Poor	RELATIONSHIP WITH TEACHER: ☐ Responsive ☐ Withdrawn ☐ Dependent
HEALTH PROBLEMS NOTED: ☐ None ☐ If any, specify:	
APPEARANCE: ☐ Clean ☐ Dirty ☐ Insufficient Clothing ☐ Cared For ☐ Uncared For, describe:	
ATTITUDE OF PARENT TOWARD:	CHILD: ☐ Concerned ☐ Unconcerned ☐ Demanding ☐ Hostile ☐ Unknown
	SCHOOL: ☐ Cooperative ☐ Uncooperative ☐ Hostile ☐ Unknown

FURTHER COMMENTS (if any):

Signature	Title	Date Signed
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PLEASE RETURN THIS SIGNED AND COMPLETED FORM TO:

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