**\*Please complete the template below and send to** [**reports@speakupnow.org**](mailto:reports@speakupnow.org) **and your Advocacy Supervisor\* Your Supervisor will review and edit the report before reaching out to you with follow up questions.**

**Child’s Name:**

**Petition Number:**

**Child’s Date of Birth:**

**Hearing Date:**

**Placement History:** Placement history can be provided to you from the HHSA social worker.  **If you’ve already written a placement history section in your previous report, you can skip this section if the placement information has not changed. Please write in complete sentences.**

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| 1. Describe the child(ren)’s placement history from initial detention until current placement. Include overall number of placements, types of placements, and any significant reasons for removal, if known. *Tip: Ask the social worker for a placement history report during your first meeting.* |  |

**Current Situation:** Include only current, factual information that has occurred since the last court report. **Please do not copy any information from your last report, and please remember to follow up on any issues identified in the last report. If a section does not apply to your child(ren) then please write “*Not Applicable”*. Always remember: record WHO provided you with the information you are describing, and WHEN you spoke with that person. Please write in complete sentences.**

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| 1. List the ***full names*** of all persons contacted during ***this reporting*** ***period***. Include their titles or roles, e.g. caregiver, teacher, social worker. |  |
| 1. Write at least 2-3 sentences describing each child (age, interests, personality, positive attributes, goals, etc.). This section should be positive! |  |
| 1. What, if any, extracurricular activities or hobbies is the child(ren) involved in? If none, are they interested in joining anything? |  |
| 1. If you are aware your child is LGBTQIA+ ask them if they have a name, pronoun, or gender that they want us to refer to them as in the report.   Note: You must inform them that this report is going to their social worker/probation officer, the attorneys, the judge, and their parents (if applicable). **Ensure they feel safe and comfortable with us using the provided pronouns/gender/name.** |  |
| 1. How many visits have you had with the child since your last report or how often do you visit them (if you have a set schedule, i.e. twice a month)? 2. What kinds of things do you do during visits? Is there a memory you would like to briefly highlight? |  |
| 1. How is their behavior during visits? |  |
| ***PLACEMENT:***  ***This information should be largely based on your observations and conversations with the caregiver(s) and children. ALWAYS REMEMBER: WHEN? And ACCORDING TO WHOM?*** |  |
| 1. Where is the child(ren) placed and on what date were they placed there? **Please include all placements over the last reporting period starting with the one they were placed in at the beginning of the reporting period.** |  |
| 1. Describe the child(ren)’s placement (i.e. pets in the house, developmentally appropriate items available to them to play with, do the children have their own room(s), are there any other children in the home)? |  |
| 1. Describe the child(ren)’s interactions with their caregivers and any other children or family members in the home. Does the child seek the caregivers for attention and comfort? Does the child appear comfortable in this home? |  |
| 1. If reunification does not occur, the caregivers are: 1) willing to adopt, 2) willing to assume legal guardianship 3) willing to either adopt or assume legal guardianship, 4) not willing to adopt or assume guardianship. If not willing to adopt/assume guardianship, how long are they willing to allow the child(ren) to remain placed with them? *Tip: Speak to the social worker first, then confirm with the caregiver.* |  |
| 1. If the placement is not a relative placement, are you aware of any relatives or nonrelative extended family members (NREFM) willing to take placement of the children? |  |
| ***CONTACT WITH SIBLINGS AND RELATIVES WITH WHOM CHILDREN ARE NOT PLACED:***  ***Speak with the caregivers, social worker, and children to gather this information.*** |  |
| 1. Does the child(ren) have a sibling(s) in a different placement? If so, do they have visits? Describe the visits (frequency, children’s interactions). |  |
| 1. Does the child(ren) have visits with any other family members (other than with the mother and father)? If so, who and how often? |  |
| 1. Describe the child(ren)’s feelings about the visits with family members (other than parents), if they have shared those feelings with you. |  |
| 1. Describe any positive feedback or concerns from the caregiver or any service provider(s) about the child(ren)’s visits or their behavior before and/or after visits with family members (other than parents). |  |
| 1. Ask the child if they miss anyone, or if there is anyone they do not currently visit with that they would like to see.   Note: please discuss any feedback you receive with the SW so they can assess for possible visitation. |  |
| ***MEDICAL & THERAPEUTIC INFORMATION FOR THE CHILDREN:***  ***Speak with the caregiver, child, medical providers (if necessary) and therapist for this information. If you have not yet reached out to the therapist, do so as soon as possible.*** |  |
| 1. Is the child(ren) up to date on exams and immunizations? Describe any medical or dental concerns. **Please state who provided the information.** 2. Ask the child and caregivers if they would like the Court to know anything specific about the health of the child(ren). *Tip: Speak to the* ***caregiver*** *about this section and follow up with the doctors if the child has any significant medical issues, if appropriate.* |  |
| 1. If child is prescribed medication, ask child and caregiver if there are any concerns or general feedback regarding their medication. |  |
| 1. Is the child(ren) in therapy/counseling? If so, when did you speak with the therapist? 2. According to the therapist, when did therapy begin, how often does the child attend, and has participation/attendance been consistent? 3. According to the therapist, what are the child’s therapeutic goals and what progress has the child made towards meeting those goals? 4. According to the therapist, does the child have any positive coping mechanisms? 5. Describe any concerns or positive feedback provided by the therapist. 6. Do the child and caregivers think therapy has been beneficial? |  |
| 1. If child is 5 years or younger, when was the most recent DSEP screening? What were the results/recommendations? *Tip: Review the child’s individual care plan (ICP) and discuss the ICP with the DSEP developmental specialist.* 2. If services were recommended, have they been set up? Include dates and follow up with service providers. If services have not been set up, please explain why. 3. If DSEP has closed the child’s case, describe why and include the date the case was closed. |  |
| 30. **If child is between the ages of 6-11,** please ask your Advocacy Supervisor if they were eligible for a DSEP screening.  If eligible, please complete the below questions. If not eligible, do you think they should undergo a developmental screening? If so, why?  31. When was the most recent DSEP screening? What were the results/recommendations? *Tip: Review the child’s individual care plan (ICP) and discuss the ICP with the DSEP developmental specialist.*  32. If services were recommended, have they been set up? Include dates and follow up with service providers. If services have not been set up, please explain why.   1. If DSEP has closed the child’s case, describe why and include the date the case was closed. |  |
| 1. Is the child receiving any other services, such as physical therapy, occupational therapy, placement stabilization, etc.? (i.e. KidStart, California Early Start, San Diego Regional Center) (*ask SW if unknown*) 2. If so, when did you speak with the provider(s)? Describe the services the child is receiving and the progress that they are making. Include any concerns or positive feedback from the provider(s). |  |
| **\*\*\*Confirm #32, 33, 34 with the social worker only. These questions are specific to foster youth’s rights regarding their sexual and reproductive health under SB 89.**  *Tip: Use boiler plate language to the right.*   1. If child is 10 years or older, has the child received the requisite reproductive and sexual health curriculum or education? If so, when? | On DATE, I confirmed with the HHSA social worker that XXX received the required reproductive and sexual health education.  OR  On DATE, the HHSA social worker confirmed that XXX has not yet received the required reproductive and sexual health education. That requirement will need to be complete when XXX graduates from eighth/twelfth grade in MONTH YEAR. |
| 1. If child is 10 years or older, has the child been informed of their right to access and receive confidential medical care and resources pertaining to their reproductive and sexual health? 2. Did the child experience any barriers to accessing confidential medical care pertaining to their reproductive and sexual health, including but not limited to the ability to schedule appointments and lack of transportation? | I have confirmed with the HHSA social worker that XXX has been told s/he has the right to access medical care and resources and any information pertaining to those services will remain confidential unless s/he consents to any or all this information being shared.  I am not aware of any barriers this reporting period for her/him to access medical care and education pertaining to her/his reproductive and sexual health. |
| ***EDUCATIONAL INFORMATION:***  ***This information should be largely based on your conversations with teachers and school staff. If you have not reached out to school staff, please do so as soon as possible.*** |  |
| 1. Where does the child(ren) go to school? What grade are they in?   *Tip: please include all schools attended this reporting period, in chronological order.* |  |
| 1. Does the child(ren) have IEPs (individualized education programs) or receive other special education services? If so, what is the qualifying disability? 2. Describe the services the child is receiving. 3. When was the IEP last reviewed? |  |
| 1. When did you speak with teacher(s) or school staff? Describe the child’s academic performance (including grades), attendance, behavior, and interaction with peers. Describe any positive comments or concerns from the teacher. |  |
| 1. How many credits does the child have and are they on track to graduate? 2. Is the child on a diploma track or a certificate of completion track?   *Tip: If the child is in high school, talk to the school counselor and ask for a copy of their most recent report card/transcript and attendance record.* |  |
| 1. Who holds educational/developmental rights? 2. Is that person communicating with the school and addressing the child’s educational needs, according to school staff and/or teachers? |  |
| ***ADDITIONAL INFORMATION FOR CHILDREN 16 YEARS AND OLDER:***  ***This information should be mostly based on your conversations with the child. Check in with caregivers and social worker for additional information if needed.*** |  |
| 1. Does the child have a California identification card, Social Security card, and copy of their birth certificate? If no, why not? |  |
| 1. Does the child have a job or do they want to start looking for a job? |  |
| 1. Does the child have a checking and/or savings account? |  |
| 1. Is the child participating in independent living skills (ILS) training? If so, when did you speak with the ILS worker? Describe the services the child is participating in. |  |
| 1. Is the child planning to participate in extended foster care (EFC)? If so, how do they plan to meet the EFC requirements? (school, work, both?) If not, what is the child’s plan and do they know how to enter EFC in the future? |  |
| ***ADDITIONAL INFORMATION FOR CHILDREN ON PROBATION:***  ***This information should be mostly based on your conversations with the probation officer and child.*** |  |
| 1. Is the child completing their probation requirements? What requirements are outstanding?   Tip: This information should come from the probation officer, but it is appropriate to ask the child how they feel they are doing on probation as well, just attribute information accordingly. |  |
| 1. Are there any obstacles to completing probation requirements? |  |
| 1. What is the probation officer recommending for this hearing? |  |
| ***PARENTS’ VISITATION:***  ***Speak with the parent(s), children, and caregivers about the following:***  ***ALWAYS REMEMBER: WHEN? And ACCORDING TO WHOM?*** |  |
| 1. When were reunification services for the parents terminated? |  |
| 1. Have the parents continued to visit the children since their services were terminated? Are their visits supervised or unsupervised? *Tip: Ask the caregiver and confirm with the social worker if needed.* 2. If you have observed any visits since the last hearing, describe the parents’ interactions with the children. (Include dates) |  |
| 1. Describe the child’s feelings about the visits with the parents. (if they have shared those feelings with you). |  |
| 1. Describe any positive feedback or concerns that the caregivers or children’s service providers have shared with you about the child’s behavior before and/or after visits either either parent. |  |
| 1. What are the biological family’s strengths?   Tip: What’s working well for the family? This information can come from a CFT meeting, feedback from the child/caregiver, or your direct observations or conversations. |  |
| **RECOMMENDATIONS AND FEEDBACK:** |  |
| 62. Is there any other information that you would like to include that is not captured in the table above? |  |
| 63. Ask your case child if there is anything they would like you to tell the Court (discuss this with your supervisor to ensure this is an appropriate conversation to have with your case child). |  |
| 1. **Ask the social worker what they are recommending at the upcoming hearing.** |  |

**Needs of the Child:** These are your *opinions*, which can be expressed in “I feel” and “I believe” statements, and should be based on the facts presented above. Write a brief summary and give opinion/list concern for each **unmet need** listed in the current situation above. Please write in complete sentences and do not present any new factual information that was not mentioned in the Current Situation section.

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| 1. Highlight something positive about the child. |  |
| 1. Are there any placement concerns? |  |
| 1. Are there any sibling visit concerns? |  |
| 1. Are there family members the child would like to have contact with? |  |
| 1. Are there any unmet health needs? |  |
| 1. Are there any unmet therapeutic needs? |  |
| 1. Are there any unmet educational needs? |  |
| 1. Are there any concerns with the mother’s visits? |  |
| 1. Are there any concerns with the father’s visits? |  |
| 1. Are you in agreement with the social worker’s recommendations? If no, why not? |  |
| 1. In your opinion, what is going well for the child and family? |  |

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| If you have one, please also email a recent picture of your case child that we can attach to your Court report. (The photo may include the child’s face as the report is only being shared with the judge and courtroom attorneys; however, due to confidentiality the photo may only consist of the child(ren) you are assigned to and yourself.) |