**\*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:**

**Current Section:** 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. 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. 2. Write the date of current placement and number of residencies as an NMD. |  |
| 1. Write at least 2-3 sentences describing the young adult’s personality (interests, personality traits, positive attributes, goals, etc.). This section should be positive! 2. Is the NMD involved in any extracurricular activities or hobbies? |  |
| 1. Comment on the young adult’s maturity level, ability to self advocate, ability to access and use community resources, and how prepared are they to begin to live independently. Be factual and use specific examples. |  |
| 1. If you are aware your young adult 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, and the judge.). **Ensure they feel safe and comfortable with us using the provided pronouns/gender/name.** |  |
| 1. How many visits have you had with the young adult 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 together? |  |
| ***PLACEMENT:***  ***This information should be largely based on your observations and conversations with the young adult. ALWAYS REMEMBER: WHEN? And ACCORDING TO WHOM?*** |  |
| 1. Where is the young adult currently living? How are they doing there? Describe the home. Are there other people living there? Does the young adult get along with the other people in the home?   Tip: Please include all placements over the last reporting period. |  |
| 1. Describe any concerns the young adult or you have with the living arrangement. |  |
| 1. Have all living options been explained to the young adult such as transitional housing placement program for nonminor dependents (THPP – NMD) and supervised independent living placements (SILP)? 2. Where does the young adult want to live? |  |
| ***CONTACT WITH SIBLINGS, PARENTS, AND RELATIVES:***  ***Speak with the social worker and the young adult to gather this information.*** |  |
| 1. Does the young adult have any contact with siblings, parents, or relatives? If so, describe frequency, interactions, and feedback the young adult has provided you. |  |
| 1. Does the young adult want help connecting with family members they no longer have a relationship with? |  |
| 1. Please describe any healthy relationships or long-term connections the young adult has with other adults or nonrelative extended family members not previously mentioned. |  |
| ***MEDICAL & THERAPEUTIC INFORMATION:***  ***This information should come from the NMD and they should provide consent for us to share this information in the report.*** |  |
| 1. Is the young adult up to date on exams and immunizations? Describe any medical or dental concerns. Does the young adult know how to schedule a medical or dental appointment on their own?   Tip: The young adult needs to give permission for us to share medical, dental, and therapeutic information in our report. Please confirm you have their permission to provide information. |  |
| **\*\*\*Confirm # 17, 18, and 19 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. Has the youth 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 twelfth grade in MONTH YEAR. |
| 1. Has the youth been informed of their right to access and receive confidential medical care and resources pertaining to their reproductive and sexual health? 2. Did the youth 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. |
| 1. Is the young adult in therapy? If so, with whom and how often are they attending? 2. According to the therapist, what are the young adult’s therapeutic goals and what progress has been made towards meeting those goals? Please note when you spoke with the therapist. 3. According to the therapist, does the young adult have any positive coping mechanisms? 4. Describe any concerns or positive feedback provided by the therapist.   Tip: The young adult needs to give permission for us to share medical, dental, and therapeutic information in our report. Please confirm you have their permission to provide information. |  |
| 1. Is the young adult a client of the San Diego Regional Center? 2. If so, please describe the services the young adult is receiving and the progress being made. Describe your conversations with any service providers, and include any concerns or positive feedback from the provider(s). |  |
| ***EDUCATIONAL INFORMATION:***  ***This information should be largely based on your conversations with teachers and school staff (if the young adult is still in high school), and the young adult.*** |  |
| 1. Is the young adult in high school, college or a vocational school? 2. Is the young adult receiving special education services, such as an IEP (individualized education program) or 504 plan? If so, what are the qualifying disabilities and program services? 3. If in high school, how many credits does the child have and are they on track to graduate? Are they on a diploma track or a certificate of completion track? |  |
| 1. Describe academic progress since the last court hearing. Are there any gaps in the young adult’s education? Include your observations and observations from teachers/school staff. 2. What are the young adult’s goals after high school? |  |
| ***ADDITIONAL INFORMATION:***  ***This information should be largely based on your conversations with the young adult.*** |  |
| 1. Does the young adult have a job or do they want to start looking for a job? |  |
| 1. Does the young adult have a checking and/or savings account? |  |
| 1. Is the young adult participating in independent living skills (ILS) training? If so, when did you speak with the ILS worker? Describe the services they are participating in. |  |
| 1. Does the young adult have a California identification card, Social Security card, and copy of their birth certificate? If no, why not? 2. Is the young adult registered to vote? If not, do they need help with accessing resources to register to vote? |  |
| ***EXTENDED FOSTER CARE:*** |  |
| 1. What criteria does the young adult meet to be eligible for EFC (Extended Foster Care)? |  |
| 1. **Important:** Ask the social worker what their recommendation for the upcoming hearing will be. |  |
| ***OTHER:*** |  |
| 1. Is there any other information that you would like to include that is not captured in the table above? |  |
| 1. Ask your NMD if there is anything they would like you to tell the Court. |  |

**Needs of the NMD:** 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 young adult. |  |
| 1. Are there any placement concerns? |  |
| 1. Are there any sibling visit concerns? |  |
| 1. Are there any parental visit concerns? |  |
| 1. Are there any unmet health needs? |  |
| 1. Are there any unmet therapeutic needs? |  |
| 1. Are there any unmet educational needs? |  |
| 1. Does the young adult need anything to prepare them to transition out of the foster care system? |  |
| 1. Are you in agreement with the social worker’s recommendations? If no, why not? |  |

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| If you have one, please also email a picture of the NMD that we can attach to your Court report. *(The photo may include the NMD’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 NMD you are assigned to and yourself.)* |