Placement Questionnaire

Name of Child(ren): _____ Board #: ___ Return by: ___/___/___

When did the child(ren) come to your facility? ___/___/___ When was the child(ren)'s last physical exam? ___/___/___ Dental Exam: ___/___/___ Eye Exam: ___/___/___			
What is your understanding of why the child(ren) has entered care?	___Physical Abuse ___Sexual Abuse ___Neglect	___Child's Emotional Problems ___Parents Incarceration ___Child's Behaviors	___Parents Drug/Alcohol Abuse ___Child's Medical/Special Needs ___Child's Drug/Alcohol Abuse
Other:			

Services

How much contact do you have with the Case manager? ___Weekly ___Monthly ___None apply ___Other	How much contact does the child(ren) have with the Case manager? ___Daily ___Weekly ___Monthly Most recent date of phone contact? ___/___/___ Most recent date of in-person contact? ___/___/___
How much contact do you have with the child's Guardian ad litem (GAL)? ___Every month ___Every six months ___None apply	How much contact does the child(ren) have with the GAL? ___Daily ___Weekly ___Monthly Most recent date of phone contact? ___/___/___ Most recent date of in-person contact? ___/___/___
Do you receive ongoing updates regarding the progress of the child(ren)'s case?	___Yes ___No
Do you feel adequately informed of the child(ren)'s current health and education status?	___Yes, Both ___No, Both ___Health Only ___Education Only
Did you receive enough background information on the child(ren) to meet his/her needs? If no, indicate what would have been helpful.	___Yes ___No Comments:
What do you understand the permanency objective of the child(ren) to be?	___Reunification ___Long-term foster care ___Guardianship ___Adoption ___Self-sufficiency ___Independent living ___In transition ___Unknown

Have you had to restrain the child in this placement?	___Yes ___No	___Isolation ___Physically ___Chemically	Frequency:_____
What types of de-escalation techniques were implemented prior to the restraint?			
Was the child injured during the restraint?	___Yes ___No (If Yes, what type of injury occurred and was medical attention sought?)		
Was the Case manager notified of the restraint?	___Yes via phone call ___Yes via incident report ___No		

Visitation	
Is visitation occurring with the parents? ___Both Parents ___Mom only ___Dad only ___Neither	Is there sibling visitation? ___Yes ___No ___Some ___N/a
What is the visitation arrangement as you understand it?	
How is the child(ren)'s behavior prior to and after visits?	

What services have been offered to or are needed for the child(ren) to be successful?	
What types of services does your agency provide? Please check all that apply.	___Individual Therapy ___Group Therapy ___Family Therapy ___Support Groups ___Behavior Management ___Education ___Independent Living Skills ___Other: _____
Does your agency provide any of the above services to the child? Please check all that apply.	___Individual Therapy ___Group Therapy ___Family Therapy ___Support Groups ___Behavior Management ___Education ___Independent Living Skills ___Other: _____

	N/A	Needed, not provided	Provided	Frequency	Completed	Refused	On Waiting List
Alcohol/Drug Treatment							
Individual Counseling							
Psychological Evaluation							
Sex Offender Treatment							
Community Treatment Aid							
Family Support Worker							
Support Groups							
Transportation Services							
Family Counseling							
Day Care Services							
Behavior Management							
Special Education							
Educational Assessment							
Physical Therapy							
Play Therapy							
Other:							
Please list any medications the child is taking here:							

Please include here how the child(ren) is doing in your placement and anything else that you would like the Board to know; feel free to add extra pages if you need more room.	

Form completed by: _____ Date completed: ___/___/___

THANK YOU, PLEASE RETURN THIS FORM TO:

To respond by taped questionnaire, call 1-800-577-3272

Revised 10-2002