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|  | **Caregiver’s Report to the Court (Abbreviated)** |

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| CHILD’S NAME | LEGAL CASE NUMBER |
| HEARING DATE | COUNTY WITH LEGAL JURISDICTION |
| CAREGIVER NAME/PERSON PROVIDING INFORMATION | CHILD’S ASSIGNED CASE WORKER |
| TYPE OF PLACEMENT .[ ]  Kinship (Licensed or Unlicensed Relative and Suitable Others)[ ]  Foster Home | LENGTH OF TIME AS CHILD’S CAREGIVER     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Days/Months/Years |
| SUPPORT TO FAMILY(Check all that apply.)[ ]  Temporary foster care[ ]  Available to be a support to the family after reunification [ ]  Available to provide an adoptive or guardianship home | CHILD COURT PARTICIPATIONWas the child or youth invited to participate in court?[ ]  Yes[ ]  NoIf no, explain  |
| **Instructions:** * The courts want to hear from you and your perspective is critical to providing a more complete holistic view of the child or youth to the court.
* Please complete and return via email, US Postal Service, or in person 2- 3 weeks before the hearing to the child or youth’s assigned case worker and/or guardian ad litem/CASA.
* Please feel free to include a photo of the child or youth (optional).
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| **TOPICS** |
| 1. Describe the child’s or youth’s behavior in your home.

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| 1. List any concerns regarding the education of the child or youth.

     Did you advise the DCYF workers and parents of any educational issues? [ ] Yes [ ]  No |
| 1. List any medical conditions (physical or mental) of the child or youth which needs to be addressed.

     Did you advise the DCYF workers and parents of any educational issues? [ ] Yes [ ]  No |
| 1. Are you maintaining open and viable communication with the child’s biological parent?

[ ] Yes [ ]  NoExplain.       |
| 1. If you have participated in family time visits with the parents, briefly explain whether the visit was a success and whether any issues need to be address.

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| 1. Do you have any additional information that may help reunite the child or youth successfully with their biological family?

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| CAREGIVER’S PRINTED NAME |
| CAREGIVER’S SIGNATURE | DATE SIGNED |

