|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | **Caregiver’s Report to the Court (Abbreviated)** | | | |
| 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 PARTICIPATION  Was the child or youth invited to participate in court?  Yes  No  If 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). | | |
| **TOPICS** | | |
| 1. Describe the child’s or youth’s behavior in your home. | | |
| 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  No  Explain. | | |
| 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. | | |
| 1. Do you have any additional information that may help reunite the child or youth successfully with their biological family? | | |
| CAREGIVER’S PRINTED NAME | | |
| CAREGIVER’S SIGNATURE | | DATE SIGNED |

