

CAREGIVER INFORMATION FORM

Child's Name: _____

Case No.: _____ Date of Birth: _____

Name of Caregiver: _____

Type of Caregiver:

Foster Parent

Kinship Caregiver

Other (Please specify): _____

Date of Child's Placement with you: _____

Date of this Report: _____

Under Ohio law, foster and kinship caregivers have the right to attend and be heard in court proceedings related to the children in their care. This form is intended to help you provide information to the court at the next hearing related to the child in your care. Please answer questions below that are relevant to the child's current status and needs. You can also obtain a fillable form online at <http://probatejuvenile.clermontcountyohio.gov>. Once you have completed the online form, please print and bring or mail to the court.

You do not need to answer all questions. Use of this form is voluntary.

- 1. Please describe any behavioral, emotional, or mental health concerns with the child, if any exist (for example, any changes in eating or sleeping patterns, acting out or aggressive behaviors, withdrawal, etc.) Are any such concerns being addressed with services?**

2. Please identify any needs this child has that are not currently being addressed with services.

3. Please describe the child's educational progress and identify any concerns (for example, peer or teacher issues, bullying, academic progress or lack of progress, special education needs.

4. If age appropriate, what independent living services have been provided? What age-appropriate tasks and skills have you provided to the child to assist them in preparing for independence (e.g. cooking, cleaning, finances)? Are there such services you would recommend?

5. Please describe your observations of the child's interactions with other children and adults.

6. Has the child received any medical or dental treatment since the last hearing? Please describe.

7. Please note your observations related to child's contacts and visits with his or her birth parents.

8. Does the child have regular, ongoing opportunities to socialize or participate in recreational activities with peers? (Circle one) Yes No If so, please describe. Please include any challenges to participation in activities.

9. Are there any additional services or support needed for the child or for you that were not previously mentioned?

10. What was the date and location of the last contact with the Guardian ad Litem or the Court Appointed Special Advocate?

11. Have you been made aware of the most recent report and/or recommendations by the Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) in this case? (Circle one) Yes No Don't Know If you do not agree with the recommendations, what recommendations would you make? Are there any additional recommendations you would make, and if so, what are they?

12. Have you been made aware of the most recent report(s) and/or recommendations in this case made by persons other than the GAL or CASA? (circle one) Yes No Don't Know If so, do you agree with the report(s) and/or recommendations? If you do not agree with the report or recommendations, please explain. Are there any additional recommendations you would make and if so, what are they?

13. If the child/youth is in the permanent custody of the public children services agency (PCSA), please describe any efforts of which you are aware to locate a permanent adoptive family or kinship placement.

14. General progress, comments, or recommendations regarding the child/youth:

Caregiver Signature

Date