**Completed By: Date Completed: Date Updated:**

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| **Biographical Information** | | | |
| ***Student Information*** | | | |
| **Name:** | | **DOB:** Click here to enter a date. | **Current Grade:** |
| **Court Case #:** | | **Court Status:** Choose an item. | **Date of Placement:** |
| **Home Placement:** Choose an item. | | **Address:** | **Student Cell Phone/Email:** |
| ***Current School Information*** | | | |
| **School Name:** | | **District Name:** | **Type of School:** Choose an item. |
| **Date of Enrollment:** Click here to enter a date. | | **Reason for Enrollment:** Choose an item. | **Total Number of Schools Attended:** |
| ***Contact Information*** | | | |
| **Education Rights Holder (ERH):** | **Relationship:** | | **Proof of Education Rights:** Choose an item. |
| **Address:** | | **Phone:** |
| **Current Caregiver:** | **Relationship:** | | **Email:** |
| **Address:** | | **Phone:** |
| **Social Worker:** | **Phone:** | | **Email:** |
| **Legal Representative (Dependency):** | **Phone:** | | **Email:** |
| **Probation Officer:** | **Phone:** | | **Email:** |
| **Public Defender:** | **Phone:** | | **Email:** |
| **Therapist:** | **Phone:** | | **Email:** |
| **Wrap Around:** | **Phone:** | | **Email:** |
| **CASA:** | **Phone:** | | **Email:** |
| **Education Attorney/Advocate:** | **Phone:** | | **Email:** |
| **Other:** | **Phone:** | | **Email:** |
| **Other:** | **Phone:** | | **Email:** |
| **Other:** | **Phone:** | | **Email:** |

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| **Case Management** | | | |
| ***School History*** | | | |
| **Enrollment Information** | **Academics** | **Attendance & Social/Emotional** | **Special Education & Other Services** |
| *YY/YY*  *Grade*  Retained:  **School:**  **School District:**  **School Type:**  Choose an item.  **Enrollment Date:**  Click here to enter a date.  Choose an item.  **Reason for Enrollment:**  Choose an item.  **Exit Date:**  Click here to enter a date.  Choose an item.  **Reason for Exit:**  Choose an item. | **DRDP for 3-5 yr. olds**  Areas of Concern:  **Grades**  **School Schedule:** Choose an item.  *Grading Scale: Choose an item.*  *Course Name: Grade(Credits)*  *Examples:*  Elementary School:  Reading: 2/2/3  Middle School:  Math 6: A/B+  High School:  World History: A(5)/B(5)  **State Testing**  **Test Type**: Choose an item.  *English:* Choose an item.  *Math:* Choose an item.  **CAHSEE**  *English*: Choose an item.  *Math*: Choose an item.  *Interventions Provided (specify date(s))*: | **Attendance**  Total Number of Days Absent:  Total Number of Periods Absent:  Total Number of Tardies:  Attendance Rate: Choose an item.  *Interventions Provided (specify date(s))*:  **Mental Health/Attention/Behavior**  Teacher Concerns:  Caregiver Concerns:  Diagnoses (specify date):  Medications:  Services:  -Type: Choose an item. Date(s):  -Type: Choose an item. Date(s):  -Type: Choose an item. Date(s):  Therapy Goals:  **Discipline**  Teacher Concerns:  Caregiver Concerns:  Total # of Discipline Referrals:  *Reasons:*  Total # of Days Suspended:  *Reasons:*  Asked to leave preschool/school: Choose an item.  Expulsion: Choose an item.  *Interventions Provided (specify date(s))*:  **Additional Notes** | **SST Meeting**  **Date:** Click here to enter a date.  **Concerns:**  **Intervention Plan:**  **Persons Responsible:**  **504 Plan**  **Date:** Click here to enter a date.  **Disability:**  **Intervention Plan:**  **ERH Consent:** Choose an item.  **Special Education Assessment**  **Type:** Choose an item.  **Date:** Click here to enter a date.  **Summary of Results:**  **IEP**  **Type:** Choose an item.  **Date:** Click here to enter a date.  **Eligibility:**  Primary: Choose an item.  Secondary: Choose an item.  **Placement Type**:Choose an item.  **Services (specify type and amount):**  **Notes:**  **ERH Consent**: Choose an item. |
| ***Needed Interventions and Outcome-Tracking* *for*** *YY/YY* | | | |
| **Education Rights Holder** (See [Education Toolkit](http://kids-alliance.org/wp-content/uploads/2014/12/EdToolkit.pdf) Page 2-3)  **Current Status:**  Unable to identify ERH  No contact information available for current ERH  Multiple attempts to contact ERH unsuccessful (specify dates and methods of contact):  ERH not available to meaningfully participate in student’s education (specify):  ERH no longer has relationship with student (specify):  Other (specify):  No Concern  **Needed Interventions:**  **Outcomes:**  Current ERH identified and contacted (provide name and phone number):  New ERH appointed, court documentation received, and ERH contacted (provide name and phone number):  ERH not appointed, district surrogate appointed (provide name and phone number):  Other (specify):  **School of Origin** (See [Education Toolkit](http://kids-alliance.org/wp-content/uploads/2014/12/EdToolkit.pdf) Page 11)  **Current Status:**  Enrolled in current school within last 15 months because of a home placement change  Home placement change imminent  No concern  **Needed Interventions:**  Discuss with ERH and current caregiver youth’s school of origin rights  Identify school(s) of origin options, including transportation funding availability  Discuss pros and cons of each option  Identify ERH decision  **Outcomes:**  Remained in/returned to school of origin  Transferred to new school per ERH decision  **Academic Achievement**  **Current Status:**  Earning poor grades  Scored below average on state or district testing  Demonstrating other signs of academic delays (specify):  No concern  **Needed Interventions:**  **Outcomes:**  Grades improved  Test scores improved  Other (specify):  **Attendance**  **Current Status:**  Greater than 95%  90-95%  Less than 90%  Unavailable  **Needed Interventions:**  **Outcomes:**  Attendance improved 1 attendance band  Attendance improved 2 attendance bands  Other (specify):  **Mental Health/Attention/Behavior** (See [Education Toolkit](http://kids-alliance.org/wp-content/uploads/2014/12/EdToolkit.pdf) Page 46)  **Current Status:**  Has mental health diagnoses, but not receiving therapy (specify concerns):  Struggles with attention, but no diagnosis (specify concerns):  Teacher concerns (specify):  Caregiver concerns (specify):  Mental health provider concerns (specify):  Other (specify):  No concern  **Needed Interventions:**  **Outcomes:**  Received professional diagnosis (specify):  Received counseling services (specify):  Prescribed medication or medication changed (specify):  Assessed for special education  IEP modified  Other (specify):  **Discipline**  (See [Education Toolkit](http://kids-alliance.org/wp-content/uploads/2014/12/EdToolkit.pdf) Page 47-48)  **Current Status:**  Has 10 or more discipline referrals in current school year  Suspended 5 or more school days in current school year  Expelled in current school year  Other (specify):  No concern  **Needed Interventions:**  **Outcomes:**  Discipline referrals reduced  Suspensions reduced  Assessed for special education  IEP modified  Other (specify):  **Special Education Eligibility** (See [Education Toolkit](http://kids-alliance.org/wp-content/uploads/2014/12/EdToolkit.pdf) Page 46)  **Current Status:**  Earning poor academic grades (specify):  Tested below average on state or district testing (specify):  Physical or mental health diagnosis affecting student at school (specify):  Behavioral and/or discipline issue(s) (specify):  Other (specify):  No concern  **Needed Interventions:** Referred for special education assessment (specify type(s)):  Psycho-Educational  Speech & Language  ERMHS/ERICS  Occupational Therapy  Physical Therapy  Functional Behavioral Assessment  Assistive Technology  Audiological  Vision Itinerant  Other (specify):  **Outcomes:**  Found eligible for special education  Found not eligible for special education  **Appropriateness of Current IEP** (See [Education Toolkit](http://kids-alliance.org/wp-content/uploads/2014/12/EdToolkit.pdf) Page 46)  **Current Status :**  IEP not meeting academic needs (specify):  IEP not meeting behavioral needs (specify):  IEP overdue (specify):  Assessment needed (specify type):  Psycho-Educational  Speech & Language  ERMHS/ERICS  Occupational Therapy  Physical Therapy  Functional Behavioral Assessment  Assistive Technology  Audiological  Vision Itinerant  Other (specify):  Other (specify):  No concern  **Needed Interventions:**  IEP modified (specify):  Referred for assessment (specify type):  Psycho-Educational  Speech & Language  ERMHS/ERICS  Occupational Therapy  Physical Therapy  Functional Behavioral Assessment  Assistive Technology  Audiological  Vision Itinerant  Other (specify):  Other (specify):  **Outcomes:**  Assessments conducted  IEP held  IEP modified (specify):  Other (specify): | | | |

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| **High School Graduation Planning** | | | |
| **High School Graduation Credits** | | | |
| **School District Credit Checklist** | | | |
| **School District Requirements**  *(List Course Names and Credits Required)* | **Classes Completed**  *Class Name: Credits Earned (School, Semester, Academic Year)* | **Classes Remaining**  *Class Name: Credits Remaining* | |
| Social Studies |  |  | |
| English |  |  | |
| Math |  |  | |
| Science |  |  | |
| Foreign Language |  |  | |
| Visual/Performing Arts |  |  | |
| PE |  |  | |
| Health |  |  | |
| Electives |  |  | |
| Needed: | Completed: | Remaining: | |
| **Needed Interventions & Outcome Tracking** | | | |
| **Current Status:** Choose an item.  Missing partial credits  Failed classes  Transferred after 2nd year of high school and unable to satisfy local graduation requirements (see AB 167/216 Graduation Checklist)  **Cumulative High School GPA:** | **Needed Interventions:**  Partial credits (See [Education Toolkit](http://kids-alliance.org/wp-content/uploads/2014/12/EdToolkit.pdf) Page 53-55)  Summer school enrollment  Dual-enrollment (with ERH approval)  Consider student for AB 167/216 graduation eligibility (see checklist below)  Other (specify): | | **Outcomes:**  On track  Off track |
| **AB 167/216 Graduation Checklist** (See [Education Toolkit](http://kids-alliance.org/wp-content/uploads/2014/12/EdToolkit.pdf) Page 58-60) | | | |
| Student has open foster care or probation court case: Yes  No  Student transferred schools after the second year of high school: Yes  No  Student cannot reasonably complete all local district graduation requirements within 4 years of high school: Yes  No  **Eligible** (The answers to the above must all be “yes” for a student to be eligible for AB 167/216 graduation):Yes  No  **Certification Completed** (Provide written notification of eligibility determination to student, ERH, and social worker within 30 days of enrollment and instructions to ERH on how to accept eligibility): Yes  No  **ERH decision:**Accept eligibility  Remain in high school for a 5th year  Reject eligibility  Decision not yet made  **Course Scheduling** (Use the below credit checklist to determine necessary courses if ERH accepted eligibility) | | | |
| ***AB 167/216 Courses Required*** | ***Courses Completed*** | | ***Courses Remaining*** |
| Social Studies   * World History (1 year) * US History (1 year) * Government (.5 years) * Economics (.5 years) |  | |  |
| English (3 years) |  | |  |
| Math (2 years)   * Algebra 1 (1 year) |  | |  |
| Science (2 years)   * Biology (1 year) * Physical Science (1 year) |  | |  |
| Foreign Language/Visual and Performing Arts (1 year) |  | |  |
| PE (2 years) |  | |  |
| Required: 130 credits | Completed: | | Remaining: |
| **Outcome:** Choose an item. | | | |
| **California High School Exit Exam (CAHSEE)** | | | |
| **Current Status:**  *Math:*  Passed  Not passed  Not attempted  *English:*  Passed  Not passed  Not attempted | **Needed Interventions:**  Referred to CAHSEE tutoring  Enrolled in CAHSEE prep courses  For special education students, discussed special education waiver with  IEP team and Education Rights Holder  Other (specify): | | **Outcome:**  Passed CAHSEE Math  Passed CAHSEE English  Accepted special education waiver |

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| **Higher education Planning** | | | | |
| **Current Goal(s):**  University Community College Undecided Other: | | | | |
| ***Four Year University*** | | | | |
| **A-G Course Checklist** | | | | |
| **A-G Requirements**  *(Courses must be A-G certified)* | **Courses Completed with C- or Higher**  *Course: Grade (School, Semester, Academic Year)* | | **Courses Remaining**  *Course Name: Semesters Remaining* | |
| Social Studies (2 years) |  | |  | |
| English (4 years) |  | |  | |
| Math (3 years) |  | |  | |
| Laboratory Science (2 years) |  | |  | |
| Foreign Language (2 years) |  | |  | |
| Visual/Performing Arts (1 year) |  | |  | |
| College-Prep Elective (1 year) |  | |  | |
| **Total UC/CSU GPA:** | | | | |
| **Current Status** | **Needed Interventions** | | **Outcomes** | |
| *Minimum requirements*  Off track for A-G course requirements  Not meeting 3.0 UC GPA minimum  Not meeting 2.0 CSU GPA minimum | *Minimum requirements*  Scheduled student to retake necessary A-G courses  Dually-enrolled student in community college courses  Dually enrolled in independent study  Enrolled in summer school  Referred student for tutoring:  School-based tutoring  Beyond the Bell tutoring  County Office of Education tutoring (provide application)  Community-based tutoring | | *Minimum requirements*  On track for A-G course requirements  Completed A-G course requirements  Met 3.0 UC GPA minimum  Met 2.0 CSU GPA minimum | |
| *Entrance Exams*  Needs fee waivers for SAT/ACT  Has not accessed SAT/ACT prep resources  Has not taken necessary college entrance exams (specify): | *Entrance Exams*  Applied for fee waiver for SAT/ACT  Referred to free/low cost SAT/ACT prep resources  Assisted student with SAT/ACT registration | | *Entrance Exams*  Received fee waiver for SAT/ACT  Took necessary college entrance exams (specify): | |
| *Applications*  Needs fee waivers for applications  Needs assistance accessing applications  Needs assistance identifying foster youth programs | *Applications*  Assisted student with applying for fee waivers  Assisted student with completing applications  Informed student of priority registration/enrollment at CSUs  Researched foster youth programs | | *Applications*  Received fee waivers  Applications submitted  Student accepted to universities | |
| ***Community College*** | | | | |
| **Current Status** | | **Needed Interventions** | | **Outcomes** |
| Has not taken community college placement tests  Needs assistance registering  Needs assistance identifying foster youth programs | | Arranged for student to take placement tests  Informed student of priority registration/enrollment deadlines (http://www.stepforward.cccco.edu)  Researched foster youth programs | | Took community college placement tests *Results*: Math: English:  Registered for community college |
| ***Financial Aid*** | | | | |
| **Current Status** | | **Needed Interventions** | | **Outcomes** |
| *FAFSA*  Needs assistance completing FAFSA | | *FAFSA*  Informed student of deadline for submitting FAFSA  Referred student to FAFSA workshops  Informed student of importance of Question 53 (whether youth is/was a ward of the court after age 13)  Worked with social worker to gather proof of foster care status (e.g., juvenile court minute order) | | *FAFSA*  Submitted FAFSA application by deadline |
| *Grants*  Needs assistance applying for CHAFEE grant  Needs assistance applying for Board of Governors Fee Waiver (community college only) | | *Grants*  Assisted student with completing CHAFEE grant application at <https://www.chafee.csac.ca.gov/StudentApplication.aspx>.   * Students attending four year universities or community colleges receive up to $5,000 per year. * Students attending Career and Technical Education Programs can receive up to $2,500 a year.   Assist student in applying for Board of Governors Fee Waiver at www.cccapply.org/BOG\_Waiver (waives tuition for current and former foster youth) | | *Grants*  Received CHAGEE grant  Received BOG fee waiver |
| *Scholarships*  Needs assistance applying for scholarships (specify): | | *Scholarships*  Helped student complete scholarship applications given their background and interests | | *Scholarships*  Received scholarship(s) (specify): |