

## Education Information For Child(ren) 310E

Case..... SMITH, KASEY - DM80448	Date... 08/06/2008
Worker.... Worker name and Id	
Branch.... Branch and Id	

Child Name....	Person Letter.....
Date of Birth...	Age.....
	Last Updated..... 08/06/2008
Most Recent Date of Legal Custody: _____	

### **Education**

School(s) Attended Since the Child has been in the Guardianship/Legal Custody of the Department:

Note: Only those schools attended during the most recent date of legal custody are listed

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Grade.....	Performance in Math.....
Attendance.....	Performance in Reading.....

High School Credits Earned:

English: ____	Science: ____	Mathematics: ____	Social Sciences: ____
Health: ____	Electives: ____	Physical Education: ____	

Secondary Language/Art/Technical: \_\_\_\_\_

Diploma/GED:

Child has achieved a High School Diploma/GED or Alternate Certification: \_\_\_\_\_

Date: \_\_\_\_\_

Post Secondary Education:

Child is enrolled in post secondary education: \_\_\_\_\_

Special Education Program Plan: \_\_\_\_\_

<b>Case: SMITH, KASEY - DM80448</b>
<b>Branch: Branch and Id</b> <b>08/06/2008</b>

Child will graduate by age 19: \_\_\_\_\_ Date Last Determined: \_\_\_\_\_

**Education Narrative:**  
Document whether the child's placement takes into account proximity to the school in which the child was enrolled at the time of placement. Document any special circumstances in the child's school history such as multiple schools, school transfers due to travel constraints, needs for specialized education services or treatment. Document the efforts made by the Department to stabilize school attendance. Document the child's progress in school, any special accomplishments.

**School Performance:**  
Document the efforts made by the Department to stabilize school performance. How is the child achieving academically, socially, behaviorally, or in other specific areas? Document the efforts made by the Department, the school, and the child's caregiver to support school success. Document the child's progress in school, any special accomplishments. For any child age 14 and older, document the child's progress in earning high school credits. When a child is not expected to complete high school or equivalent training by age 19, document the reasons graduation will not be achieved.

**School Planning:**  
Document those involved in making the school or education placement decisions for the child. Describe how the parents, substitute caregivers and others involved in the child's case plan have been involved in educational planning. Document approvals received for a school or educational placement other than a public school.

**Surrogate:**  
Child's educational surrogate name.  
*Worker may write confidential instead of surrogate's name if necessary for safety reasons.*

**Special Education:**  
Document if the child has a current IFSP, IEP or 504 plan.  
Document the nature of the child's special education needs and/or identified learning disability. If the child has a learning disability but does not have a current IEP, explain the reason. Document the persons involved in the IEP process and the Department's involvement with the child's school and educational program.

**Signature and Mailing Information**

Copies of 310E mailed by (signature): \_\_\_\_\_  
To: Mother: \_\_\_\_\_  
Father: \_\_\_\_\_

Case: SMITH, KASEY - DM80448 Branch: Branch and Id                      08/06/2008
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Provider: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_  
CC To: \_\_\_\_\_

## Health Information For Child(ren) 310H

Case..... ELLISSANDOVAL, HIEDI J - EG64501	Date... 08/07/2008
Worker.... Case worker name and Id	
Branch.... Branch and Id	
Child Name....	Person Letter.....
Date of Birth...	Age.....
	Last Updated.....08/06/2008

### Health Providers

Doctor.....	Last Exam... 08/06/2008
Dentist.....	Last Exam... _____
Therapist.....	Last Exam... _____

### Health Information

**Medical Health:**

*Describe general medical and dental health, noting any significant known medical problems.*  
Describe any developmental delays. Was an initial medical assessment completed? Indicate the services provided to meet any special needs including pertinent information from the initial medical and personal care assessments. Summarize the completed medical and dental health checks including comprehensive medical evaluations, well child check, eye exams, etc. Were any follow-up services necessary? Were the services provided?

**Allergy Alert:**

*List Allergies ....*  
Indicate possible life threatening reactions to insect stings, certain foods or drugs, such as penicillin. Note whether the child has hay fever due to grass, weed or pollen and/or allergies to dust mites, mold spores, mildew or animal dander.

**Medications:**

*List Medications.....*  
What is the medication for?  
Who is monitoring the medication and/or who prescribed the medication?  
How often is it monitored by a physician?

**Mental Health Information:**

Case: ELLISSANDOVAL, HIEDI J - EG64501

Branch: Branch and Id                      08/07/2008

Has this child had a mental health assessment or a psychological evaluation?  
If yes, who did the assessment and when was it completed?  
If no, was one considered and if not, why in your professional opinion is it not in the child's best interest?

**Child's Diagnosis:**

Provide a summary of findings around the diagnosis.....  
Therapist recommendations.....

**Treatment Evaluation:**

What are the therapist's recommendations? What effort is the Department making to address those recommendations?  
If the agency is choosing not to implement the recommendations of the therapist, explain why not. Describe how the services match the child's needs.

Case: ELLISSANDOVAL, HIEDI J - EG64501  
Branch: Branch and Id                      08/07/2008

**Immunization History**

Seq	1st	2nd	Dates 3rd	4th	5th	Series Comp	Had Illness
DPT - (Diphtheria/Pertussis/Tetanus):							
Polio:							
MMR - (Measles/Mumps/Rubella):							
HEP A - (Hepatitis A):							
HEP B - (Hepatitis B):							
Varicella - (Chickenpox):							
HIB - (Influenza):							
Tetanus - (Additional shots):							
Pneumo (Pneumococcal Conjugate):							

Case: ELLISSANDOVAL, HIEDI J - EG64501  
Branch: Branch and Id                      08/07/2008

**TB Screening:**

Date: _____	Type: _____
	Result: _____
Date: _____	Type: _____
	Result: _____
Date: _____	Type: _____
	Result: _____
Date: _____	Type: _____
	Result: _____

**Medical/Immunization Exemptions:**

Case: ELLISSANDOVAL, HIEDI J - EG64501 Branch: Branch and Id                      08/07/2008
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**Signature and Mailing Information**

Copies of 310H mailed by (signature): \_\_\_\_\_

To: Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Provider: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

CC To: \_\_\_\_\_

# Visitation Information for Child(ren) 310V

Case.....SMITH, KASEY - DM80448  
Worker.....  
Branch.....  
Date.....08/07/2008

Visit Participants:

Child Name.....	Person Letter.....
Date of Birth.....	Age.....
	Last Updated.....

Most Recent Date of Legal Custody:

### Child Visits

Child Visits with Sibling(s):

Child Visits with Parent(s):

Other Types of Visitation:

Document other types of contact that are included in the visitation plan and have occurred: i.e., phone, email, attendance at events, appointments, others. Document the circumstances when visits or other contact was arranged but did not occur. Document in the narrative section visits with other relatives who are not included as members in the case plan.