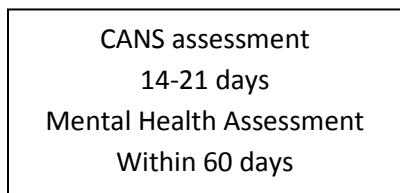


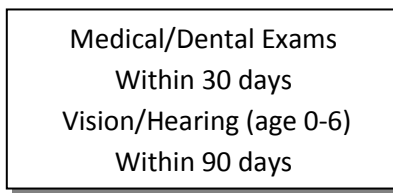
Assessment Chart



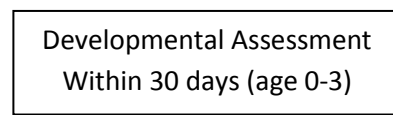
Child Enters Foster Care



- Psychiatric Assessment
- Psychological Evaluation
- Neuropsychological Eval
- Psychotropic Med Consult



- Yearly well child check-ups until age 18
- Dental checkups every six months



- Ages & Stages Questionnaire (ASQ)
- Re-assessment
- Speech, Occupational, & Physical Therapy
- Functional Behavioral Assessment
- Adaptive Functioning
- Neuropsychological Eval

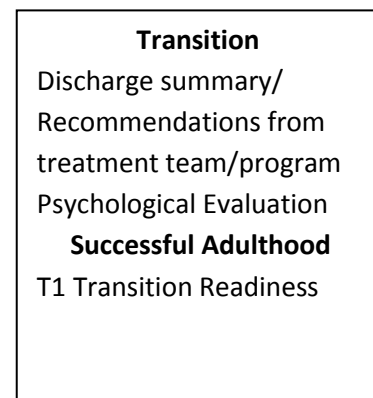
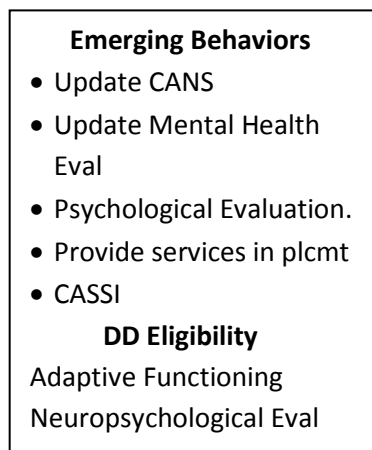
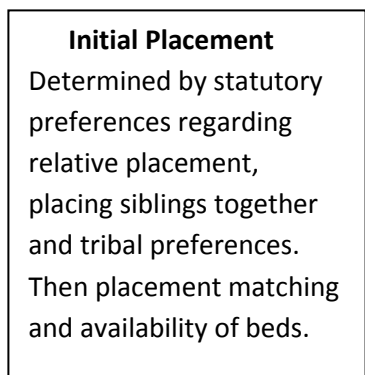
Initial assessments upon entering care are essential in identifying needs and services for children who have suffered trauma, neglect and abuse.

Ongoing or follow up assessments are generated by recommendations from initial assessments, emerging issues or occur periodically.

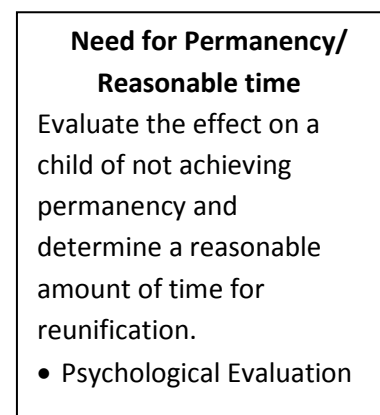
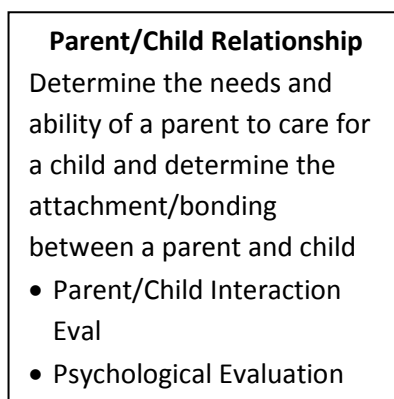
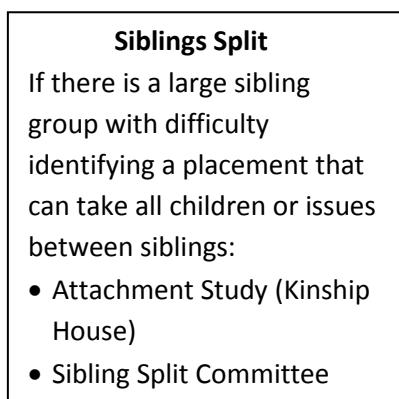
If a child may or does need a placement change, either more or less restrictive.

If there are questions or issues regarding the appropriate permanency plan.

Placement



Permanency



There is a great deal of complexity and scope in addressing all aspects of a foster child's well-being including: mental health, physical health, developmental issues, academic issues, placement and permanency. The initial assessments required for all children entering care form the framework for comprehensively identifying the child's needs. Follow up assessments occur periodically or are driven by emerging issues as indicated on the Assessments Chart.

Effective CRB review can be achieved with some fairly standard questions:

- What has been done to assess the needs of the child and has it been timely?
- Are there any further assessments or follow up that could or should be completed?
- Have services been provided in accordance with the assessment results and recommendations?
- Are services effective and, if not, what will be done to increase effectiveness or revise strategies?
- Are the services recommended by an assessment available and if not what can be done?
- Should the child be in a higher or less restrictive level of care?
- Is there a detailed plan regarding transitioning the child into a less restrictive level of care?
- Has the child been assessed regarding permanency needs and attachment with parents and siblings?

Questions should be addressed to the DHS caseworker, parents, child's attorney, CASA, and any treatment providers in attendance at the review. Include the child's input when appropriate. Sensitivity is required when addressing very personal issues of a child in an open group setting.

Don't fall into the role of a service provider during the review. You should not be trying to diagnose or develop a treatment plan for the child or try to guess the child's needs. Rely on the professionals and others who have been working with the child or have known the child over an extended period of time and the appropriate assessments. If you have concerns about what is or is not being done, turn these into questions and/or recommendations.

Suggested recommendations include:

- Completing assessments that have not yet occurred in accordance with policy
- Following recommendations of an assessment
- Develop or explore resources necessary to implement assessment recommendations
- Revising or updating an assessment if it does not clearly identify the needs of the child
- Referring a child for an appropriate assessment to address emerging issues