### Education Information Change Form

|  |  |  |
| --- | --- | --- |
| **Client Name:**       | **FACES Client ID #:**       | **Date of Birth:**       |

|  |  |
| --- | --- |
| **Serving Agency:**      **Supervisor:**       | **Ongoing Social Worker:**      **Email address/Phone:**       |

Please fill in applicable changes to the child’s case and leave other sections blank.

### Parent / Guardian / Placement Information Change:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Placement Changed | **Name:**       | **Address:**            | **Phone Number:**       | **Date:**       |
| [ ] Guardianship Finalized | **Name:**       | **Address:**            | **Phone Number:**       | **Date:**       |
| [ ] Adoption Finalized | **Name:**       | **Address:**            | **Phone Number:**       | **Date:**       |
| [ ] Reunification  | **Name:**       | **Address:**            | **Phone Number:**       | **Date:**       |

### School Change:

**Previous School Attended**

|  |  |
| --- | --- |
| School Name:        | City, County, State:       |
| Grade:       Date of Exit:        | Type of School (*choose one*):  |

**New School Attending** *(Attach copies of required documentation per chart provided on* [*CFSA's School Enrollment Page*](http://cfsa.dc.gov/page/office-well-being-school-enrollment-process)*)*

|  |  |
| --- | --- |
| School Name:        | City, County, State:       |
| Grade:       Date Enrolled:       | Type of School (*choose one*):  |

**Reason for School Change:** *(select all that apply)*

[ ]  **Proximity to placement** *(i.e. travel time to school from provider home was prohibitive)*

[ ]  **Child Request** *(please exclude any requests based on proximity)*

[ ]  **Parent / Guardian Choice** *(please exclude any requests based on proximity)*

[ ]  **Services / Programs Availability** (*i.e. special education services, career academy services, etc.)*

[ ]  **Residential Facility** *(i.e. residential treatment facility, youth services center)*

[ ]  **New Entry into School** *(i.e. formally in day care, home school, or drop out and entering or re-entering school for first time)*

[ ]  **Other**

### Special Education Status Change:

|  |  |
| --- | --- |
| [ ]  Youth is now receiving Special Education Services | [ ]  Youth is no longer receiving Special Education Services |

### Education Decision Maker Change: *(Attach a copy of any court orders documenting this change)*

Note that birth parents retain the right to make education decisions related to a child’s special education unless a court order terminates the parent’s right to make decisions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**       | **Address:**            | **Phone Number:**       | **Relationship to Youth:**      |

### Other Contacts Change:

|  |  |
| --- | --- |
| **[ ]** Education Attorney | Name:       |
| **[ ]** Guardian Ad Litem | Name:       |
| **[ ]** AAG | Name:       |