### 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: |