

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Agency  
Family Licensing Division



**School Adjustment Report**

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

Parent/Guardian: \_\_\_\_\_  
\_\_\_\_\_

The above named individual(s) applied to become a kinship/foster/adoptive parent through the Child and Family Services Agency of Washington, D.C. As part of the assessment process, information is obtained on the child who currently resides in their home and is under their daily care and supervision. Therefore, we would appreciate you completing the School Adjustment Report on their child \_\_\_\_\_  
Name

**Below is a Release of Information signed by the parent/guardian. If there are any questions, please**

**contact:** \_\_\_\_\_ at \_\_\_\_\_.

I/We hereby consent to the release of information, by the school districts within Maryland, Washington, DC or Virginia, about my child to the DC Child and Family Services Agency.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

RETURN FORM TO:

Child and Family Services Agency  
Foster Care Resources Administration  
Family Licensing Division  
200 I Street, SE  
Washington, DC 20003  
Room 3658

**The School Adjustment Report is to be completed in narrative by the Teacher or Counselor.**

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

Name of School: \_\_\_\_\_

Teacher/Counselor: \_\_\_\_\_

Child: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Progress: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavior: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths/Needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appearance/Hygiene: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attendance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contacts with  
Parent(s)/Guardian(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments & Significant  
Observations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's or Administrator's Signature

Title