

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



NOTICE TO SCHOOL OF ORIGIN OF STUDENT OUT-OF-HOME PLACEMENT OR PLACEMENT CHANGE

CONFIDENTIAL: *This document is part of the student’s educational record and must be kept confidential according to the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99) and any other applicable local, state or federal privacy laws. This information is to be used to meet the student’s educational needs and must be shared only with those who have a need to know.*

Date: _____
 To: _____
 Title: _____
 School: _____
 Email Address: _____

To Whom It May Concern:

This letter is to provide notification of the out-of-home status of the student named below and to ensure educational stability for the student as needed and required by federal law. Due to the student’s change of address, the DC Child and Family Services Agency (CFSA), in consultation with student’s education planning team, must make a best interest determination (BID) about whether the student should remain in the current school or transfer to another school setting.

Child’s Name	Date of Birth	School Year	School Grade
Current School Name	School District/Local Education Agency (LEA)		

The student named above had a change of placement on the following date: Date

- the student was placed in out-of-home care by the DC Child and Family Services Agency (CFSA).
- the student moved to a new out-of-home placement.

In cases of an initial separation and placement in out-of home care, it is presumed to be in a student’s best interest to remain in the same school to maintain the student’s school stability. If you believe it is NOT in this student’s best interest to remain at the current school, contact the employee listed below **within 2 business days of receipt of this notice** to express your reasons why.

**Please note that transportation is not to be considered as a factor in your school’s position on this issue and that CFSA has transportation resources it can put in place to transport the student back to your school if needed.*

In cases of an out-of-home placement change, CFSA will convene a best interest determination meeting to gather information about whether it is in the student’s best interest to remain in your school or

transfer to another school setting. A representative of your school who knows the student and can contribute meaningfully to the discussion will be invited to participate. Please identify this person and notify him/her of this meeting.

The meeting has been scheduled:

Date:	
Time:	
Address:	

The meeting is currently being scheduled. Please use the contact information below to arrange a mutually convenient date and time for the meeting.

Once CFSA has convened any necessary meetings and gathered and reviewed information from all relevant parties, we will provide notification of the final best interest determination decision.

Important Contact Information:

The new placement is	<input type="checkbox"/> a family-based placement	<input type="checkbox"/> a group home/residential facility placement
Placement contact name		
Placement address		
Phone number		Email
Notes re placement: e.g., kinship, placed with siblings in same school		
Birth parent 1 name		
Phone number		Email
Birth parent 2 name		
Phone number		Email
Notes re: parents, e.g., decision-making permissions		
Educational decision-maker/surrogate parent name		
Phone number		Email
Notes:		
Social Worker Name		
Phone number		Email

Thank you for your assistance in supporting the student during this transition. Please contact me if you have any questions. I welcome the opportunity to discuss how we can work together to facilitate the student's success in school.

Sincerely,

Name: _____
 Title: _____
 Phone: _____
 Email: _____