POLICY TITLE: Educational Services CHAPTER:		PAGE 1 OF 20
	CHILD AND FAMILY SERVICES AGENCY Approved by:_____ Signature of Agency Director	PROFESSIONAL STANDARDS See Section VII.
EFFECTIVE DATE:	LATEST REVISION: February 28, 2011	REVIEW BY LEGAL COUNSEL: October 27, 2010

I. AUTHORITY	The Child and Family Services Agency (CFSA or Agency) Director adopts this policy to be consistent with the Agency's mission and all applicable federal and state laws, rules and regulations as they apply to public education. This policy is based on D.C. Official Code § 38-202 (2001), Establishment of School Attendance Requirements; 5 D.C.M.R. § 2103, Truancy; 5 D.C.M.R. § A5000 *et seq*., Residency Verification for the District of Columbia Public School and Public Charter School; Individuals with Disabilities Education Act, amended by the Individuals with Disabilities Education Improvement Act of 2004, P.L. 108-446, 20 U.S.C. §§ 1400 *et seq*.; Fostering Connections to Success and Increasing Adoptions Act of 2008, P.L. 110-351, § 204, 42 U.S.C. §§ 671(a)(30) and 675 (1)(G), Educational Stability and Educational Attendance Requirement; Child Abuse and Treatment Act, P.L. 108-36, 42 U.S.C. § 5106a(b)(2)(A)(xxi); and Title VII-B of the McKinney-Vento Homeless Assistance Act, P.L. 100-77, 42 U.S.C. §§ 11431 *et seq*.
II. APPLICABILITY	This policy applies to all CFSA employees and CFSA private contractors.
III. RATIONALE	CFSA is committed to providing children and youth in foster care with equal access to positive academic experiences and improving educational stability and outcomes for all young people in care. For this reason, the Agency has educational specialists to focus on positive educational outcomes for children and youth in care. Specialists within the Innovative Family Support Services Administration (IFSSA) in the Office of Clinical Practice (OCP) focus on all school-aged children, while specialists within the Office of Youth Empowerment (OYE) focus on older youth pursuing post-secondary studies. Research shows that on average, a child in foster care may change schools two to three times per year, and that each move reduces a child's academic standing by three to six months in comparison to their classmates. Further, according to national statistics, almost half of all youth in foster care do not complete high school.

IV. POLICY	It is the policy of CFSA to ensure that all children in its care and/or custody have access to an educational program that is appropriate to the child's age and abilities, and is designed to meet their unique needs and suitably prepare them for additional education, future employment, self-sufficiency, and independent living. In collaboration with the Office of the State Superintendent for Education (OSSE) and the District of Columbia Public School System (DCPS), it is the policy of CFSA to ensure that every school-aged child in the care and/or custody of CFSA is appropriately enrolled in school, is receiving an authorized independent study program or private instruction consistent with District law, and that every child's educational goals are met in a timely and appropriate fashion. Accurate information on the number of CFSA children receiving educational services, including the location of where these services are provided, shall be maintained. Such information shall be recorded in FACES.net for all children and youth in care. CFSA shall utilize the "Practice Model Teaming Approach" for all educational planning by social workers who shall function as team leaders, and who at their discretion may engage parents (birth or adoptive), legal guardians, congregate care staff, caregivers, foster parents, service providers, education surrogate parents, and other service providers to ensure the educational success of all school-aged children and older youth interested in pursuing post-secondary education.
V. CONTENTS	**A.** Educational Decision-Making **B.** Early Intervention Services for Children Aged 0 to 5 **C.** School Continuity and Stability **D.** School Enrollment and Withdrawal **E.** Attendance and Educational Records **F.** Educational Assessments **G.** Specialized Education Services **H.** Transportation Services - General Education **I.** Transportation Services - Special Education **J.** Tutoring **K.** Educational Services for Older Youth in Out-of-Home Care **L.** Post Secondary Education **M.** Post Secondary Education - Vocational
VI. ATTACHMENTS	**A.** Definitions **B.** Ward Letter **C.** School Placement Decision-Making Guide **D.** School Enrollment Tip Sheet **E.** Individualized Student Service Plan **F.** Social Worker Review of Progress Report (Tutoring) **G.** Student Information Form **H.** Student Information Change Form **I.** Monthly Tutoring Service and Progress Report **J.** Education/Vocation Assessment: In-Home **K.** Education/Vocation Assessment: Out-of-Home

VII. PROCEDURES	Procedure A: Educational Decision-Making

Social workers shall not assume the authority to make decisions regarding children's education, nor automatically designate that authority or right to the resource parent(s).

1. Social workers shall always ensure that the child's parents (birth or adoptive, hereafter referred to as parent or parents) are involved in educational planning to the greatest extent possible.

2. A parent or legal guardian shall maintain the legal right and authority to serve as an educational decision-maker for the child or youth except under the following circumstances:
   a. A youth has reached the age of 21 years or older based on the states regulations
   b. A court has terminated parental or guardian rights
   c. An authorized entity appoints an Educational Surrogate Parent (ESP) to make decisions related to special education after reasonable efforts by the social worker and/or supervisor to engage the parent or legal guardian regarding education decision-making have failed

3. Social workers shall understand the role of educational decision-makers and ESP(s) for children and youth on their caseload. The following guidelines shall determine who is authorized to be an educational decision-maker:
   a. If the parent is involved, willing, and able to serve as an educational decision-maker, the social worker shall encourage and support the parent(s) in educational planning
   b. For children in general education, basic day-to-day educational decisions may be made by the foster parent teaming with the social worker, only if the parent is not able or willing to do so
      i. Decisions regarding school placement shall be determined by the Agency when safety is a factor
      ii. The social worker shall consider and continue to encourage the parent's input and participation to the highest degree possible (*see Procedure C, School Continuity and Stability, for additional guidance*)
   c. The Individuals with Disabilities Education Act (IDEA) specifies that a parent shall be the educational decision-maker for children and youth who are receiving special education services or who are believed to be in need of special education services.
      i. If the parent is deceased or the court has terminated parental rights (TPR), the social worker shall consult with his or her supervisor, the CFSA Education Specialists as needed, and the Assistant Attorney General (AAG) to determine the appropriateness of filing a motion with the Family Court Operations Division of D.C. Superior Court (Family Court Operations Division) for appointment of an Educational Attorney, and/or transfer decision-making to another individual involved on the case (e.g., a resource parent or relative).

ii. If CFSA is unable to locate the parent after reasonable efforts and the child or youth is suspected of needing or is receiving special education services, CFSA shall refer the student's case to OSSE and notify the Family Court Operations Division. If OSSE is unable to locate the parent, it shall assign an ESP.

iii. CFSA must determine the status of both parents (i.e., mother and father) as indicated in items (i) and (ii) above prior to the appointment of an ESP by the OSSE.

Note: Incarceration does not automatically disqualify a parent from exercising his or her authority as the educational decision-maker for the child; nor does it automatically imply that the parent is "non-involved".

iv. If the parent is involved in the child's case but does not actively participate in the case or educational planning, or there are concerns about the parent's ability to serve as an educational decision-maker, the social worker shall consult with his or her supervisor, the CFSA Education Specialist as needed, and the AAG to determine whether the parent will retain educational decision-making authority or if it will be transferred to another individual.

Note: Neither social workers nor other employees of any public agency shall serve as a surrogate parent for children receiving special education services.

d. Social workers may not serve as ESPs but shall ensure that all educational goals and needs are met. Social workers and other child welfare staff have valuable information that will help the Family Court Operations Division or the OSSE determine who the educational decision-maker shall be. Additionally, social workers shall serve as advocates for educational services and assistance for all children and youth on their caseload.

e. Supervisors shall guide, direct and support social workers in planning and meeting the educational needs of children and youth on their caseload. Educational specialists within OCP shall also be available to assist and support social workers with educational matters.

Procedure B: Early Intervention Services for Children Aged 0 to 5

Under the IDEA, the District of Columbia is required to identify all children with disabilities from birth to 21 years of age. CFSA shall be committed to ensuring that all children who are at risk of developmental or educational delays are screened, evaluated, and have access to any support services that they will need to succeed in school. CFSA recognizes the critical importance of identifying the special needs of children aged birth to five (5) years old who may need early intervention and services to help prepare them for success in school.

1. All children aged birth to three (3) years old who are found to be victims of abuse or neglect by CPS shall be referred to OCP for screening through the OSSE.

	2. All children aged three (3) to five (5) years old who enter foster care and appear to have developmental or learning delays shall be referred to DCPS Early Stages for screening and assessment. 3. If it is determined that the child has developmental or educational delays, DCPS will provide specialized services as needed. 4. Screenings, assessments, and the provision of services through DCPS Early Stages are available for all eligible children regardless of the location of the child's placement. 5. For children aged birth to five (5) years old that are currently in an in-home or out-of-home placement, social workers shall, on a continual basis, consult with the child's educational decision-makers, caretakers and others service providers, to assess and monitor the child's development. If developmental or educational concerns are identified, the social worker will ensure that a referral is made to either the OCP or DCPS Early Stages as indicated above. 6. For all children referred to DCPS Early Stages for screening and assessment, the social worker shall ensure that the educational decision-maker provides the appropriate consents. 7. If the social worker encounters any difficulties with the OSSE or DCPS related to the screening and assessment of the child, the social worker shall consult with an OCP education specialist.
	Procedure C: School Continuity and Stability The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires that child welfare agencies partner with Local Education Agencies (LEAs) to ensure that children and youth have educational stability while in foster care. 1. CFSA shall adhere to best practice standards for a child's educational success by prioritizing educational continuity and stability when assessing and determining a child's initial and re-placement needs. 2. CFSA shall adhere to the following standards for educational success: a. Keeping children in their school of origin (*see Attachment A: Definitions*) upon initial entry into the foster care system, unless it is not in the child's best interest b. Maintaining school continuity (*see Attachment A: Definitions*) despite subsequent changes in foster care placement, unless it is not in the child's best interest c. When it is determined that the school of origin or school continuity is not in the best interest of the child/youth, it shall be the social worker's responsibility to work with the OCP and the LEA to ensure the child's/youth's immediate enrollment in and transfer of records to the new school no later than two (2) business days

3. In the event that a school placement decision needs to be assessed based on practical location or other considerations, the social worker in partnership with the supervisor, CFSA's Placement Services Administration, the educational decision-maker, and the OCP educational specialist shall ensure that the child or youth remains in the school of origin (unless there is a safety risk) until the final school placement decision is made.
   a. The social worker shall ensure that the child is transported to the school of origin until proper supports are in place for the new school placement.
   b. Social workers and/or their supervisors shall remain ultimately responsible for teaming with the aforementioned individuals to determine if a child/youth will remain in his/her school of origin.
      i. Social workers shall use the CFSA School Placement Decision-Making Guide (Attachment C) to help inform decisions regarding the most appropriate school placement, considering the following factors (at a minimum):
         - Personal safety of the child
         - Individual instructional needs
         - Time remaining in the school year
         - Other strengths and/or needs of the child
      ii. Team meetings, including Family Team Meetings (FTM) shall also serve as an opportunity for team members to discuss school placement needs

4. Once the child's team has determined the most appropriate school placement, the social worker shall complete a school enrollment packet (see Procedure D) and ensure that the necessary supports, such as transportation and special education services, are considered, planned for, and implemented.
   a. The team shall discuss the transportation needs and explore the available options (i.e., family members, resource parent, public transportation, etc.).
   b. If there are no options available and private transportation is required, the social worker shall make a referral to OCP by submitting an electronic referral form (Universal e-Referral) to cfsa.ftmu@dc.gov (*see Procedures H and I*). The Universal e-Referral can be found on the internet and the intranet.

      Note: Transportation services can take up to three (3) business days to be arranged and implemented (see 3a above).

5. If it is determined that it is not in the child's best interest to remain in the school of origin, it shall be the social worker and/or the supervisory social worker's responsibility to ensure that immediate enrollment occurs in a new school. The transition to the new school must include completion of a school enrollment packet and the transfer of all school records, which shall occur immediately but no later than two (2) business days after the request has been made (*see Procedure D*).

6. A child's or youth's team shall adhere to the same standards outlined in paragraphs 1-5 above when assessing school continuity for children and youth who are currently in foster care, but are changing placements (for whatever reason).

7. If a parent, legal guardian, foster parent, age-appropriate child, and/or youth communicates concern or is aggrieved by the Agency's school placement decision, the social worker shall notify the individual of his or her right to appeal the decision, in addition to providing the aggrieved individual(s) with the proper forms (see *Fair Hearings Policy*).

8. Every time a school placement decision is made, the social worker shall document the following information in the FACES case plan:
   a. Considerations related to and the final determination regarding the most appropriate school placement for the client
   b. Date of enrollment
   c. Date of transfer of the school records, if the client was enrolled in a new school
9. Every six (6) months, the social worker shall re-assess the appropriateness of the child's/youth's school placement and document the decision in FACES case plan.

McKinney-Vento Act

This federal law promotes stability, access, and academic success for homeless children and youth. The Act also provides assistance for homeless youth with enrollment in a new school, transportation to school, and other educational and supplemental services. It promotes educational stability by allowing homeless students to remain in their school of origin even if homelessness has caused them to move outside the school district.

Note: With regard to homelessness, "school of origin" is the school a student attended before becoming homeless or where the student was last enrolled.

1. Per the McKinney-Vento Act, the following definitions shall apply to "no fixed residence" for students who lack a fixed, regular, and adequate nighttime residence:
   a. Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
   b. Living in a motel or hotel or similar setting
   c. Living in an emergency or transitional shelter
   d. Awaiting foster care placement

2. Social workers working with families who meet the definition of "homeless" (i.e., lacking a fixed, regular and adequate nighttime residence) shall provide assistance to the caregiver or the ESP in the case of an unaccompanied child, and ensure the following rights:
   a. The LEA selected by the parent or guardian immediately enrolls the homeless child, even if the child is unable to produce records normally required for enrollment, such as previous academic records, medical records, proof of residency, or other documentation.

b. Any record ordinarily kept by the school, including immunization or medical records, academic records, birth certificates, guardianship records, and evaluations for special services or programs, regarding each homeless child shall be maintained so that the records are available, in a timely fashion, when the child enters a new school or school district.

c. Homeless children shall receive the transportation and other necessary services they are entitled to under McKinney-Vento Act to attend educational services.

3. Social workers shall ensure that children who are in foster care and are considered "homeless" under the McKinney-Vento Act have the following rights protected (per McKinney-Vento Act):
   a. To school enrollment
   b. To receive transportation to school
   c. To remain in their school of origin

4. Social workers who have questions about McKinney-Vento Act and believe that a child is not being properly served under the Act shall contact an OCP educational specialist for assistance and possible intervention.

Procedure D: School Enrollment and Withdrawal

1. All in-home and out-of-home social workers shall ensure that all children and youth in foster care between the ages of 5 to 18 are enrolled in school or an educational program. If a child is receiving special education services he/she is entitled to these services until 21 years of age.

2. A school enrollment packet shall be completed for all school-aged children in foster care attending any type of elementary, middle, or high school (e.g., public, charter, private, or non-public) within or outside of the District of Columbia. *School enrollment packets are not required for in-home cases.*

3. The social worker shall be responsible for completing the following activities related to school enrollment packets:
   a. New packets shall be completed at the beginning of every school year (even if the child is continuing in the same school) and each time the child is enrolled in a new school
      i. The following information shall be included in every packet:
         - Student Information Form (must be completed electronically)
         - Most Recent Court Order from the D.C. Superior Court with the child's/youth's name, date of birth, and legal status

ii. Some jurisdictions outside of the District of Columbia may require additional documents (*Attachment D*) which may include, but are not limited to, the following items:

- Tuition Contract (may require electronic entry)
- Birth Certificate
- Ward Letter (Attachment B)
- Interstate Compact on the Placement of Children Form
- Foster Parent Proof of Residency

b. The school enrollment packet shall be presented to the OCP education specialist for review prior to enrolling the child in school.

c. The OCP educational specialist shall immediately, but no later than the start of the next school day, review the packet for completeness and accuracy.

d. The social worker shall ensure that a hard copy of the school enrollment packet and any associated change forms shall be placed in the child's/youth's CFSA record.

e. Education screens in FACES shall be updated each time a school enrollment packet is completed.

4. Once the school enrollment packet has been approved by an OCP education specialist and the FACES education screens have been updated, the social worker shall ensure that the child/youth enrolls in school.

a. The social worker may physically enroll the child in public or charter schools in the District. The caregiver must physically enroll the child/youth in all other jurisdictions.

b. If physically enrolling a child, the social worker shall present his or her official CFSA badge as a form of identification to the appropriate school official.

5. At the time of enrollment, the social worker or the caregiver shall complete and provide all forms required by the school, including a copy of the *Student Information Form* and any other required documents from the enrollment packet.

6. If a change in school placement is required (for whatever reason), the social worker shall ensure that all necessary documentation is submitted for the child's withdrawal from that school and for the transfer of the child's enrollment to the new school.

a. Withdrawal paperwork may include a *Records Request Form* and/or a *Withdrawal Form* which will be provided by the local school.

b. The schools is required to immediately, but no later than two (2) business days; transfer the school records directly to the new school.

c. The social worker shall follow up with the new school within two (2) business days of the records request to confirm the transfer.

d. If the records were not transferred, the social worker shall contact an OCP education specialist for assistance.

7. The social worker shall complete the *Student Information Change Form*

and forward it to an OCP education specialist if a child or youth experiences any of the following changes in circumstance at any point during the school year:

a. An adoption petition is filed or withdrawn
b. Guardianship finalizes
c. Foster care or group home placement change
d. Educational decision-maker change
e. Case closure

8. The social worker shall document all interaction and information regarding school placement in both the FACES case plan.

Procedure E: Attendance and Educational Records

A school-age child is defined, under 5 D.C.M.R. § 2103, as one who has reached the age of 5 years or will become 5 years of age on or before September 30 of the current school year. All school-age children who reside in the District of Columbia (including children in the custody of the CFSA who may reside outside of the District of Columbia) are required to attend public, independent, private, or parochial school, or otherwise receive a thorough and regular education through private instruction. CFSA recognizes that school attendance is vitally important for academic success.

1. Different school jurisdictions may allow a specific number of excessive or unexcused absences within a marking period or school year. Social workers shall consult with other jurisdictions regarding their standards during the enrollment period.

2. To the greatest extent possible, all social workers shall ensure that children maintain regular school attendance by communicating to birth and resource parents the importance of school attendance and the seriousness of educational neglect.
   a. Medical, dental, or other appointments shall be scheduled outside of school hours whenever possible.
   b. Caregivers shall be held responsible for contacting school personnel and providing required documentation, i.e., valid, signed excuses for any school absence.

3. If a child or youth repeatedly skips the same class or classes or days, the social worker shall team with the caregiver and educational decision-maker to address the situation in the following manner whenever possible:
   a. The social worker shall meet with the child or youth to understand his or her view of the circumstances
   b. After meeting with the child or youth, the educational decision-maker, caregiver or social worker shall facilitate a meeting with the teacher and/or school counselor
   c. The child's team shall develop a behavioral plan that includes meaningful supports, incentives, intervention strategies, consequences for dealing with absenteeism, and consultation with parents or guardians

4. Social workers who have concerns about a child who is habitually

absent from school without justification shall consult with his/her supervisor. After consultation with a supervisor, the social worker may request consultation with an OCP educational specialist and/or the assigned AAG for further instruction.

Procedure F: Education/Vocation Assessments

CFSA social workers are dedicated to comprehensive case planning, including provision of educational services for all children and youth served by the Agency. It is therefore important to review educational performance for children on an ongoing basis and to ensure maximized use of quality educational services and performance. One way the Agency addresses educational performance is through the use of the Education/Vocation Assessment, a strategic tool for obtaining essential information on a child's educational needs and progress *(Attachments J and K).*

1. Both in-home and out-of-home social workers shall complete the following steps for every out-of-home client between the ages of 5 and 21 and/or in-home client between the ages of 5 and 18 on their caseload:
   a. Completion of one *Education/Vocation Assessment* per child/youth within 30 days of entering foster care or within 30 days of opening an in-home case.
      i. Educational information shall be entered on the education screen in FACES.
      ii. A hard copy of the completed form shall be placed in Section D of each hard copy case record.
   b. Educational information shall be updated in FACES at any of the following critical points during the life of a case:
      i. After every school placement change
      ii. At the end of each marking period
      iii. When there is a new or updated Individualized Education Program (IEP)
   c. If appropriate, the social worker shall submit a referral via email to cfsa.ftmu@dc.gov for OCP to provide educational support services, educational consultation, and/or assist with planning purposes.

2. All education/vocation assessments shall be reviewed, approved, and emailed by the assigned supervisory social worker to cfsa.edassess@dc.gov.

3. Education/vocation assessment forms shall be completed twice a year for each child, and submitted no later than November 15 and April 15.

4. Assessment information shall be used on an ongoing basis to develop baselines for the child's educational performance and educational needs.

	Procedure G: Specialized Education Services As noted earlier, IDEA is a federal special education law that requires schools to provide a free and appropriate education to students with disabilities. Social workers shall ensure that all children receive the special and supplemental education services as needed. These services shall be described in the student's IEP. 1. The Multi-Disciplinary Team (MDT) at the child's school shall review IEPs at least once a year to see whether the identified educational goals are being achieved and, when appropriate, to revise the educational program as needed. 2. The team shall review and revise an IEP at either the request of the school, the parent, or the ESP. 3. If concerns arise regarding the appropriateness and/or implementation of a student's IEP, the educational IDEA parent shall first address the issue with the school. a. If concerns persist, the parent shall be guided to contact the DCPS Critical Response Team at 202-442-5400 for assistance (the Critical Response Team responds to inquires from students, teachers, parents, principles, staff, and community members). b. An OCP educational specialist may also be contacted for support and consultation.
	Procedure H: Transportation Services – General Education The child's team shall discuss transportation needs and/or options (e.g., family members, caregiver, public transportation, day care provider, etc.) according to placement. *Note: All court orders for transportation shall be provided to an OCP education specialist immediately.* 1. For children enrolled in public schools outside of the District of Columbia, the local public school system typically provides transportation to and from school. The social worker shall contact the child's school to address any questions or concerns regarding school transportation. 2. The DCPS does not provide transportation for students unless the child is authorized to receive transportation related to a special education service in their IEP (*see Procedure I*). 3. Charter schools within and outside of the District of Columbia do not typically provide transportation to and from school. 4. The social worker may determine that public transportation to and from school is a safe and appropriate option for some youth. a. The social worker shall ensure that the youth is taught how to utilize the Washington Metropolitan Transit Authority Metrorail and Metro bus transit services.
	b. Metro bus tokens and Metrorail fare cards are available for youth

who use public transportation to and from school.

c. If necessary, the social worker shall contact the youth's school for more information.

5. When all other transportation options have been exhausted, the social worker shall refer students in foster care, ages 5 to 21, for private transportation to and/or from school of origin. The social worker shall make a referral to an OCP education specialist by submitting a Universal e-referral form (*available online at www.cfsa.dc.gov*) to cfsa.ftmu@dc.gov. The OCP education specialist, in consultation with the social worker, shall consider, but will not be limited to, the following factors:
   a. Other transportation options
   b. Child/youth safety and best interest
   c. The length and distance of commute

6. If private transportation is approved, the OCP education specialist shall issue a memorandum to the assigned transportation vendor indicating the authorized period of service, (i.e., start and end dates), as well as the review date for determining whether the child will continue to need private transportation.
   a. The authorized start date of service shall be three (3) business days from the date the OCP education specialist approves transportation. OCP shall approve transportation requests within one (1) business day of the referral.
      - The social worker or designee shall ensure transportation in the interim.
   b. Transportation is a time-limited service that may be authorized for one (1) school day, but shall not exceed the duration of the current school year. The social worker shall consult with an OCP educational specialist prior to the expiration of the authorized service period if transportation is still needed.
   c. Failure to consult with an OCP education specialist regarding the continuing need for transportation may result in the termination of transportation services.

7. Any requests for changes to transportation must be received and approved by an OCP education specialist at least 24 hours in advance of the requested change; otherwise, the transportation vendor may not be able to accommodate the request.

8. If there is a need to cancel a transportation pick-up or drop-off, the social worker shall contact the transportation vendor directly.

9. Transportation services may be suspended or discontinued if either of the following occurs on more than two occasions without prior notification to the transportation vendor:
   a. The child is not ready or is unavailable for pick-up
   b. The caregiver is not available to receive the child at drop-off

10. If transportation is suspended or discontinued, an OCP education

	specialist shall notify the social worker of the concerns. The social worker shall consult with his/her supervisor and the caregiver regarding the concerns. The social worker may re-refer the child for transportation once the issues and/or concerns have been resolved. 11. Any child who poses an immediate danger to self or others while on private transportation may be suspended from services to allow time for the social worker to address the issue. c. The social worker may request a team meeting with the child, caregiver, and/or other relevant members of the team. b. Transportation services may be discontinued if the behavior re-occurs or cannot be resolved. c. If either of the above situations occurs, social workers shall arrange alternative transportation to and from school for the child accordingly. 12. All transportation complaints and concerns shall be reported to the Multi-Disciplinary Teaming Supervisor in OCP.
	Procedure I: Transportation Services – Special Education 1. Children shall meet the Special Education eligibility criteria at the IEP meeting to receive transportation services. *Note: the IEP shall reflect transportation as a necessary service.* 2. DCPS shall coordinate transportation services for students attending or placed by DCPS in a non-public special education program. *Note: DCPS may take up to 72 hours to arrange all initial transportation services*. 3. Students attending public schools outside of the District of Columbia and receiving special education services, including transportation as part of their IEP, shall receive such services through that school's jurisdiction. 4. Any requests to process a change in a student's residence or education placement should be sent to an OCP Education Specialist via e-mail. a. An OCP education specialist shall submit the information to the DCPS Office of Special Education by the next business day of the request for transportation. b. DCPS shall be allotted up to ten (10) business days to effect a change in transportation services. 5. Social workers and members of the team shall explore all options for transporting students during periods of transition as indicated above; in some cases, private transportation may be approved until the school district initiates transportation. 6. The foster parent or social worker shall contact the local school board for bus route instructions for children receiving special education services in a public school outside of the District of Columbia.

Procedure J: Tutoring

1. Tutoring is intended to be a time-limited, goal-focused, objective-driven academic support service for school-aged children and youth in foster care.

   Note: Monitoring the completion of homework is the responsibility of the caregiver.

2. Social workers shall consider the following options for CFSA-involved children or youth who have academic needs or difficulties:
   a. The caregiver(s) ability to provide academic support to the child/youth
   b. Identification of tutoring services through the school (including before/during/after school assistance from the child's/youth's teacher/s), community, or other resources

3. Social workers shall make a referral to an OCP education specialist for students in need of academic support by submitting a Universal e-Referral Form (*available online at www.cfsa.dc.gov*) to cfsa.ftmu@dc.gov. Additionally, the social worker shall provide (at a minimum) the following documentation to the assigned OCP education specialist to support the need for tutoring:
   a. Most recent report card or progress report
   b. Current IEP (if child/youth receives special education services)
   a. Court order (if tutoring is court-ordered)

   Note: All court orders for tutoring shall be provided to an OCP education specialist immediately.

4. An OCP educational specialist will continue to follow up with the social worker and/or supervisor for up to five (5) business days, if additional information is needed. After five (5) business days and no response from either the social worker or supervisor, the referral will be closed within the OCP and the social work team will be notified in writing.

5. For children who remain in the care of their parents or other legal guardians, the OCP education specialist shall provide school or community-based options that are free or at a low cost for parents or legal guardians.

   Note: Children who remain at home are not eligible for paid tutoring services through CFSA's contracted vendors. Contract child placement agencies shall consult with their contract monitors to determine responsibility for tutoring costs.

6. Tutoring shall be conducted in the foster care placement, the tutoring vendor's facility, or a location within the community (e.g., library).
   a. Tutoring vendors <u>are not</u> authorized to transport a child.
   b. The caregiver shall ensure that the child is available for tutoring.

7. The tutoring vendor shall conduct a preliminary assessment of the child's academic needs and instructional requirements prior to initiating tutoring.

8. Based on the results of the assessment and consultation with the caregiver and/or social worker, the tutoring vendor shall develop an *Individualized Student Services Plan* (ISSP).
   a. The ISSP *(Attachment E)* shall include the following information:
      i. goals and objectives
      ii. activities
      iii. materials used to help the student achieve the goals
      iv. assessment tools for measuring the student's progress toward goal achievement
   b. The ISSP shall be updated and revised based on the student's progress.
   c. The social worker shall ensure that the caregiver receives a copy of the ISSP.

9. The tutoring vendor shall complete a Monthly Tutoring Service and Progress Report *(Attachment I)* for every child.
   a. The Monthly Tutoring Service and Progress Report shall be e-mailed to the social worker of record by the 15th of the month following the month of service.
   b. The social worker shall ensure that the child's caregiver receives a copy of the Monthly Service and Progress Report and reviews the document for accuracy and to confirm dates and times of service.

10. The content of the Monthly Service and Progress Report shall be aligned with the content of the ISSP and shall reflect the child's progress toward achieving the goals of the ISSP.

11. The OCP education specialist shall conduct periodic reviews of service for every child approved for tutoring.
    a. The social worker shall complete the Social Worker Review of Progress Report (*Attachment F*) upon receipt of the form from an OCP education specialist.
    b. If the Social Worker Review of Progress Report is not returned to the OCP education specialist by the due date specified, the social work supervisor and program manager shall be notified. Failure of the social worker and his/her management team to respond may result in the termination of the service.

12. Tutoring services shall be suspended, terminated, or discontinued by contacting an OCP education specialist under the following circumstances:
    a. After two missed sessions without prior notification to the tutoring vendor

	b. A child or youth absconds for an extended period of time c. The caregiver is unwilling to receive or is otherwise refusing services 13. All tutoring complaints and concerns shall be reported to the Multi-Disciplinary Team Supervisor within the IFSSA of the OCP.
	Procedure K: Educational Services for Older Youth in Out-of-Home Care 1. OYE has developed an array of services to assist youth in out-of-home placements when planning for their futures and making a successful transition to adulthood. 2. The OYE staff is available to provide assistance to youth who are interested in pursuing enrollment in post-secondary education (i.e., college or university) or a vocational training program. 3. The social worker shall refer all youth 15½ years of age or older to the OYE to discuss individual transitional independent living plans and to prepare and plan for post-secondary education or vocational training, which typically begins during the last quarter of the youth's junior year in high school.
	Procedure L: Post-Secondary Education 1. Youth in out-of-home placements interested in attending a college or university shall enroll in the OYE's pre-college services program. The OYE Educational Specialist shall assist with planning for those youth who may be interested. 2. The pre-college services program consists of a college preparation curriculum that includes but is not limited to the following topics: a. Various types of higher education options b. The college search process c. A review of college entrance requirements, admissions, and financial aid processes d. College-related life skills training, including budgeting, living with a roommate, time management, and alcohol/drug use on college campuses *Note: To maximize the financial assistance a youth may receive to pay for college, youth are recommended to apply to schools that are eligible for D.C. Tuition Assistance Grant and D.C. Leveraging Education Assistance Program before the June 30 deadline.* 3. Youth must fulfill the following eligibility requirements to receive pre-college services: a. Be enrolled in OYE services (the enrollment process is done in FACES by the social worker who submits a referral under the Center of Keys for Life tab)
	b. Register for pre-college services no later than August 31, unless

recently committed

c. Have demonstrated the desire to pursue post-secondary education.
d. Meet one of the following criteria:
   i. Enrolled in the last quarter of the junior year of high school
   ii. Actively pursuing a General Equivalency Diploma (GED)
   iii. Earned a GED or high school diploma

4. In addition to the eligibility requirements listed above, the youth must provide the following information to the OYE prior to the August 31 deadline:
   a. Final grades for the junior year of high school or copy of the high school diploma or GED certificate, whichever is applicable
   b. If the youth is in high school, the senior year class schedule (if the schedule is not known by August 31, it shall be provided to OYE as soon as it becomes available)
   c. SAT or ACT scores, if available (It will be the student/caregiver's responsibility, with support from the social worker, to work with the school systems is seeking assistance for SAT prep courses. However, if the youth has an IEP, he/she can be referred to OCP for assistance)
   d. An Education and Training Voucher application
5. Upon receiving the youth's registration, the OYE Educational Specialist shall send the youth a letter confirming placement in pre-college services and advising the youth of group activities and other information, including the mandatory pre-college services orientation meeting.
6. The mandatory orientation meeting shall inform the youth of the complete schedule of program activities and associated deadlines, including those for the SAT Reasoning Test, the ACT test, and financial assistance programs.

   Note: The youth shall be required to provide a copy of his/her school transcript to OYE no later than this meeting.

7. In order to maintain participation in pre-college services, a youth must fulfill the following criteria:
   a. Remain enrolled and participate in OYE, who supports the youth through this process and collaborates with the team (social worker, caregiver, mentor, etc.) that is already in place
   b. Participate in the college preparation curriculum, including attending weekly group or individual sessions
   c. Attend SAT preparation classes, take the SAT or ACT, and provide SAT or ACT scores upon receipt
   d. Identify colleges to which to apply
   e. Complete college applications and supporting documents and submit completed applications to selected institutions

8. OYE staff shall publicize pre-college services to CFSA staff, contract agencies, and youth at regular intervals throughout the calendar year.
9. To the extent that funds are available, each youth shall participate in a group college tour or an individual college visit. If the youth is not able

to participate, he/she will always have the option to meet with the Educational Specialist on an individual basis.
Note: Under limited circumstances and as approved by the OYE Administrator, a youth may have additional visits if necessary for college admission. Social workers case-managing for youth who are not participating in pre-college services under OYE should contact OYE to find out if there are funds or space available for that youth to participate in college visits.

10. Individual OYE consultations shall be provided to youth as needed. The following subjects that may be addressed in individual consultation:
    a. Review of financial award letters with youth, as well as the Student Aid Report (SAR) to ensure accuracy
    b. Freshman year course selection
    c. Understanding the college's credit system
    d. College correspondence

11. To the extent that funds are available, CFSA shall provide the following fee payments to a youth participating in pre-college services:
    a. Up to $1000 per youth for a summer session program that is required by an institute of higher education as a condition for admission
    b. Up to $200 per youth for a summer orientation program at the college the youth will be attending
    c. Application cost for up to three (3) institutions of higher education, after the youth has sought application fee waivers

    Note: OYE staff shall assist the youth in applying for fee waivers. The youth is not limited in the number of applications he/she may submit, but CFSA shall pay for no more than three (3).

12. A youth who is aggrieved by a decision of CFSA to deny, suspend or revoke a pre-college service may appeal the decision in accordance with 29 D.C.M.R. Chapter 59 *(refer to CFSA's Fair Hearings Policy)*.

Procedure M: Post-Secondary Education – Vocational

1. OYE staff shall assist with enrollment in vocational training when a youth fulfills the following criteria:
    a. Enrolls and actively participates in OYE services
    b. Demonstrates interest in pursuing vocational education
    c. Meets one of the following criteria:
        i. Is 18 years old or older
        ii. Is pursuing a GED or is a senior in high school
        iii. Has a GED or high school diploma
        iv. Participates in the Department of Employment Services (DOES) job readiness program, including attending weekly group or individual sessions

2. OYE shall also provide the following assistance to assess the youth's

	vocational options: a. In identifying different types of vocations appropriate to the youth's skills, talents, and interests b. In the vocational school search process, including factors to consider in a vocational school or institution selection (e.g., geography, population, price, length of curriculum, etc.) c. In the vocational school entrance requirements and admission process d. In the financial aid process (including grants and scholarships) e. In applying for the Education and Training Vouchers (ETV) Program (*see Administrative Issuance CFSA-06-9 Post-Secondary Education and Training*). *Note: To maximize the financial assistance a youth may receive to pay for vocational education, youth are required to apply to institutions that are eligible for Federal Application for Federal Student Aid.* f. In visiting vocational school (to the extent that funds are available, youth may participate in a group vocational school tour) 3. All youth shall receive individual OYE consultation to address one or more of the following subjects: a. Reviewing financial award letters with the youth, as well as the Student Aid Report (SAR) to ensure accuracy b. Understanding the vocational school's credit system c. Vocational school correspondence 4. If there is an application cost to the vocational services program, CFSA will pay up to three (3) institutions of higher education, after the youth has sought application fee waivers. 5. A youth who is aggrieved by a decision of CFSA to deny, suspend or revoke assistance with enrollment into vocational school may appeal the decision, in accordance with 29 D.C.M.R. Chapter 59 *(refer to CFSA's policy on Fair Hearings).*

Definitions

For the purpose of this policy the following terms are used.

Birth Parent – the lawful and natural father or mother of a person. The word parent does not mean grandparent or ancestor.

Caretaker – a person who takes care of another in the general sense or in the sense of a caregiver who looks after individuals who are unable to care for themselves.

DCPS – District of Columbia Public School.

Education Decision-maker – an individual in the life of a child/youth under the age of 18 with the authority to make educational decisions on behalf of the child/youth. Typically, birth or adoptive parent(s) of a child/youth retain education decision-making rights unless a court order has transferred those rights to another individual.

Educational Advocate - someone who takes action to help someone else, as in "educational advocate." In special education, an individual who is not an attorney, who assists parents and children in their dealing with school districts regarding the children.

Educational Attorney – An attorney appointed by the court to represent a child's/youth's education decision-maker.

Educational Surrogate Parent – an individual appointed by the OSSE or Family Court to act in place of a parent or legal guardian in safeguarding a child's/youth's rights and to advocate for the child/youth with a disability, or a child/youth who demonstrates the likelihood of having a disability.

Enrollment Packet – a packet that must be completed for all children/youth in foster care enrolled in any type of school within and outside of the District of Columbia and submitted to the Office of Clinical Practice prior to their physical enrollment in schools.

ETV – Education and Training Voucher – a program that provides resources specifically to meet the education and training needs of youth aging out of foster care.

Fostering Connections to Success and Increasing Adoptions Act – expansive federal child welfare legislation passed in 2008 which addresses several important areas, including education, designed to improve the lives and opportunities of children/youth in foster care. Fostering Connections requires child welfare agencies to partner with local schools to ensure that children/youth remain in their school of origin, unless it is not in their best interests to do so. When it is in their best interests to transfer to a new school, the law requires the child welfare agency and the local school to work together to ensure their immediate enrollment and transfer of records to the new school.

General Education - a grouping of courses from different areas that a particular institution or school have selected so that students receive a well-balanced and rich education.

Guardian – a person who has been appointed legal guardian of a student by a court of competent jurisdiction.

Homeless – an individual who lacks a fixed, regular, and adequate nighttime residence. These individuals shall include children and youth who are between the ages of five (5) and eighteen (18) years of age.

IDEA - Individuals with Disabilities Education Act.

IEP - Individualized Education Program- a program developed by a team of interested parties to help meet the unique needs of an individual child who may have a disability, whether physical, emotional, or mental. IEPs are updated annually.

ISSP – Individualized Student Service Plan.

LEA – Local Education Agency – refers to the District of Columbia Public School system and District of Columbia public charter schools.

OSSE – D.C. Office of the State Superintendent of Education.

Parent – a natural parent, stepparent, or parent by adoption of a child/youth.

Public Charter School – A District of Columbia public school authorized by a chartering authority.

School - a public charter school, a school within the District of Columbia Public School system, a school in another state or a non-public school in the District of Columbia enrolling a student funded by the District of Columbia.

School-age child – a child who is five (5) years old or older by September 30 of a current school year but who has not yet reached his or her eighteenth (18) birthday.

School-based student support team – a team formed to support the individual student by developing and implementing action plans and strategies that are school-based or community-based.

School Continuity - the quality of being consistent and uninterrupted throughout.

School of Origin – the school in which a child/youth was enrolled at the time of removal and placement into foster care.

Special Education and Related Services – specially designed instruction, at no cost to parent/guardian, which meets the unique needs of a child with a disability. Related services are often services essential to meet the needs of the child. These related services refer to items like: transportation (for severe behavior or wheelchair access, etc.), audio logical services, and speech and language pathologist's referral and support, psychological services, occupational and or, social emotional services, interpreter, rehabilitation counseling, etc. Essentially, that which may be required to assist a child with a disability to benefit from special education will be considered a related service. Note: This does not include devices or assistive technologies but it could include support to use technology or devices.

Truant – a school age-child who is absent without a valid excuse for a day or a potion of it.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

(Today's Date)

To Whom It May Concern:

This letter is to inform you that **(Client's Name)** (**DOB (Client's DOB); Social Security #(Client's SS#))** is a Ward of the District of Columbia's Child and Family Services Agency, with a legal status of commitment. This has been the child's/youth's legal status since **(Commitment Date)**, by order of the Superior Court of the District of Columbia. The child/youth is a United Status citizen, is a resident of the District of Columbia, and his/her income is zero due to his/her legal status as a committed ward.

The child's/youth's current address is **(Client's Full Address)**, and is placed with (Full Name(s) of Placement Provider(s).

If you have any questions or concerns, please do not hesitate to contact me using the information provided below.

Sincerely,

(Social Worker's Name)
(Title)
(Name of Program)
(Name of Administration
Child and Family Services Agency
(Office Phone Number)
(Mobile Phone Number)
(E-mail Address)

SCHOOL PLACEMENT DECISION-MAKING GUIDE

OCP - Innovative Family Support Services Administration

When faced with the decision to move a child/youth to another school, social workers should consider the factors below to make a determination that is in the best interest of the child/youth.

Student's Name: _____ DOB: _____ FACES ID#: _____ School of Origin: _____

SCHOOL OF ORIGIN (SO)	ALTERNATE SCHOOL CHOICE (ASC)
PERSONAL SAFETY OF THE STUDENT	
☐ The SO has advantages that ensure the safety of the student.	☐ The ASC has advantages that ensure the safety of the student.
Explanation:	
CONTINUITY OF INSTRUCTION	
☐ The student has attended the SO for an extended period of time and his/her learning needs are best met by remaining in the current learning environment.	☐ The students has attended the SO for only a brief period of time and his/her learning needs are minimally impacted, or may improve, if moved to an ASC.
Explanation:	
ACADEMIC PERFORMANCE	
☐ The student's academic performance would be *adversely* impacted (i.e. fall behind academically) if transferred to another school.	☐ The student's academic performance would be *minimally* impacted (i.e. the student would likely recover academically) if transferred to another school.
Explanation:	
INSTRUCTIONAL NEEDS	
☐ The SO better addresses the unique instructional needs or interests of the student. If applicable, the student's need for special instruction, such as Section 504 or special education and related services, can be met better at the SO.	☐ The ASC has programs and activities that address the unique instructional needs or interests of the student that the SO does not. If applicable, the student's need for special instruction, such as Section 504 or special education and related services, can be met better at the ASC.
Explanation:	
SOCIAL AND EMOTIONAL WELL-BEING	
☐ Changing schools would *adversely* impact the student's social and emotional well-being (i.e. maintaining friendships are critical to the student; the student has strong ties to the school and does not want to leave).	☐ Changing schools would have minimal impact on the student's social and emotional well-being (i.e. maintaining friendships and other relationships in the SO are not particularly critical to the student; the student does not feel strong ties to the SO and does not mind transferring).
Explanation:	
DISTANCE OF THE COMMUTE	
☐ The advantages of remaining in the SO outweigh any potential disadvantages presented by the length of the commute.	☐ A shorter commute may help the student's performance in school.
Explanation:	
STABIILTY OF FOSTER CARE PLACEMENT	
☐ The student will benefit from the continuity offered by remaining in the SO because his/her current living situation is outside of the SO attendance zone, but his/her living situation or location continues to be uncertain.	☐ The student's current living situation appears stable and unlikely to change suddenly; the student will benefit from developing relationships with peers in school who live in his local community.
Explanation:	
SCHOOL PLACEMENT OF SIBLINGS	

☐ Enrollment in the SO will provide opportunities for the student to benefit from close proximity to siblings OR the student does not have school-age siblings.	☐ Enrollment in the ASC will provide opportunities for the student to benefit from close proximity to siblings.
Explanation:	
TIME REMAINING IN SCHOOL YEAR	
☐ Given the point in the school year, the student will benefit from remaining in the SO until the end of the year.	☐ Given the point in the school year, the student will benefit from placement in the ASC at a natural transition point (i.e., holiday or semester break).
Explanation:	

BEST INTEREST DETERMINIATION

The above factors serve only as a guide to decision-making. Those involved in this decision must consider all of the child/youth's strengths and needs, including those which may not be outlined in this document.

☐ It is in the best interest of the student to remain in the **SCHOOL OF ORIGIN**

☐ It is in the best interest of the student to remain in the **ALTERNATE SCHOOL**

Name of school: Jurisdiction: ☐ DC ☐ MD ☐ VA ☐ Other (specify):

Indicate all individuals who were contacted and participated in this decision:

☐ Parent(s) ☐ Student ☐ Social Worker ☐ Foster Parent(s) ☐ GAL
☐ Ed. Advocate ☐ Education Specialist ☐ Education Surrogate Parent

☐ SO Representative (specify): _____ ☐ ASC Representative (specify): _____ ☐ Other: _____

TRANSPORTATION PLAN

Private transportation is available to ensure school stability for children/youth that are entering care or experiencing a placement disruption. Specifically, private transportation may be provided to keep students in their school of origin or when there is a brief disruption in DCPS Special Education transportation services. If approved, it may take up to three business days to route and initiate services for a student. During this period, the child/youth's case management team must ensure the student attends school daily.

☐ **Private educational transportation IS NOT required.**
Mode of transportation: ☐ *Walking* ☐ *Caregiver* ☐ *Relative* ☐ *Daycare provider*
☐ *Metrobus/rail* ☐ *School bus* ☐ *Other (specify):* _____

☐ **Student receives transportation as a related service through his/her Individualized Education Program (IEP).**

☐ **Private educational transportation IS required**. *(A **Universal e-Referral Form** should be submitted to cfsa.ftmu@dc.gov.)*

Social Worker Name (Print): _____ Date of Decision: _____

Social Worker Signature: _____

Innovative Family Support Services Administration

SCHOOL ENROLLMENT TIP SHEET

Q: Who needs a school enrollment packet?
A: Beginning with the 2010-2011 school year, the social worker with case management responsibility must complete a school enrollment packet for every CFSA-involved client in foster care attending any type of school (i.e., public, charter, private, or non-public school) within or outside of the District of Columbia.

Q: When is a school enrollment packet required?
A: A school enrollment packet must be completed at the beginning of every school year, immediately upon a child's removal and placement into foster care, or any time a child/youth is changing schools and needs to be enrolled in a new school. The school enrollment packet must be completed and submitted to an OCP education specialist for review and approval ***prior to*** physically enrolling the client in school.

Q: What is the process for enrolling my client in a school within and outside of the District of Columbia?
A: The following steps must be completed in order to enroll a client in school:

- Update the education screens in FACES so that the client is only listed as attending the school in which s/he will be enrolled (All other school listings should be end-dated (i.e., promoted, graduated, unknown, etc.)
- Complete the school enrollment packet for review and approval by an OCP education specialist
- Physically enroll the client in the new school
- Physically withdraw the client from the last school attended and request a transfer of records to the new school

Q: Which documents are needed to complete a school enrollment packet?
A: Schools systems within and outside of the District of Columbia may require a variety of documents to complete the school enrollment packets for children/youth in foster care. The CFSA requires certain school enrollment documents, as well. In most cases, the documents required for a client's school enrollment packet will depend upon the type of school and the jurisdiction in which the client is enrolled. Please see the tips below as well as the table on the next page for guidance:

- The Student Information Form and a copy of the most recent court order are required for every school enrollment packet, regardless of the type of school or the jurisdiction within which the client is attending school.
- Some jurisdictions in Maryland and Virginia may require additional documents
- All school enrollment documents can be found on the Internet at www.cfsa.dc.gov.
- When possible, all information must be entered into the school enrollment documents electronically.
- **If the client receives special education services, a copy of the current IEP must be provided, as well.**

JURISDICTIONS*	Student Information Form	Most Recent Court Order	Tuition Contract	ICPC	Birth Certificate	Ward Letter	Other
Anne Arundel County	✓	✓	✓				
Baltimore City	✓	✓	✓		✓		Immunization Record
Baltimore County	✓	✓	✓	✓	✓		
Charter Schools	✓	✓					
Charles County	✓	✓	✓		✓	✓	Immunization Record
DCPS	✓	✓					
Fairfax County	✓	✓	✓	✓			Fairfax County Affidavit of Agreement to Pay Tuition
Howard County	✓	✓	✓	✓	✓		Tuition Authorization Form for Out-of-State Placement
Montgomery County	✓	✓	✓			✓	
Non-public Schools	✓	✓					IEP
Prince George's County (MD)	✓	✓	✓				
Prince William County (VA)	✓	✓	✓				
Private Schools	✓	✓					
St. Mary's County	✓	✓	✓				

****If you need to enroll a client in a county in Maryland or Virginia not listed above, contact an IFSSA education specialist for enrollment instructions.***

Q: Who may physically enroll client in school?
A: Social workers (with ID badge) and placement providers may physically enroll children/youth in public or charter schools in DC; however, placement providers must enroll clients in all other types of schools in all other jurisdictions.

Q: When should I physically withdraw a client from school?
A: A client can be withdrawn from the last school attended once s/he has been physically enrolled in the new school. The social worker shall ensure that **a request is made** to transfer the client's records from the last school attended to the new school and that the new school **receives** the client's school records.

Q: When is the Student Information Notice Form required?
A: The Student Information Change Form is required whenever a child/youth is **continuing in the same school** and any of the following changes occurs: guardianship finalizes, an adoption petition is filed or withdrawn, new educational-decision-maker, new foster care/group home placement, or when a case closes. The Student Information Change Form should be sent to an OCP education specialist via e-mail within 48 hours of the change. **If the child/youth needs to be enrolled in a new school, the social worker must complete a new school enrollment packet.**

QUESTIONS & OTHER INQUIRIES

- **Please contact an OCP Education Specialist.**

District of Columbia Child and Family Services Agency

Innovative Family Support Services Administration

INDIVIDUALIZED STUDENT SERVICE PLAN

***PLEASE NOTE:* The Individual Student Service Plan (ISSP) must be completed in consultation with the client's caregiver and the social worker to identify the specific achievement goals for the period of authorization. The ISSP must be e-mailed to the CFSA Education Specialist within one week of completion, which is to be no later than one week after the submission of the pre-assessment. A copy of the ISSP and the pre-assessment results must be provided to the client's caregiver within one week, as well.**

CLIENT INFORMATION

Name: _____ FACES ID #: _____ DOB: _____ Gender: _____
School: _____ Grade: _____ Special Education: _____

PARENT/CAREGIVER INFORMATION

Name(s): _____ Address: _____
Primary Contact #: _____ Alternate Contact #: _____

SOCIAL WORKER INFORMATION

Name: _____ Agency: _____ Primary Contact #: _____
Alternate Contact #: _____ E-mail: _____
Supervisor's Name: _____ Supervisor's Primary Contact #: _____
Supervisor's E-mail: _____

TUTORING AGENCY INFORMATION

Agency: _____ Date Referral Received: _____ Start Date of Service: _____ End Date of Service: _____
Is tutoring court-ordered? _____ Number of Service Hours Approved Per Month: _____
Tutor: _____ Tutor's Primary Contact #: _____ Type of Instruction: _____
Location of Instruction: _____ *(If **community**, indicate address: _____)*
Focus Subject Areas: ☐ Reading ☐ English ☐ Mathematics ☐ Science ☐ History ☐ Social Studies ☐ Study Skills
☐ Other *(Please identify: _____)*

REGULARLY SCHEDULED DAYS AND TIMES OF SERVICE:

MON	TUES	WED	THURS	FRI	SAT	SUN
☐	☐	☐	☐	☐	☐	☐

ASSESSMENT RESULTS

Name of assessment administered: _____ Date most recent test was administered: _____
Name of test administrator: _____ Date of next assessment: _____
Assessment results *(Please use as much space as necessary.)*: _____
Narrative response regarding academic strengths and areas needing improvement: _____

INDIVIDUALIZED STUDENT SERVICE PLAN

OVERALL GOALS FOR PERIOD OF AUTHORIZATION

(Please list all goals you anticipate client will be able to master in each focus subject area within the period of authorization. Use additional pages if necessary.)

SUBJECT AREA #1: _____

GOAL #1: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #3**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

GOAL #2: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #3**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

GOAL #3: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

INDIVIDUALIZED STUDENT SERVICE PLAN

- **OBJECTIVE #3**: _____
- **Activities:**
- **Materials:**

Assessment Measures/Tools:

SUBJECT AREA #2: _____

GOAL #1: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #3**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

GOAL #2: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #3**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

GOAL #3: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**

- **Assessment Measures/Tools:**

- **OBJECTIVE #3**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

SUBJECT AREA #3: _____

GOAL #1: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #3**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

GOAL #2: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #3**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

GOAL #3: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**

- **Assessment Measures/Tools:**
- **OBJECTIVE #3**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

SUBJECT AREA #4: _____

GOAL #1: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #3**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

GOAL #2: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #3**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

GOAL #3: _____

- **OBJECTIVE #1**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

- **OBJECTIVE #2**: _____
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

INDIVIDUALIZED STUDENT SERVICE PLAN

- **OBJECTIVE #3**: _____
-
- **Activities:**
- **Materials:**
- **Assessment Measures/Tools:**

PREPARED BY:
DATE PREPARED:

☐ ***Checking this box confirms that the Clinical Director of the tutoring agency has reviewed and approved this Individualized Student Service Plan for appropriate development of goals and objectives for the above-referenced client during the authorized period of service prior to submission to the Child and Family Services Agency.***

CLINICAL DIRECTOR:

District of Columbia Child and Family Services Agency

Innovative Family Support Services Administration

SOCIAL WORKER REVIEW OF PROGRESS REPORT (TUTORING)

***PLEASE NOTE**: The Social Worker Review of Progress Report must be completed by the child/youth's social worker prior to the Office of Clinical Practice making a determination regarding reauthorization of tutoring services. This document must be completed by the social worker and submitted via e-mail to tutoring.report@dc.gov within five business days of receipt; otherwise, tutoring services for the child/youth will be suspended. Please forward all documents (i.e., court orders, IEP, report cards, etc.) to a CSFA Education Specialist.*

CHILD/YOUTH INFORMATION

Name: _____ **FACES #:** _____ **DOB:** _____ **Gender:** _____ **Legal Status:** _____

School: _____ **Grade:** _____ **Special Education:** __ **Permanency Goal:** _____

SOCIAL WORKER INFORMATION

Name: _____ **Agency:** _____ **Phone #:** _____ **E-mail:** _____

Supervisor's Name: _____ **Supervisor's Phone #:** _____ **Supervisor's E-mail:** _____

PLACEMENT PROVIDER(S) INFORMATION

Name(s): _____ **Phone:** _____ **E-mail:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Relationship to child/youth: ____ *(If OTHER, specify: _____)*

CURRENT STATUS

Is tutoring for this child/youth court-ordered? *(If **YES**, provide copy of court order.)*	☐ Yes ☐ No
Is the child/youth receiving therapeutic foster care services?	☐ Yes ☐ No
Does the child/youth have an Individualized Education Plan (IEP)? *(If **YES**, please provide a copy of the IEP.)*	☐ Yes ☐ No
Is child/youth placed in a pre-adoptive home?	☐ Yes ☐ No
Do you anticipate that this case will close within the next six months?	☐ Yes ☐ No
Did the tutor make contact with you this month? *Tutors are contractually obligated to make contact with social workers at least once per month. (Date of contact: _____)*	☐ Yes ☐ No
Did the foster parent report any difficulties with the provision of tutoring services for the child/youth during the current review period? *(If **YES**, please explain: _____)*	☐ Yes ☐ No
Has the child/youth absconded at any time during the past six months? *(If **YES**, when: _____)*	☐ Yes ☐ No
Has the child/youth been incarcerated during the past six months? *(If **YES**, when: _____)*	☐ Yes ☐ No
Is the child youth uncooperative, inconsistently participating or otherwise uninterested in receiving tutoring services?	☐ Yes ☐ No
Do you wish to have a new tutor assigned to your client? ***(If YES,** please explain: _____)*	☐ Yes ☐ No
Do you wish to have your client assigned to a new tutoring vendor? ***(If YES,** please explain: _____)*	☐ Yes ☐ No

Does the child/youth continue to demonstrate a need for tutoring services? *(Please provide a copy of the child's/youth's most recent report card.)* _____

Please provide any additional information that will help the Office of Clinical Practice provide assistance with and/or make a determination regarding tutoring services? _____

NAME OF PREPARER: _____

DATE PREPARED:

STUDENT INFORMATION FORM

PART A - STUDENT INFORMATION - DEMOGRAPHIC

Last Name: _____ First Name: _____ Middle Name: _____
Date of Birth: _____ Sex: ☐ Female ☐ Male
CFSA Client Number: _____ DC Student ID (if known): _____

PART B – PLACEMENT PROVIDER INFORMATION

Name: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Main Telephone Number: _____ Alternate Telephone Number: _____

Has the placement provider filed an adoption petition on behalf of the client? ☐ Yes ☐No
Date adoption petition filed (MM/DD/YY): _____

PART C – STUDENT INFORMATION - EDUCATIONAL

1. **SCHOOL ENTERING**: _____ Grade: _____
   Address: _____
   City: _____ County: _____ State: _____ Zip Code: _____
   Type of School (*choose one*): _____
2. **SCHOOL LAST ATTENDED**: _____ Grade: _____
   Address: _____
   City: _____ County: _____ State: _____ Zip Code: _____
   Type of School (*choose one*): _____
3. Please select one on the following:
   - ☐ **Client is a general education student and does not receive special services.**
   - ☐ **Client receives the following special services** *(check all that apply)*:
     - ☐ Advanced Placement/Talented & Gifted
     - ☐ Bilingual or ESL Program
     - ☐ Student has an IEP and receives Special Education Services (**Date of most recent IEP: _____)**
     - ☐ Student has a 504(b) plan
     - ☐ Other strengths/needs: _____

PART D – GENERAL EDUCATION DECISIONS (*check all that apply*)

☐ **The student is over the age of 18.**

☐ **One or both of the student's parent(s) currently retain educational decision-making rights.**

Parent 1 Name: _____
Address: _____
Phone Number(s) (*list as many as known*): _____
Parent 2 Name: _____
Address: _____
Phone Number(s) (*list as many as known*): _____

☐ **The student's birth parent(s) do not current retain educational decision-making rights.**
☐ **The following individual(s) may make General Education Decisions** (*specify and provide contact information if not otherwise provided on this form*):

Name: _____ *Phone Number(s):* _____
Name: _____ *Phone Number(s):* _____
Name: _____ *Phone Number(s):* _____

PART E – SPECIAL EDUCATION DECISIONS *(Skip this section if client does not receive special education services.)*

☐ **Parent 1 (above) currently retains special education decision-making rights.**

☐ **Parent 2 (above) currently retains special education decision-making rights.**

☐ **The status of the decision-making rights of the student's parent(s) is unknown.** A referral for a Surrogate Parent appointment has been/will be made on/by: _____ (date)

☐ **A Surrogate Parent has been appointed under the IDEA.**

Surrogate Parent Name: _____
Address: _____
Phone Number(s) **(*list as many as known*)**: _____
E-mail address: _____

This appointment was made by: (*attach supporting documentation*)

☐ Court order
☐ D.C. Office of the State Superintendent of Education (OSSE)
☐ Prince George's County Public Schools

☐ **There is another adult in the Student's life who meets the IDEA's definition of "parent" and has been actively making special education decisions.** (*Note: A new LEA may make a different determination.*)

Name: _____
Address: _____
Phone Number(s) **(list as many as known)**: _____
E-mail: _____ *Relationship to Student:* _____

PART F – SOCIAL WORKER/CASE MANAGER INFORMATION

Name of Placement Agency: _____
Agency Address: _____ Phone: _____

Social Worker/Case Manager Name: _____ E-mail: _____ Phone: _____

Supervisor Name: _____ E-mail: _____ Phone: _____

FORM COMPLETED BY

Name:	Date:	E-mail:	Phone Number:

STUDENT INFORMATION CHANGE FORM

STUDENT INFORMATION

Name: _____ Date of Birth: _____ FACES Client Number: _____

School: Grade: DC Student ID: _____

Educational Status: ☐ General Education ☐ Special Education

INFORMATION CHANGE

The following change has occurred: **DATE OF CHANGE:**

☐ **GUARDIANSHIP FINALIZED** *(See associated guardianship order)*

☐ **ADOPTION PETITION FILED**

Name of pre-adoptive parent(s): _____
Street Address: _____ *City:* _____ *State:* _____ *Zip Code:* _____
Phone Number(s): _____ *(primary)* _____ *(alternate)* *E-mail (optional):* _____

☐ **ADOPTION PETITION WITHDRAWN**

☐ **EDUCATIONAL DECISION-MAKER**

Name: _____ *Relationship to student (i.e. relative, surrogate parent):* ____
Reason for Change: _____

☐ **FOSTER CARE/GROUP HOME PLACEMENT** *(No school change required)*

Name: _____
Address: _____
Phone Number(s): _____ *(primary)* _____ *(alternate)* *E-mail (optional)*: _____

☐ **CASE CLOSED**

☐ **OTHER:** *(Please specify: _____)*

CHANGE COMPLETED BY

Name: _____ Date: _____ E-mail: _____

Organization/Employer: _____

Phone Number(s): _____ *(primary)* _____ *(alternate)*

District of Columbia Child and Family Services Agency

Innovative Family Support Services Administration

MONTHLY TUTORING SERVICE AND PROGRESS REPORT

***PLEASE NOTE**: Monthly progress and service report with original signatures must be provided with the invoice submitted to the CFSA's Finance Department, otherwise, the invoice will be returned unpaid. Additionally, the monthly progress and services reports must be sent via e-mail to the social worker of record for each client. The Office of Clinical Practice should be copied on that same e-mail via tutoring.report@dc.gov.*

MONTH: _____ YEAR: __

Client's Name: _____

REGULARLY SCHEDULED DAYS AND TIMES OF SERVICE:

MON	TUES	WED	THURS	FRI	SAT	SUN
☐	☐	☐	☐	☐	☐	☐

ACTIVITY LOG

Date: _____ | Start Time: _____ | End Time: _____ | No. of Hours: _____
Parent/Supervising Adult's Signature*:

Date: _____ | Start Time: _____ | End Time: _____ | No. of Hours: _____
Parent/Supervising Adult's Signature*:

Date: _____ | Start Time: _____ | End Time: _____ | No. of Hours: _____
Parent/Supervising Adult's Signature*:

Date: _____ | Start Time: _____ | End Time: _____ | No. of Hours: _____
Parent/Supervising Adult's Signature*:

Date: _____ | Start Time: _____ | End Time: _____ | No. of Hours: _____
Parent/Supervising Adult's Signature*:

Date: _____ | Start Time: _____ | End Time: _____ | No. of Hours: _____
Parent/Supervising Adult's Signature*:

Date: _____ | Start Time: _____ | End Time: _____ | No. of Hours: _____
Parent/Supervising Adult's Signature*:

Date: _____ | Start Time: _____ | End Time: _____ | No. of Hours: _____
Parent/Supervising Adult's Signature*:

PLEASE NOTE: If the supervising adult signing the service report is someone other than the caregiver, provide the adult's contact information and relationship to the caregiver: _____.

_____ _____

Tutor's Signature *Date*

District of Columbia Child and Family Services Agency

Innovative Family Support Services Administration

MONTHLY TUTORING SERVICE AND PROGRESS REPORT

Client's Name: _____ **Client FACES #:** _____ **DOB:** _____ **Gender:** _____

School: _____ **Grade:** _____ **Special Education:** __ **SW Name:** _____

SW Agency: _____ **SW Phone #:** _____ **Date of Last Contact w/SW:** _____

Parent(s)/Caregiver(s)' Name: _____ **Phone:** _____ **E-mail** *(if applicable)*: _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Tutoring Agency: _____ **Tutor:** _____ **Tutor's Phone #:** _____

Location of Instruction: _____ **Type of Instruction:** __ **No. of Service Hours Approved:** _____

NUMBER OF REGULARLY SCHEDULED SESSIONS MISSED THIS MONTH: _____

GOALS OF THE MONTH *(Please refer to the client's ISSP. Please use additional sheets as necessary.)*

1) _____
2) _____
3) _____
4) _____

OBJECTIVES *(Based on goals of the month.)*

1) _____
2) _____
3) _____
4) _____

ACTIVITIES/INTERVENTIONS/STRATEGIES *(Selected to help meet objectives.)*

_____

MATERIALS/RESOURCES *(Used to help implement interventions.)*

_____

ASSESSMENT/RESULTS *(Methods/tools used to assess the client's progress toward meeting objectives.)*

_____

OVERALL PROGRESS NARRATIVE FOR THE MONTH *(Describe in detail the client's progress toward achieving goals and meeting objectives.)*

_____

Did the client meet any objectives this month? *(If **YES**, please specify the number(s) of the objectives met from above: _____)* ☐ **Yes** ☐ **No**

Has the client met all of the objectives in the current ISSP? *(If **YES**, update the ISSP and provide a copy to the CFSA's OCP within five (5) business days.)* ☐ **Yes** ☐ **No**

Is the student regularly available for tutoring? ☐ **Yes** ☐ **No**

Does the student generally participate in sessions? ☐ **Yes** ☐ **No**

Does the student generally attempt or complete all tutoring assignments? ☐ **Yes** ☐ **No**

Did the foster parent(s) participate in sessions? ☐ **Yes** ☐ **No**

Did you encounter any difficulties providing tutoring services to this client this month? ☐ Yes ☐ No *(If YES, please explain: _____)*

PREPARED BY: _____

DATE PREPARED: _____

District of Columbia Child Welfare

Education/Vocation Assessment: In-Home

An Education/Vocation Assessment must be completed twice a year for every school-aged child/youth (ages 5-18) ***and*** *for older youth (ages 18-21) involved with the CFSA. Approved assessments should be submitted no later than November 15th of each year or within 30 days of opening an in-home case. Approved updated assessments should be submitted no later than April 15th.*
SECTION 6 (EDUCATIONAL/VOCATIONAL SERVICES FOR OLDER YOUTH) MUST BE COMPLETED FOR BOTH THE NOVEMBER AND APRIL SUBMISSIONS.
FACES information must also be updated each time an assessment is completed.

Section 1: Child/Youth Information

Name: **FACES Client ID #:** **Date of birth:**

School Year: 20 - 20 **Date assessment completed:**

Section 2: Enrollment & Attendance

With limited exceptions, DC Code §38-202 mandates compulsory school attendance between the ages of five and eighteen. Discuss public, charter, private, and voucher school options with parent(s)/caregiver(s).

1. Enrollment

☐ **Yes**, child/youth enrolled
- Type of educational program:
  ☐ School ☐ Vocational program ☐ Enrichment program ☐ Other
- Name of school/program:
- Duration of enrollment in current school/program:

☐ **No**, **child/youth not enrolled**
- Last grade child/youth completed:
- How long not attending school:
- Briefly describe plan to enroll child/youth:
  If there is no enrollment plan, discuss with supervisor or a CFSA/private agency education specialist.
- Barriers to enrollment, if applicable *(check all that apply)*:
  ☐ Immunizations ☐ Transportation ☐ Prior suspension/expulsion
  ☐ Other *(specify)*:

2. Attendance

☐ **Yes**, child/youth is attending school or vocational or enrichment program as directed and expected by the child's team

☐ **No**, child/youth is not attending as directed and expected by the child's team
- Briefly describe attendance pattern:
- Briefly describe barriers to attendance:
- How many of the following has child/youth received this year:
  Tardies: Unexcused absences: Excused absences:
- Briefly explain tardiness and/or absences:
- Have you discussed excessive tardiness/absences with parent(s)/caregiver(s)?
  ☐ No. *Plan next steps with your supervisor.*
  ☐ Yes. Describe steps of parent(s)/caregivers(s) to address issue(s):

3. Transportation to/from School/Program

☐ Parent(s)/caregiver(s) ☐ Walk ☐ Metrobus/rail ☐ School bus ☐ Home schooled
☐ Other *(specify)*:

Distance from home to school/program: miles OR minutes

Section 3: Health & Well Being

1. Health

Is the child current on all immunizations?
☐ Yes
☐ No. *Discuss with caregiver(s) and, if necessary, see an OCP nurse.*

Is the child current on the following health exams?
☐ Physical (annual) ☐ Vision (annual) ☐ Hearing (annual) ☐ Dental (twice a year)
If child is not current on any exam above, discuss with parent(s)/caregiver(s). If necessary, see an OCP nurse.

Are there any concerns about the child's/youth's physical health, vision, hearing, or dental health that are affecting ability to participate in the school, vocational program, or enrichment activity?
☐ No
☐ Yes. Identify concern(s):

Has the parent(s)/caregiver(s) shared these concerns with the school, vocational program, or enrichment activity to ensure they make accommodations?
☐ Yes ☐ No. *Discuss with parent(s)/caregiver(s) how to share this information.*

2. Well Being

What does the child/youth say about experiences at school or at vocational/enrichment programs?

Is the child/youth involved in extracurricular activities?
☐ Yes. List activities:
☐ No.
If no, is there a plan to involve the child/youth in extracurricular activities?
☐ Yes ☐ No. *Discuss options with parent(s)/caregiver(s) and take appropriate next steps.*

How does the child/youth interact with peers and others? *(Select all that apply.)*

☐ Outgoing	☐ Withdrawn and/or isolated	☐ Has/maintains friendships
☐ Fights with others	☐ Gets along well with others	☐ Bullies others
☐ Respectful of others	☐ Picked on by others	☐ Friendly
☐ Overly anxious	☐ Quiet and/or reserved	☐ Involved in gangs/crews
☐ Involved in school activities	☐ Substance abuse/involvement	☐ Disrespectful of authority

☐ Other *(Please identify*:)

Where are the behaviors indicated above observed?
☐ Home ☐ School ☐ Both ☐ Other:

Is the caregiver concerned about any behaviors?
☐ No
☐ Yes. Explain concerns and plan to address them:

Are you concerned about any behaviors?
☐ No
☐ Yes. Explain concerns and plan to address them:

Since the last Education/Vocation Assessment, have there been any recent improvements in child's/youth's behavior?

☐ No
☐ Yes. Describe:

Has the school disciplined the child/youth for his/her behavior?
☐ No
☐ Yes. *If child/youth has an IEP, contact a CFSA/private agency education specialist to ensure statutory compliance.*

- Has child/youth been suspended since the last Education/Vocation Assessment?
  ☐ No
  ☐ Yes. For most recent suspension, indicate:
  Date suspended:
  Number of days suspended:
  Reason for suspension:
- Has the child/youth been expelled since the last Education/Vocation Assessment?
  ☐ No
  ☐ Yes. For most recent expulsion, indicate:
  Date expelled:
  Reason expelled:
- Has the child/youth been involuntarily withdrawn/transferred since the last Education/Vocation Assessment?
  ☐ No
  ☐ Yes. For most recent involuntary withdrawal/transfer, indicate:
  Date:
  Reason:
- For a "yes" answer to any question regarding discipline above, describe efforts underway to ensure child/youth does not fall behind in school (i.e., alternative school arrangements, receiving homework assignments, etc.):

Section 4: Performance & Support Services

1. General

For youth, indicate graduation track: ☐ Diploma ☐ Certificate of completion ☐ N/A ☐ Other:

Is English the child's/youth's primary spoken language?
☐ Yes
☐ No. List primary language(s):
Does child/youth require ESL classes or other language assistance?
☐ No
☐ Yes. *Ensure child is receiving appropriate assistance.*

2. Educational Progress

☐ **Yes**, child/youth is demonstrating progress. Describe briefly:

☐ **No**, child/youth is not demonstrating progress.
Have you discussed lack of progress with parent(s)/caregiver(s)?
☐ No. *Discuss next steps with your supervisor.*
☐ Yes. Describe steps of parent(s)/caregiver(s) to address issues:

3. Academic/Program Goal *(Check all that apply)*

☐ Promotion to next grade ☐ HS graduation ☐ GED ☐ Vocational training
☐ College ☐ Employment ☐ Other *(specify)*:

4. Achievement

Child's/youth's current GPA *(if applicable)*: Cumulative GPA *(if applicable)*:

In regard to program expectations, child/youth is:

☐ Above grade level/exceeding expectations.
- In what areas is child/youth excelling?
- Has child/youth been considered for advanced learning or enrichment?
  - ☐ No. *Discuss this possibility with parent(s)/caretaker(s).*
  - ☐ Yes. Briefly describe actions to pursue this possibility:

☐ At grade level/meeting expectations.

☐ Below grade level/not meeting expectations.
- In what areas is the child/youth performing poorly?
- Indicate which of the following support services have been considered by the child's team. *(Check all that apply)*:
  - ☐ Tutoring ☐ Summer school ☐ Retention ☐ Evaluation/testing
  - ☐ Special education ☐ 504 services ☐ Student Support/Evaluation Team
- If any of the options above have been considered, what is the current status?

5. Special Needs

Is child/youth suspected of having a special need that affects learning but is not currently addressed in the general classroom?

☐ No

☐ Yes.

If yes, has the parent(s)/caregiver(s) contacted the school to discuss school-related services?

☐ Yes. What is the current status?

☐ No. *Discuss with parent(s)/caregiver(s) and supervisor to plan next steps.*

6. Improvement

If applicable, since the last Education Assessment has child/youth made progress in areas where s/he was not meeting expectations?

☐ Yes

☐ No. *Discuss with parent(s)/caregiver(s) and supervisor to plan next steps.*

7. Other

Currently, does child/youth have any other unmet educational, vocational, or enrichment needs not discussed above?

☐ No

☐ Yes. Describe:

Section 5: Special Education

☐ **NOT APPLICABLE,** Skip to Section 6.

1. Individual Education Plan (IEP)

Does the child/youth require an IEP?

☐ No

☐ Yes

If yes, is the IEP current (within the past 12 months)?

☐ Yes

☐ No. *Consult Tip Sheet and/or supervisor and discuss options with parent(s)/caregiver(s).*

Which of the following special needs categories identified in the IEP qualify the child/youth for special education services? *(Check all that apply.)*

☐ Autism ☐ Visual impairment/blindness ☐ Deafness

☐ Deaf-blindness ☐ Hearing impairment ☐ Emotional disturbance
☐ Mental retardation ☐ Orthopedic impairment ☐ Other health impairment
☐ Speech/language impairment ☐ Specific learning disability ☐ Traumatic brain injury
☐ Multiple disabilities *(Please identify:)*

Which of the following services is the child/youth currently receiving? This list is not exhaustive and does not include all services a school district may be required to provide. *(Check all that apply.)*
☐ Speech-language ☐ Audiology ☐ Transportation
☐ Extended School Year (ESY) ☐ Physical therapy ☐ Occupational therapy
☐ Medical ☐ Rehab counseling ☐ Social work in school
☐ Counseling ☐ Other: c

Does the child/youth have unmet special learning needs?
☐ No
☐ Yes. Indicate: *Discuss with parent(s)/caregiver(s) and encourage her/him/them to speak with the school.*

For youth age 16 or older, what transition goals does the IEP indicate?

Section 6: Educational/Vocational Services for Older Youth – This section MUST be completed for ALL youth aged 18-21.

The Fostering Connections to Success and Increasing Adoptions Act *sets forth certain educational or employment conditions that must be met in order to ensure eligibility for IV-E reimbursement. Please complete the following section as thoroughly and accurately as possible.*

Please verify that the youth is at least 18 years old at the time of this assessment

☐ **Yes**
☐ **No – Please stop. You do not need to complete this section at this time.**

Please verify that at least one of the following is occurring:

The youth is finishing high school or taking classes in preparation for a general equivalency diploma exam (GED).
☐ **Yes**
☐ **No**

The youth is enrolled full-time or part-time in a university or college **or** is enrolled in a vocational or trade school.
☐ **Yes**
☐ **No**

The youth is enrolled in a program or activity that is designed to promote, or remove barriers to, employment, e.g., Job Corps, classes on resume writing or interview skills.

☐ **Yes -** Please specify which program/activity:
☐ **No**

The youth is employment for at least 80 hours per month (either full-time or part-time, at one or more places of employment).
☐ **Yes –** Where is the youth employed?
☐ **No**

OR

The youth is incapable of doing any of the previously described educational or vocational activities due to a medical condition.

☐ **No**

☐ **Yes -** If the youth is in foster care in this circumstance, the agency must maintain information in the youth's case plan concerning the medical condition and the youth's incapability to participate in educational or vocational and provide regularly written or recorded updates.

Is there current/updated information in the youth's case plan regarding the youth's medical condition and the youth's inability to participate in educational or vocational activities?

☐ **Yes**

☐ **No – Please note: This information must be updated immediately and approved by a supervisor prior to submission of this document.**

Section 7: Requested Actions

☐ **Educational needs are being met. No action required at this time.** *Skip to Section 7.*

☐ **Child/youth requires support/intervention in the area(s) of:**

- ☐ Educational Decision-Makers
- ☐ Enrollment/Attendance
- ☐ School Stability
- ☐ Health & Well Being
- ☐ Performance & Support Services
- ☐ Specialized Learning Needs
- ☐ Other:

Discuss plan of action:

Additional comments:

Review the Tip Sheet for guidance and consult with your supervisor. If necessary, also consult with a CFSA/private agency education specialist to determine appropriate school and community-based services to support this child/youth. When consulting an education specialist, bring a copy of this assessment.

Section 8: Verification & Signatures

1. Social Worker

Update all FACES education screens before completing this section.

Name: CFSA Administration or Private Agency:

Save the completed assessment as a Word document, and e-mail as an attachment to your supervisor. Sign a printed copy below after your supervisor has reviewed the assessment and discussed it with you.

_____ _____

Signature *Date*

2. Supervisor

Verify that all FACES education screens are up to date before completing this

I, (insert supervisor's name), verify that the social worker named above has:

- Updated all background educational information in FACES. (insert supervisor's initials) *(Insert initials)*

- Developed clear plans of action to address concerns in this assessment. (insert supervisor's initials)

I will continue to monitor, through supervision, provision of indicated services and interventions and completion of action plans. (insert supervisor's initials)

Comments:

After discussing this assessment with the social worker, place the hard copy that includes both signatures in the case file. Save the completed assessment as a Word document, and e-mail as an attachment to cfsa.EdAssess@dc.gov.

_____ _____

Signature *Date*

District of Columbia Child Welfare

Education/Vocation Assessment: Out-of-Home

An Education/Vocation Assessment must be completed twice a year for every school-aged child/youth (ages 5-18) ***and*** *for all older youth (ages 18-21) involved with the CFSA. Approved assessments should be submitted no later than November 15th of each year or within 30 days of a child's/youth's entry into care. Approved updated assessments should be submitted no later than April 15th.*
SECTION 8 (EDUCATIONAL/VOCATIONAL SERVICES FOR OLDER YOUTH) MUST BE COMPLETED FOR BOTH THE NOVEMBER AND APRIL SUBMISSIONS.
FACES information must be updated each time an assessment is completed.

Section 1: Child/Youth Information

Name: **FACES Client ID #:** **Date of birth:**

School year: 20 - 20 **Date assessment completed:**

Jurisdiction of enrollment: ☐ **DC** ☐ **MD** ☐ **VA** ☐ **Other:**

Section 2: Educational Decision-Makers

Do the parents/legal guardian(s) retain educational decision-making authority for the child/youth?

☐ Yes

Name of Parent/Legal Guardian #1:
Relationship: ☐ Mother ☐ Father ☐ Legal guardian
Does this person actively participate in educational planning for the child/youth?
☐ Yes
☐ No. *See Tip Sheet for guidance on rights of parents as education decision-makers.*

Name of Parent/Legal Guardian #2:
Relationship: ☐ Mother ☐ Father ☐ Legal guardian
Does this person actively participate in educational planning for the child/youth?
☐ Yes
☐ No. *See Tip Sheet for guidance on rights of parents as education decision-makers.*

☐ No

Who has educational decision-making authority for the child/youth?
(A foster parent, surrogate parent, guardian, person legally responsible for the child, or a person the child lives with who acts as the parent can be the IDEA Parent if any of the following conditions applies to the birth/adoptive parent(s): parental rights have been terminated, no active involvement in educational planning for the child/youth, or otherwise unable to locate.)
Name:
Relationship: ☐ Foster parent ☐ Relative ☐ Surrogate parent
☐ Education advocate ☐ Other:

See Tip Sheet for additional guidance on identifying educational decision-makers.

Section 3: Enrollment & Attendance

With limited exceptions, DC Code §38-202 mandates compulsory school attendance between the ages of five and eighteen. Discuss public, charter, private, and voucher school options with parent(s)/caregiver(s).

1. Enrollment

☐ **Yes**, child/youth enrolled

- Type of educational program:
  ☐ School ☐ Vocational program ☐ Enrichment program ☐ Other
- Name of school/program:
- Duration of enrollment in current school/program:

☐ **No**, **child/youth <u>not</u> enrolled**

- Last grade child/youth completed:
- How long not attending school:
- Briefly describe plan to enroll child/youth:
  If there is no enrollment plan, discuss with supervisor or a CFSA/private agency education specialist.
- Barriers to enrollment, if applicable *(check all that apply)*:
  ☐ Immunizations ☐ Transportation ☐ Prior suspension/expulsion
  ☐ Other *(specify)*:

2. Attendance

☐ **Yes**, child/youth is attending school or vocational or enrichment program as directed and expected by the child's team

☐ **No**, child/youth is <u>not</u> attending as directed and expected by the child's team

- Briefly describe attendance pattern:
- Briefly describe barriers to attendance:
- How many of the following has child/youth received this year:
  Tardies: Unexcused absences: Excused absences:
- Briefly explain tardiness and/or absences:
- Have you discussed excessive tardiness/absences with caregiver(s)?
  ☐ No. *Plan next steps with your supervisor.*
  ☐ Yes. Describe steps of caregiver(s) to address issue(s):

3. Transportation to/from School/Program

☐ Caregiver ☐ Walk ☐ Metrobus/rail ☐ School bus ☐ Home schooled ☐ Other *(specify)*:

Distance from home to school/program: miles OR minutes

Section 4: School Stability

The Fostering Connections to Success and Increasing Adoptions Act *sets forth an important requirement for child welfare agencies to improve educational stability for all children in foster care by coordinating with local schools to ensure that children remain in their schools of origin unless that would not be in their best interest.*

How long has child/youth attended current school or vocational/enrichment program?

How many schools has child/youth attended since kindergarten? *If you are not sure, ask youth or parent(s)/caregiver(s) to give best answer.*

☐ Less than 2 schools ☐ 2-5 schools ☐ 6-9 schools ☐ Ten or more schools

Within the current academic year, has child/youth changed schools as a result of entering or changing placements in out-of-home care?

☐ No ☐ Yes. Number of changes:

Did child/youth miss any days of school as a result of entering or changing placements in out-of-home care?
☐ No
☐ Yes. Number of days missed:
Reason(s) why child/youth missed school *(check all that apply)*:
☐ Transportation ☐ Immunizations ☐ Program refused to enroll ☐ School records
☐ No one available to enroll ☐ Other:

Is a change in school placement necessary now?
☐ No
☐ Yes
- Are efforts being made to plan the school transfer during a natural break (i.e., summer or other school vacations)? ☐ Yes ☐ No
- Were efforts made to maintain child/youth in his/her original school despite entry into or a placement change in out-of-home care? ☐ Yes ☐ No
- Have child/youth educational records been transferred to the new school? ☐ Yes ☐ No
- Does child/youth have appropriate clothing or the required uniform? ☐ Yes ☐ No

Has this child/youth changed schools since the last Education Assessment?
☐ No
☐ Yes
- Were efforts made to plan the school transfer during a natural break (i.e., summer or other school vacation)? ☐ Yes ☐ No
- Were efforts made to maintain child/youth in his/her original school despite entry into or a placement change in out-of-home care? ☐ Yes ☐ No

Section 5: Health & Well Being

1. Health

Is child/youth current on all immunizations?
☐ Yes
☐ No. *Discuss with caregiver(s) and, if necessary, see an OCP nurse.*

Is child/youth current on the following health exams?
☐ Physical (annual) ☐ Vision (annual) ☐ Hearing (annual) ☐ Dental (twice a year)
If child/youth is not current on any exam above, discuss with parent(s)/caregiver(s). If necessary, see an OCP nurse.

Are there any concerns about child's/youth's physical health, vision, hearing, or dental health that are affecting ability to participate in the school, vocational program, or enrichment activity?
☐ No
☐ Yes. Identify concern(s):
Has the caregiver shared these concerns with the school, vocational program, or enrichment activity to ensure they make accommodations?
☐ Yes ☐ No. *Discuss with caregiver(s) how to share this information.*

2. Well Being

What does the child/youth say about experiences at school or at vocational/enrichment programs?

Is the child/youth involved in extracurricular activities?
☐ Yes. List activities:
☐ No.
Is there a plan to involve the child/youth in extracurricular activities?
☐ Yes ☐ No. *Discuss options with caregiver and take appropriate next steps.*

How does the child/youth interact with peers and others? *(Select all that apply.)*

☐ Outgoing
☐ Fights with others
☐ Respectful of others
☐ Overly anxious
☐ Involved in school activities
☐ Other *(Please identify*:)
☐ Withdrawn and/or isolated
☐ Gets along well with others
☐ Picked on by others
☐ Quiet and/or reserved
☐ Substance abuse/involvement
☐ Has/maintains friendships
☐ Bullies others
☐ Friendly
☐ Involved in gangs/crews
☐ Disrespectful of authority

Where are the behaviors indicated above observed?

☐ Home ☐ School ☐ Both ☐ Other:

Is the caregiver concerned about any behaviors?

☐ No
☐ Yes. Explain concerns and plan to address them:

Are you concerned about any behaviors?

☐ No
☐ Yes. Explain concerns and plan to address them:

Since the last Education/Vocation Assessment, have there been any recent improvements in child's/youth's behavior?

☐ No
☐ Yes. Describe:

Has the school disciplined the child/youth for his/her behavior?

☐ No
☐ Yes. *If child/youth has an IEP, contact a CFSA/private agency education specialist to ensure statutory compliance.*

- Has child/youth been suspended since the last Education Assessment?
  ☐ No
  ☐ Yes. For most recent suspension, indicate:
  Date suspended:
  Number of days suspended:
  Reason for suspension:
- Has the child/youth been expelled since the last Education/Vocation Assessment?
  ☐ No
  ☐ Yes. For most recent expulsion, indicate:
  Date expelled:
  Reason expelled:
- Has the child/youth been involuntarily withdrawn/transferred since the last Education/Vocation Assessment?
  ☐ No
  ☐ Yes. For most recent involuntary withdrawal/transfer, indicate:
  Date:
  Reason:
- For a "yes" answer to any question regarding discipline above, describe efforts underway to ensure child/youth does not fall behind in school (i.e., alternative school arrangements, receiving homework assignments, etc.):

Section 6: Performance & Support Services

1. General

For youth, indicate graduation track: ☐ Diploma ☐ Certificate of completion ☐ N/A ☐ Other:

Is English the child's/youth's primary spoken language?

☐ Yes
☐ No. List primary language(s):
Does child/youth require ESL classes or other language assistance?
☐ No
☐ Yes. *Ensure child is receiving appropriate assistance.*

2. Educational Progress

☐ **Yes**, child/youth is demonstrating progress. Describe briefly:

☐ **No**, child/youth is not demonstrating progress.
Have you discussed lack of progress with caregiver(s)?
☐ No. *Discuss next steps with your supervisor.*
☐ Yes. Describe steps of caregiver to address issues:

3. Academic/Program Goal *(Check all that apply)*

☐ Promotion to next grade ☐ HS graduation ☐ GED ☐ Vocational training
☐ College ☐ Employment ☐ Other *(specify)*:

4. Achievement

Child's/youth's current GPA *(if applicable)*: N/A Cumulative GPA *(if applicable)*: N/A

In regard to program expectations, child/youth is:
☐ Above grade level/exceeding expectations.
- In what areas is child/youth excelling?
- Has child/youth been considered for advanced learning or enrichment?
  ☐ No. *Discuss this possibility with caregiver(s).*
  ☐ Yes. Briefly describe actions to pursue this possibility:

☐ At grade level/meeting expectations.
☐ Below grade level/not meeting expectations.
- In what areas is the child/youth performing poorly?
- Indicate which of the following support services have been discussed with and considered by the educational decision-maker. *(check all that apply)*:
  ☐ Tutoring ☐ Summer school ☐ Retention
  ☐ Evaluation/testing ☐ Student Support/Evaluation Team
  ☐ Special education ☐ 504 services
- If any of the options above have been considered, what is the current status?

5. Special Needs

Is child/youth suspected of having a special need that affects learning but is not currently addressed in the general classroom?
☐ No
☐ Yes.
If yes, has the caregiver contacted the school to discuss school-related services?
☐ Yes. What is the current status?
☐ No. *Discuss with caregiver(s) and contact CFSA/private agency education specialist.*

6. Improvement

If applicable, since the last review, has child/youth made progress in areas where s/he was not meeting expectations?
☐ Yes
☐ No. *Discuss with supervisor to develop an action plan.*

7. Other

Currently, does child/youth have any other unmet educational, vocational, or enrichment needs not discussed above?
☐ No

☐ Yes. Describe:

Section 7: Special Education

☐ **NOT APPLICABLE,** Skip to Section 8**.**

1. Individual Education Plan (IEP)

Does the child/youth require an IEP?

☐ No
☐ Yes

Is the IEP current (within the past 12 months)?

☐ Yes
☐ No. *Consult Tip Sheet and/or supervisor and discuss options with parent(s)/caregiver(s).*

Which of the following special needs categories identified in the IEP qualify the child/youth for special education services? *(Check all that apply.)*

☐ Autism
☐ Deaf-blindness
☐ Mental retardation
☐ Speech/language impairment
☐ Visual impairment/blindness
☐ Hearing impairment
☐ Orthopedic impairment
☐ Specific learning disability
☐ Deafness
☐ Emotional disturbance
☐ Other health impairment
☐ Traumatic brain injury
☐ Multiple disabilities *(Please identify)*:

Which of the following services is the child/youth currently receiving? This list is not exhaustive and does not include all services a school district may be required to provide. *(Check all that apply.)*

☐ Speech-language
☐ Extended School Year (ESY)
☐ Medical
☐ Counseling
☐ Audiology
☐ Physical therapy
☐ Rehab counseling
☐ Other:
☐ Transportation
☐ Occupational therapy
☐ Social work in school

Does the child/youth have unmet special learning needs?

☐ No
☐ Yes. Indicate: *Discuss with parent(s)/caregiver(s) and encourage her/him/them to speak with the school.*

For youth age 16 or older, what transition goals does the IEP indicate?

Section 8: Educational/Vocational Services for Older Youth – This section MUST be completed for ALL youth aged 18-21.

The Fostering Connections to Success and Increasing Adoptions Act *sets forth certain educational or employment conditions that must be met in order to ensure eligibility for IV-E reimbursement.*
Please complete the following section as thoroughly and accurately as possible.

Please verify that the youth is at least 18 years old at the time of this assessment

☐ **Yes**
☐ **No – Please stop. You do not need to complete this section at this time.**

Please verify that at least one of the following is occurring:

The youth is finishing high school or taking classes in preparation for a general equivalency diploma exam (GED).
☐ **Yes**
☐ **No**

The youth is enrolled full-time or part-time in a university or college **or** is enrolled in a vocational or trade school.

☐ **Yes**
☐ **No**

The youth is enrolled in a program or activity that is designed to promote, or remove barriers to, employment, e.g., Job Corps, classes on resume writing or interview skills.

☐ **Yes -** Please specify which program/activity:
☐ **No**

The youth is employment for at least 80 hours per month (either full-time or part-time, at one or more places of employment).
☐ **Yes –** Where is the youth employed?
☐ **No**

OR

The youth is incapable of doing any of the previously described educational or vocational activities due to a medical condition.
☐ **No**
☐ **Yes -** If the youth is in foster care in this circumstance, the agency must maintain information in the youth's case plan concerning the medical condition and the youth's incapability to participate in educational or vocational and provide regularly written or recorded updates.

Is there current/updated information in the youth's case plan regarding the youth's medical condition and the youth's inability to participate in educational or vocational activities?
☐ **Yes**
☐ **No – Please note: This information must be updated immediately and approved by a supervisor prior to submission of this document.**

Section 9: Requested Actions

☐ **Educational needs are being met. No action required at this time.** *Skip to Section 10.*

☐ **Child/youth requires support/intervention in the area(s) of:**

☐ Educational Decision-Makers ☐ Enrollment/Attendance ☐ School Stability
☐ Health & Well Being ☐ Performance & Support Services ☐ Specialized Learning Needs
☐ Other:

Discuss plan of action:

Additional comments:

Review the Tip Sheet for guidance and consult with your supervisor. If necessary, also consult with a CFSA/private agency education specialist to determine appropriate school and community-based services to support this child/youth. When consulting an education specialist, bring a copy of this assessment.

Section 10: Verification & Signatures

1. Social Worker

Update all FACES education screens before completing this section.

Name: CFSA Administration or Private Agency:

Save the completed assessment as a Word document, and e-mail as an attachment to your supervisor. Sign a printed copy below after your supervisor has reviewed the assessment and discussed it with you.

_____ _____

Signature *Date*

2. Supervisor

Verify that all FACES education screens are up to date before completing this

I, , verify that the social worker named above has:

- Updated all background educational information in FACES. (*(Insert initials)*
- Developed clear plans of action to address concerns in this assessment. ()

I will continue to monitor, through supervision, provision of indicated services and interventions and completion of action plans.

Comments:

After discussing this assessment with the social worker, place the hard copy that includes both signatures in the case file. Save the completed assessment as a Word document, and e-mail as an attachment to cfsa.EdAssess@dc.gov*.*

_____ _____

Signature *Date*