



CHILD WELFARE AND ATTENDANCE

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FOSTER YOUTH QUESTIONNAIRE

Name of Student: _____ Date of Birth: _____

School Assigned: _____ Grade: _____ Age: _____

Name of last school attended: _____ City and County: _____

Other children living in the home related to this foster student:

Name and date of birth: _____	Name and date of birth: _____
Name and date of birth: _____	Name and date of birth: _____
Name and date of birth: _____	Name and date of birth: _____
Name and date of birth: _____	Name and date of birth: _____

Placement of Student (Please check one)

- Foster Family Home KinGap (court order placement with a relative) Group Home

Foster parent(s) or Foster Agency Name: _____

Phone Number: _____

County Social Worker's name and phone number: _____

FFA worker's name and phone number: _____

Probation Officer's name and phone number: _____

Mental Health provider's name and phone number: _____

CASA Worker's name and phone number: _____

Wrap Around provider's name and number: _____

Educational Right's holder name and phone number: _____

Educational Concerns (check all that apply)

- Foster Youth has an active IEP
 Foster Youth has an active 504 Plan or SST
 Foster Youth needs school counseling services
 Attendance concerns (afraid of attending school, refuses to go to school)
 Foster Youth needs academic tutoring services
 Foster Youth would like to participate in after school programs

Immediate Needs (check all that apply)

- Behavioral/school discipline concerns? Please specify: _____
 Foster youth is in immediate need of clothing
 Foster youth is in immediate need of school supplies
 Any known restraining orders? (Please attach court documents)
 Other (Please specify) _____

Name of foster parent or foster home representative: _____

Signature of foster parent or foster home representative: _____

Today's date: _____