



Child Transition Survey



Please complete for each child in your home.

Name/Age of Child: _____

Name of Caregiver: _____

Name of DFS Case Manager: _____

Today's Date: _____

Purpose for completing form (Check all that apply):

- Child leaving placement (reunifying with family/siblings, going to relatives, respite care)
- Child leaving placement (disruption, 10 Day Notice)
- Guide for monthly caseworker visit / documentation (optional)
- Other: Please explain _____

HEALTH OF THE CHILD

1. Please describe the overall health of the child and/or any concerns regarding the child's health.

2. Please list any and all upcoming appointments (i.e. medical, dental, specialist, psychiatric, etc.)

Type of Appt	Name of Professional	Appointment Date & Time	Office Name & Address	Office Phone Number

MENTAL/EMOTIONAL HEALTH OF THE CHILD

3. Please describe the overall mental or emotional health of the child and/or any concerns regarding the child's emotional well-being.

4. Please list any pertinent information regarding the child's behavior. (i.e. triggers, reactions to stressful situations, behaviors during school, extreme or unusual behavior, etc.)



Child Transition Survey



5. Please list any information on what soothes the child when he/she is upset. (These can be coping skills the child uses, favorite items that comfort the child, movies, music, etc.)

6. Please list any and all existing service providers (i.e. BST, therapy, PSR, occupational therapy, speech therapy, physical therapy, etc.)

Type of Service	Name of Professional	Standing Appointment Date & Time	Agency Name & Address	Office Phone Number

DEVELOPMENT

7. What do you like about this child? Please give a description of the child's general temperament (i.e. easy going, easily triggered, humorous etc.) and a list of the child's strengths.

8. Please describe the general development of the child and/or any concerns you have in regards to their physical, emotional or social development.

9. Please describe the behavior management or modification strategies that are effective as well as the ones that are ineffective with this child.



Child Transition Survey



PLACEMENT

10. Please give a brief description of the child's day-to-day routine (bedtimes, waking times, naps, meal schedules, etc). Include all day care facilities, schools, daily programs and transportation schedules.

11. Please list any schools or day-care facilities that the child attends.

School / Facility	Days / Times	Location	Is there an IEP?

12. Please list any extra-curricular activities or special events or programs the child is involved in.

Activity	Days / Times	Location	Equipment or Preparation?

13. Do you have any concerns regarding the placement of this child? Do you need any resources in order to continue meeting the needs of this child?

VISITATION

14. How does the child react to visits? Do you notice any behavior changes? What do you do to help the child during difficult visits?

15. Please list any scheduled visitation with the child's biological family.

Family Member Name & Relationship	Visitation Date & Time	Location of Visit	Phone Number



Child Transition Survey



PERMANENCY

16. What would you want a new caregiver to know about this child if they were to leave your home?

17. If the child is leaving your care, would you be willing to talk with the child's next caregiver and answer their questions related to the care of the child?

- Yes, they can contact me at: _____
- No

Please use the space below for any additional comments.



Child Transition Survey



*This page of the survey is **not** to be distributed to next caregiver.
The intent of this page is for Quality Assurance and Placement Matching only.*

10 DAY NOTICES – *If you are submitting a 10 Day Notice, please complete this section in addition to the sections above.*

18. *Check what is most applicable to the circumstances for the disruption and provide a brief explanation. Please use the back of this page if more space is needed to explain the circumstances.*

Service/Resources (therapy, education, medical)

Responsiveness

Lack of Support

Placement Match

Other

19. *Who has discussed this with the child and to what extent? When did this occur?*

20. *What strategies and attempts have you tried to maintain the placement? Please be as specific as possible. Include the behaviors of the child and your responses as a caregiver.*

21. *What recommendations do you have for the next placement of this child to be successful?*

22. *Please describe what you need as a caregiver to be successful in your future placements?*

Please use the back of the page for any additional comments.