

# FOSTER CARE PRE-PLACEMENT QUESTIONS

## BASIC QUESTIONS

Sibling Group: Yes or No      If yes, how many?

Name:

Age:

Gender:

Reason for placement in foster care:

Previous Placements: Yes or No      How many?

Reason for move to a new foster home:

School:

Grade:

IEP: Y OR N

Religious preferences

## LEGAL INFORMATION

Child's Legal Status:

Visitation Plan:

Transportation:

Court Ordered Services or Special Programs Required:

Anticipated length of placement:

Additional Information:

# FOSTER CARE PRE-PLACEMENT QUESTIONS CONT

## MEDICAL AND PSYCHIATRIC QUESTIONS

Child:

Medical Conditions:

Medications:

Allergies/Special Diet:

Mental Health Services:

History of sexual abuse: Yes or No If yes, more information:

Sexually active: Y or N Birth Control: Y or N Pregnant: Y or N

Special Needs:

Behaviors: swear hit kick run away soil pants wet bed set fires  
use drugs steal destroy property fight suicidal ideation cutting

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