Rhode Island Department of Children, Youth and Families
Case Plan Review – Foster Parent Information

Foster Parent(s):

The following information is important to the Case Plan Review process. If you are not able to attend the Review, please complete this form and return it to:

Department of Children, Youth and Families
Administrative Review Unity
101 Friendship Street, 2nd floor
Providence, RI 02903

1. Describe the child’s adjustment to foster care:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. Has the child exhibited any physical or emotional problems?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3. Are there any services that you feel DCYF could provide for the child and/or foster family?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

4. Describe the child’s school attendance:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

5. How is the child doing in school? Describe the child’s progress and problems:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

6. What feelings and concerns does the child have about separation from his/her biological family?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

7. What feelings and concerns does the child have about reunification with his/her biological family?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________