

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

Child:  
Worker:

Review Date:  
Supervisor:

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, 2<sup>nd</sup> floor  
Providence, RI 02903

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

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

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

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4. Describe the child's school attendance:

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

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

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

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