

# FOSTER PARENT COURT HEARING REPORT FORM

Child's Name \_\_\_\_\_

Date of Child's Placement with You \_\_\_\_\_

Child's DCYF Worker \_\_\_\_\_

Date of This Report \_\_\_\_\_

1. Since coming to live with you, have you noticed any changes in your foster child's behavior, emotional state or physical health? If so, please describe these changes.
2. How is your foster child's overall health since being placed in your home? Are there any chronic medical conditions or recent changes? When was the child last seen by a physician? Were there any recommendations?
3. How is your foster child doing in school or daycare?
4. How does your foster child react before and after visits with his/her birth family?
5. Have you had the opportunity to observe family visitation? If so, please note your observations relative to your foster child's interaction with his/her birth family.
6. Please describe overall, how you feel your foster child is doing.
7. What concerns do you have for this child? Have you had the opportunity to attend Team Meetings to raise these concerns?
8. If reunification does not happen for this child, are you interested in making a permanent commitment to the child through adoption or guardianship?

\_\_\_\_\_  
Foster Parent Name (please print)

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date