

School Reference Request

PURPOSE:

This letter/questionnaire is to be sent to a school for assistance in the evaluation of a foster/relative/adoptive parent in the family assessment process.

INSTRUCTIONS FOR COMPLETION:

Portion to be completed by the Resource Licensing Worker:

FROM:

Resource Licensing Worker: Enter the name of the worker conducting the licensing process.

Telephone: Enter the telephone number for the Resource Licensing Worker.

Date: Enter the date the form is completed

Address: Enter the street, city and zip code of the Resource Licensing Worker.

Agency Contact: Enter the name of the agency contact. This may be the CD Circuit Manager or the contact for a contracted provider.

Office Hours: Enter the office hours for agency responsible for licensing the provider.

To:

School Official and School: Enter the name of the School.

Address: Enter the street, city and zip code of the School.

RE:

Child's Name: Enter the name(s) of the child attending the school.

Parent(s): Enter the name or names of the parent(s)/applicant(s) to be foster/relative/adoptive parent

Address: Enter the street, city and zip code of the parent(s)/applicant(s).

Portion to be completed by the School Official:

Upon completion of the above portion of this form, a copy is made and placed in the case file and the original is sent to the school.

The school official completes the bottom section; signs and dates the form and sends the form back to the Resource Licensing Worker.

The signed and completed form is placed in the case file and the copy is destroyed.

RETENTION:

This letter/questionnaire is retained until the case file is destroyed per instruction in Section 5, Chapter 4.2 [Retention and Destruction - Other Records](#) of the Child Welfare Manual.

MEMORANDA HISTORY: CS89-28