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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**SCHOOL REFERENCE REQUEST** |
| **FROM:** | Resource Licensing Worker | Telephone | Date |
|  |       |       |       |
|  | Address |
|  |       |
|  | City | State | Zip Code |
|  |       |       |       |
|  | Agency Contact | Office Hours |
|  |       |       |
| **Please Complete the questions below and return it to us at your earliest convenience** |
| **TO:** | School Official and School |
|  |       |
|  | Address (Street) |
|  |       |
|  | City | State | Zip Code |
|  |       |       |       |
| **RE:** | Child's Name | Date of Birth | Class |
|  |       |       |       |
| Parent(s) | Address |
|       |       |
| **I.** The above named family has applied to the Children’s Division to serve as foster/relative/adoptive parents. They have requested that we conduct an assessment of their family.We are enclosing a release of information form signed by the applicant family and are requesting Information about the child’s adjustment in school. |
| **II.** | 1. Is he/she working up to his/her potential? | [ ]  Yes [ ]  No |
|  | 2. Is his/her parent(s) responsive to seeking assistance relating to any school identified problems? | [ ]  Yes [ ]  No |
|  | 3. How would you describe his/her relationships with the teachers, others in authority and his/her peers? |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |  |  |
|  | 4. Do you foresee any problems in his/her adjustment which could be caused by placement of another child in the home? If yes, describe: | [ ]  Yes [ ]  No |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  | 5. Has the parent(s) been cooperative in his/her relationship with school personnel? | [ ]  Yes [ ]  No |
| School Official's Signature | Date |
|  |       |
| Print/Type School Official's Name:       |  |
| **PLEASE ATTACH SHEETS IF NECESSARY** |

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit [https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS](https://urldefense.com/v3/__https%3A/links-1.govdelivery.com/CL0/https%3A%2A2F%2A2Fmvc.dps.mo.gov%2A2FMoVeteransInformation%2A2FSurvey%2A2FDSS/1/01000193218a84d0-8f198a3b-c422-4f00-8742-000348342f9e-000000/fec4DKiy5orO1fZfF_kT5FUoneXJe0utfDBEVH0TDeU%3D379__;JSUlJSU!!EErPFA7f--AJOw!CWnF7jPI_CIrBk9YG0heJ87akjNcW2Ie1zvraoFh8tnzaGcGLAbvBbhVQO6210Frx99RsLGhw_3RyAph9WRtC5juzBRpNwWTdl5viy_Khiky$).