

DHS EVALUATION REQUEST

Please complete this form so we may review the information to determine if we can help you. **Return the completed form to the Children's Program** and you will be contacted with a date and time for the evaluation.

Name of Person to Be Evaluated _____

Client Recipient ID# _____ Age/DOB _____ Gender _____

Client's Primary Language _____

Names/Ages of Family Members

Biological Mother _____ Age _____

Biological Father _____ Age _____

Siblings _____ Age _____

Significant Other _____ Age _____

With Whom Does The Child Live?

Foster parent/caregiver name(s) _____

Phone/Contact numbers _____

How long has the child been with current caregivers? _____

Is the child in DHS custody? YES ___ NO ___ If no, in whose custody? _____

What SPECIFIC concerns do you currently have regarding the child?

What SPECIFIC Questions Do You Want Addressed In the Present Evaluation?

Current Functioning (intellectual, emotional, academic, developmental)

Treatment or Special Services Needed

Diagnosis

Ability to Parent

Strength/Bond of Relationship Between _____

Long-term placement needs

Ability to Transition to a Permanent Home

Placement Considerations (e.g., residential treatment)

Other Questions Not Addressed (please be specific):

Will Foster Parent/Caregiver Attend the Evaluation? YES ___ NO ___

Who Will Transport the Child? _____

May We Make an Appointment Reminder Call? YES ___ NO ___

Previous Evaluation/Testing? YES ___ NO ___

When? _____ Where? _____

What (if any) was the child's most recent psychological diagnosis? _____

Is the child currently in counseling? YES ___ NO ___ If so, where and for how long? _____

Is the child on prescription medication/s for a mental disorder? YES ___ NO ___

Name of medications _____

Does the child have any medical diagnoses? YES ___ NO ___

If yes, what? _____

Is the child on prescription medication/s for a medical disorder? YES ___ NO ___

Name of medications _____

Does the Child Have an IEP/504 Plan in school? YES ___ NO ___

If yes, what is the IEP/504 for? _____

What is the name of child's school? _____ Current Grade _____

How long has the child been in DHS care? (Please provide a timeline summary of involvement)

Does the child have a history of documented physical abuse? YES ___ NO ___

If yes, describe when and perpetrator _____

Does the child have a history of documented sexual abuse? YES ___ NO ___

If yes, describe when and perpetrator _____

Has the child been formally examined for physical or sexual abuse? YES ___ NO ___

If yes, when and by whom? _____

Does child have visitation with biological parents, siblings, other relatives? YES ___ NO ___

If yes, how often? _____ Supervised Unsupervised?

Are there concerns related to any of the visitation? YES ___ NO ___

If yes, please describe _____

What Is the Current Permanency Plan For the Child ? _____

Do You Want a Parent/Child Interaction? YES ___ NO ___

Please list participants for **EACH** requested interaction: _____

Do You Want a Sibling Interaction? YES ___ NO ___

Please list participants for **EACH** requested interaction: _____

NOTE: More than one interaction may require additional office time.

Would You Like to Schedule a Feedback Session Following the Evaluation? YES ___ NO ___

If YES, by phone? _____ In office? _____

If YES, who will be in attendance in addition to the caseworker? _____

Next Scheduled Court Hearing? (date) _____

Scheduling Constraints? (please be specific) _____

PERMISSION to verify appointment with Translink-RVTD/Medical Transport-NEMT (or similar agency) if requested _____ (please initial)

CASEWORKER _____ **BRANCH** _____

PHONE _____ **FAX** _____

I AGREE TO RECEIVE THE COMPLETED REPORT VIA EMAIL YES ___ NO ___

EMAIL: _____