

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: _____