

PERIODIC REVIEW REPORT

(to be filled out by legal guardian/custodian and sent to the court)

Docket Number: _____

Child's Name: _____ Age: _____ Date of Birth: _____

Name, child's Mother: _____

Name, child's father: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Custodian / Guardian's Name: _____

Address: _____

Phone: _____

Initial Custody Date: _____

I. Living Arrangements

With whom is the child currently living? _____

Address: _____

Phone: _____

Since (date): _____

Who else lives in the home?

What financial support or benefits are you receiving on behalf of the child?

RUFA

Social security

Child support

SSI

Medicaid

Other: _____

Will the child continue to live with you until he/she is 18 years old? If so, have you considered adoption or permanent guardianship? Why or why not?

If the child will be leaving your home, what is the plan?

II. Family Connections

Is there an ongoing relationship between the child and his or her biological parents? With the child's siblings? If so, what kind of contact do they have?

Is there an ongoing relationship between the child and relatives? If so, who are they and how often do they have contact?

Has there been a requirement that visits be supervised in the past, and have those visits been supervised?

III. Healthcare

What medical visits has the child had since the last review?

Last dental exam: *Dentist:* _____ *Date:* _____

Last physical exam: *Physician:* _____ *Date:* _____

Are immunizations up to date? *Yes* *No*

Does this child have on-going or unmet medical needs? If so, how are they being addressed?

IV. Education

What day care / pre-school / school does the child attend? _____

Grade: _____ Please attach a copy of the child's most recent report card.

How is the child doing in school?

Academically: _____

Socially: _____

V. Key People

Who are the key people in this child's life?

Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VI. Other Issues/Developments

Are the concerns identified for the child at the time of the last review still an issue to be addressed?

Have any new issues been identified requiring treatment or services?

Are there any services the child needs that are unavailable to you?

Would you like help in getting services for this child?

Do you have any questions for the court? Are there any matters that need to be addressed at the court hearing?

I affirm of my own knowledge that the facts and financial information I am stating are true and correct and that I am not omitting any information requested on this form.

Signature

Date