

Dekalb County Juvenile Court
Pre- Disposition Report

Case Number: _____ Date Children came in care _____
Child ren)/DOB: _____
Parent: Mother _____ Father _____
Name of Case Manager _____ Date of next hearing _____
Date case Plan prepared _____ Date loaded in CPRS _____
Date reviewed/signed by parent _____
Permanency Plan: () Reunification with Parent () Legal Guardianship () Adoption () APPLA

1. What is the reason the child(ren) came into care?

Referrals, Assessments and Evaluations

2. Have any referrals been made for an assessment or evaluation?

Parent Assessments/Evaluations

- i. Mother: _____
Type of Evaluation/Assessment _____
Name of Provider _____
Date of Referral _____
Appointment date: _____
- ii. Father Name: _____
Type of Evaluation/Assessment _____
Name of Provider _____
Date of Referral _____
DNA Referral Date _____
Appointment Date _____

Any appointments missed or cancelled? Why?

Recommendations of Evaluation/Assessment: (or date will be available)

Child Assessments / Evaluations

- iii. Name of Provider _____
Type of Evaluation _____
Date of Referral _____

- iv. Name of Provider _____
Type of Evaluation _____
Date of Referral _____

- v. Name of Provider _____
Date of Referral _____

Results of Evaluation :

Any appointments missed or cancelled? Why?

3. Have any referrals been made for specific services (Counseling, Housing or Employment);

a. Parent :

- i. Name of Provider _____ Date of Referral _____
- ii. Name of Provider _____ Date of Referral _____
- iii. Name of Provider _____ Date of Referral _____

b. Child :

- i. Name of Provider _____ Date of Referral _____
- ii. Name of Provider _____ Date of Referral _____
- iii. Name of Provider _____ Date of Referral _____

4. Have you received any reports:

- a. Type of Report _____ Date Received _____
- b. Type of Report _____ Date Received _____
- c. Type of Report _____ Date Received _____

Placement

5. Child currently placed ?

- a. Foster Home _____
- b. Group Home _____
- c. Other _____

6. Is this placement outside of DeKalb County? (If yes explain why)

- Yes _____
- No _____

7. Are the Siblings placed together; (If no explain why)

- a. Yes. _____ (names)
- b. No

8. Are the siblings visiting with each other?

- a. If Yes how often _____
- b. If no why not _____

9. Has contact been made with Relatives regarding placement?

- a. Name _____ Relationship to child _____
- b. Name _____ Relationship to Child _____
- c. Name _____ Relationship to child _____

10. Any relative non-relative willing to be a placement resource?

- a. Name _____ Relationship to child _____ Yes or No
- b. Name _____ Relationship to Child _____ Yes or No
- c. Name _____ Relationship to child _____ Yes or No

11. Any relative with a home evaluation/ICPC Pending?

- a. Name _____ Date of Referral _____ Status of evaluation _____
- b. Name _____ Date of Referral _____ Status of evaluation _____

Or

ICPC Pending?

- c. Name _____ Date of Referral _____ Status of evaluation _____
- d. Name _____ Date of Referral _____ Status of evaluation _____

12. Visitation for the Parents:

Mother :

Supervised _____

Unsupervised _____

If unsupervised why ? _____

Father:

Supervised _____

Unsupervised _____

Education of Child (ren)

13. What is the current status of the child's education in foster care;

A. Child name _____ Current School _____

Reason for change of school _____

Previous School _____

Were school documents and transcripts transferred: Yes or No When _____?

List any Special Needs _____

B. Child name _____ Current School _____

Reason for change of school _____

Previous School _____

Were school documents and transcripts transferred: Yes or No When _____?

List any Special Needs _____

C. Child name _____ Current School _____

Reason for change of school _____

Previous School _____

Were school documents and transcripts transferred: Yes or No When _____?

List any Special Needs _____

Mental and Physical Health

When was the last time the child had?

A. Physical by Doctor

- i. Name of Provider _____
Date of Referral _____
- ii. Name of Provider _____
Date of Referral _____
- iii. Name of Provider _____
Date of Referral _____

B. Mental Health

- i. Name of Provider _____
Date of Referral _____
- ii. Name of Provider _____
Date of Referral _____
- iii. Name of Provider _____
Date of Referral _____

C. Community Referrals

- i. Name of Provider _____
Date of Referral _____
- ii. Name of Provider _____
Date of Referral _____

Results of Any Referrals

Permanency Plan

What is the current Permanency Plan

?

If the child is with a relative are they considering?

- a. Guardianship
- b. Adoption
- c. Other _____

14. If the child is with a relative what benefits the relative is currently receiving?

15. What benefits will the relative or foster parent need to keep the child in the home?

16. How's the current relationship between the parent and the child?

17. Can this child be place with the parent without any safety concerns why or why not?

18. Can this child be placed with a relative without any safety concerns why or why not?

19. Is this a non-reunification plan? why

20. Any prior terminations?

21. Any children in the custody of someone other than the parent?

Documents currently in the Departments Possession: (Yes /No or Date expected to have in your possession)

1. Certificate of Completion Parenting classes _____
2. Certificate of completion Drug program _____
3. Drug Test _____
4. Results of Home Evaluation _____
5. Forensic Evaluation _____
6. Psychological Evaluation _____
7. Psychiatric Evaluation _____
8. Babies Can't Wait Assessment _____
9. DNA results _____
10. Therapist Report _____
11. Parent aid report _____
12. Letter from any Doctor _____
13. Parental Assessment _____
14. School Records _____
15. IEP _____
16. Medical records _____
17. ICPC Results _____
18. Provider Report _____
19. Written Transitional Living Plan _____
20. Other _____
21. Other _____